

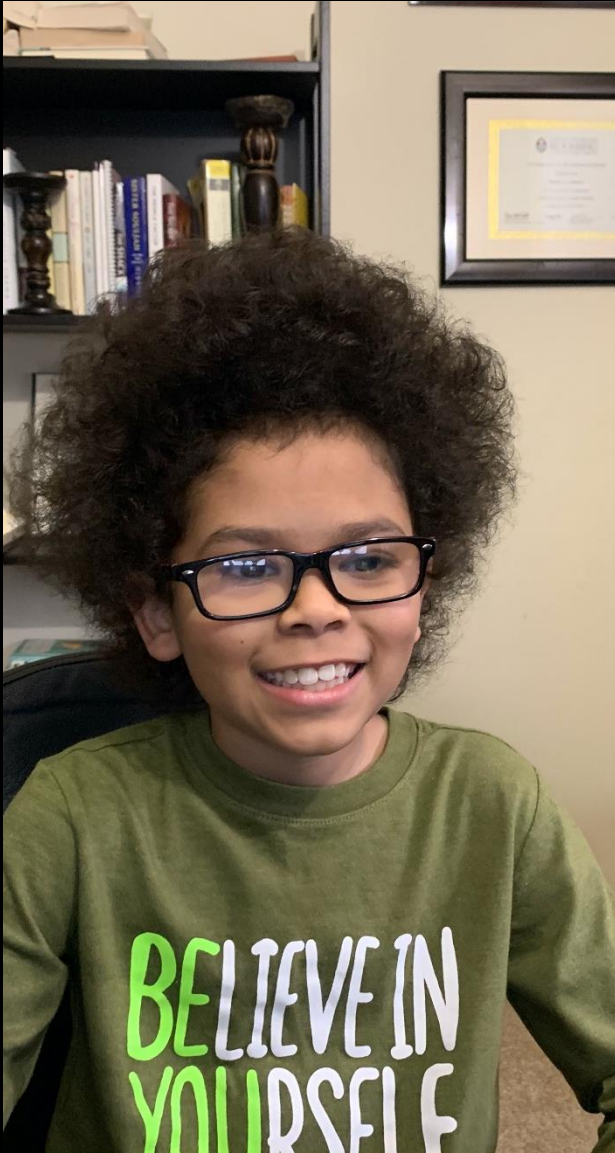
# Suicide Prevention Among Youth of Color

Brandon J. Johnson, M.H.S., MCHES  
Public Health Advisor  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

Baltimore, MD



**SAMHSA**  
Substance Abuse and Mental Health  
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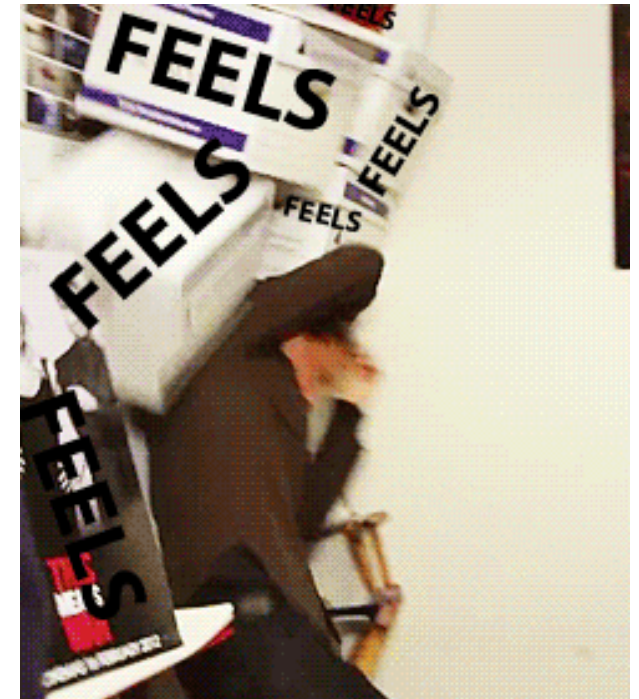
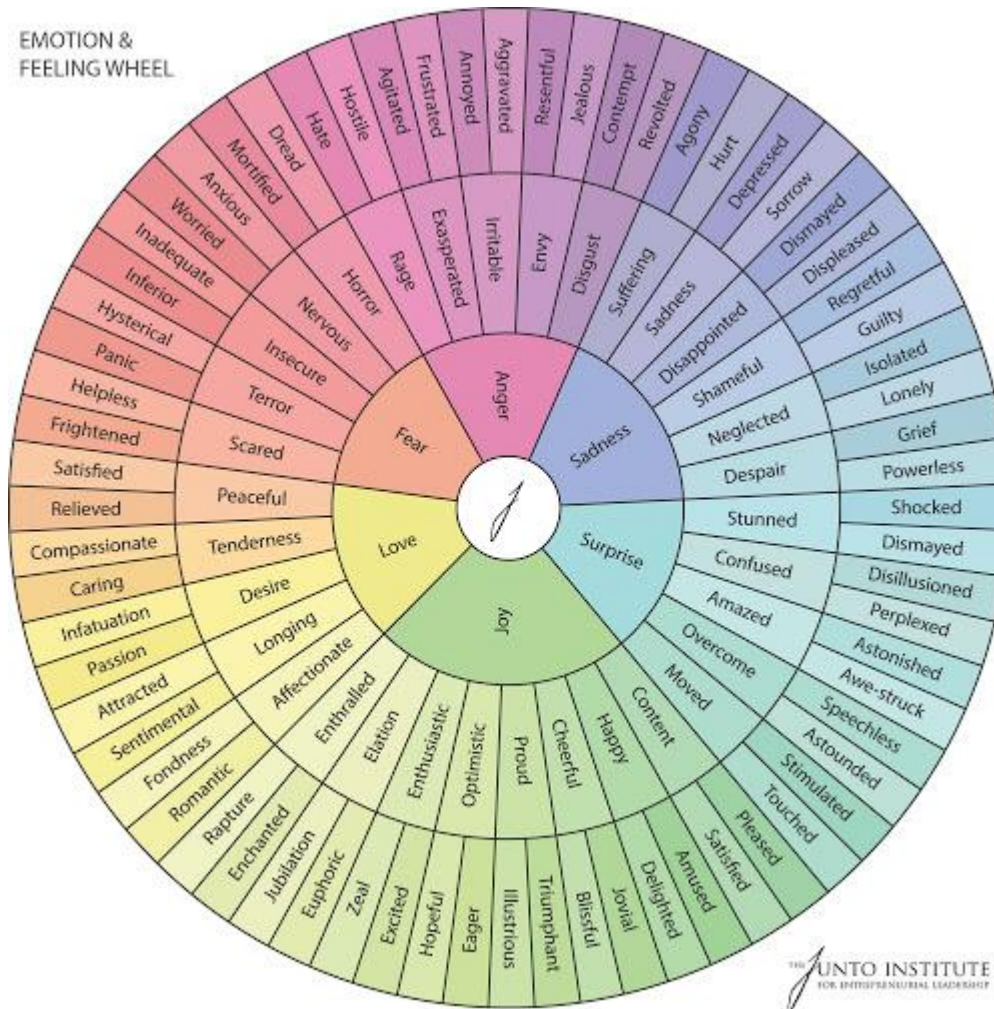
## Roadmap for Today

- Trends in suicide among people of color
- U.S. Dept of Health and Human Services Report to Congress on African American Youth Suicide
  - Data from the Report
  - Approaches from for reducing suicides among Black youth (HHS)
- Supporting Black youth in suicide prevention

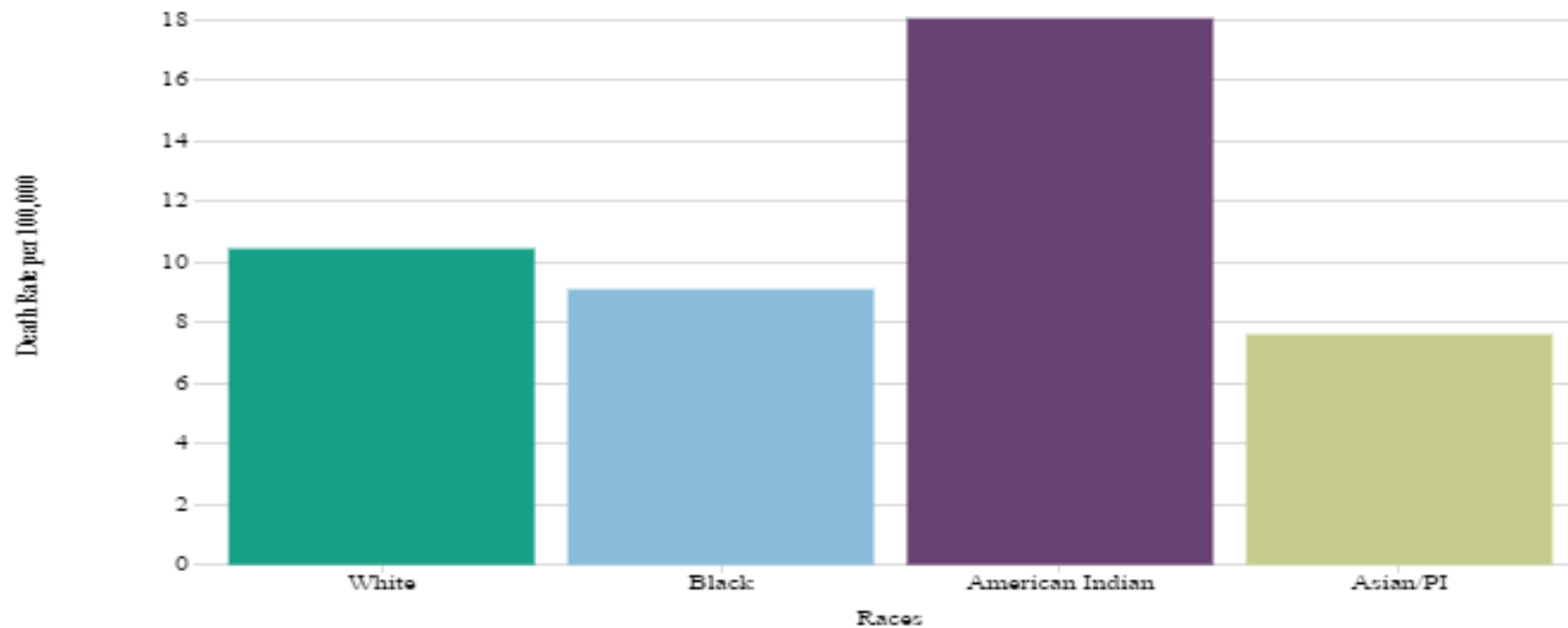




What are the three emotions you've felt the most in the past 24 hours?



# 2020 Youth Suicide Rates, ages 10-24 (CDC)



# 2020 Suicide Statistics (CDC)

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Among racial/ethnic groups, overall, suicide rates in 2020 were highest among persons who were non-Hispanic American Indian or Alaska Native (23.9 per 100,000), non-Hispanic White (16.9 per 100,000), and non-Hispanic Native Hawaiian or other Pacific Islander (12.5 per 100,000)(CDC).

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Subgroups with the highest suicide rates were non-Hispanic American Indian or Alaska Native males aged 25–34 years (71.1) and 15–24 years (59.7), and non-Hispanic Native Hawaiian or other Pacific Islander males aged 25–34 years (49.1).

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Existing data suggest that suicide rates might be stable or decline during a disaster, only to rise afterwards as the longer-term sequelae unfold in persons, families, and communities, as was the case in New Orleans 2 years after Hurricane Katrina.

# Trends in African-American Youth Suicide

The Washington Post  
Democracy Dies in Darkness

Health

## Suicide rates for black children twice that of white children, new data show






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## Suicide attempts among black children and teens increasing at alarming rates, study finds

BY AYANNA RUNCIE

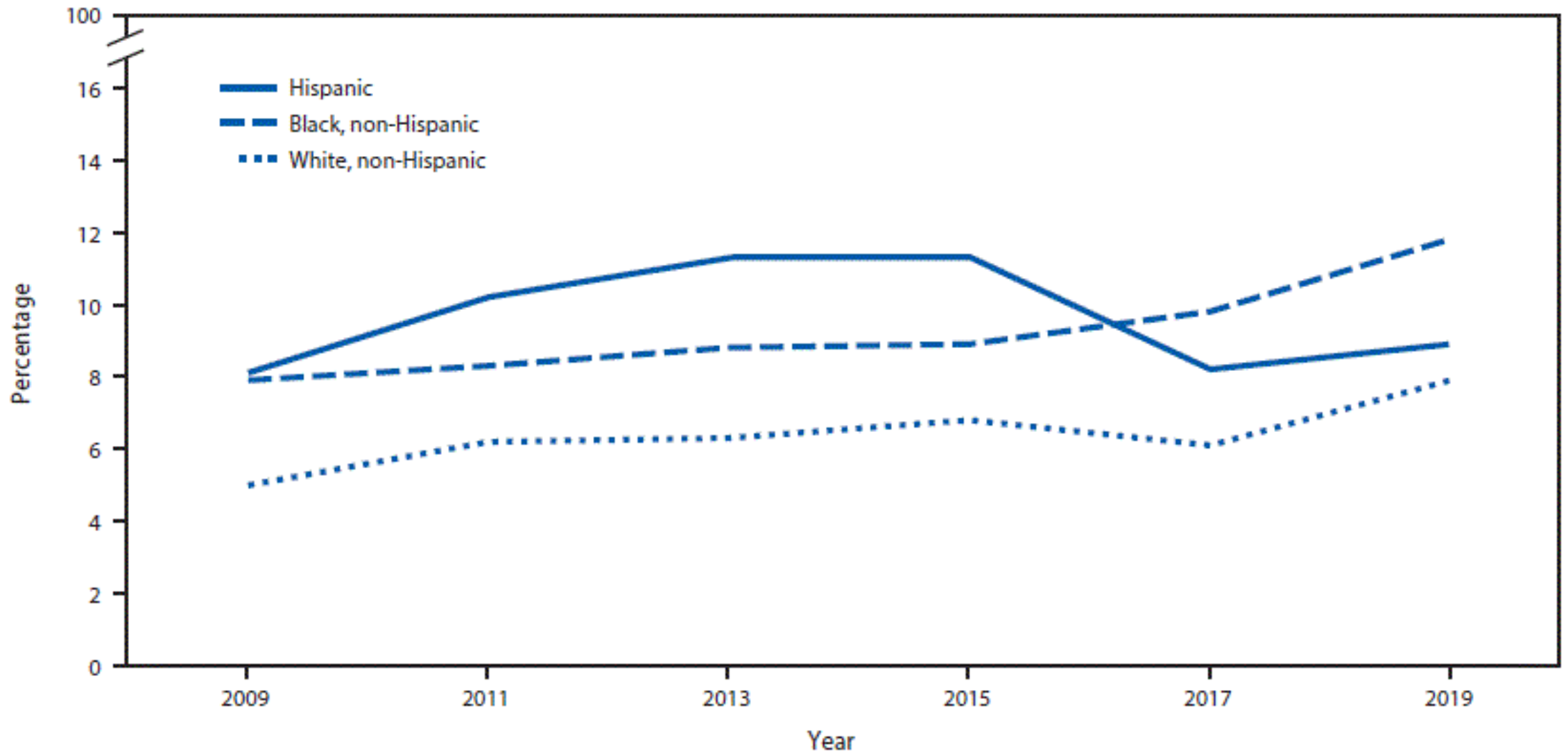
OCTOBER 14, 2019 / 12:23 PM / CBS NEWS



LIVE  
CBSN



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 (YRBS data, CDC)



# Native Hawaiian/Pacific Islander COVID-19 Needs Assessment

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Conducted by the Pacific Islander Center on Primary Care Excellence's Pacific Islander COVID-19 Response Team and the Asian American Psychological Association (*Full report on AAPA website*)

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Nearly 4 in 10 of NH/PI respondents (38%) stated they had either depression or anxiety symptoms.

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Around 46% of 18-24 year olds reported depression or anxiety symptoms, the highest among all age groups

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NH/PIs who faced discrimination are nearly three times as likely to report current depression or anxiety symptoms than those who did not face discrimination

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## Asian American COVID-19 Needs Assessment

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41% of Asian Americans are currently experiencing anxiety or depression symptoms

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62% of Asian Americans with current diagnosed mental health conditions need help accessing mental health services

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53% of Asian Americans say that mental health concerns are a significant source of stress

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Asian Americans who faced anti-Asian discrimination are more than twice as likely to report current depression or anxiety symptoms than those who did not face discrimination

# HHS Report to Congress on African American Youth Suicide



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# How We Got Here

This report responds to the following language from H. Rept. 116-62, which was incorporated by reference in the explanatory statement accompanying the FY2020 Further Consolidated Appropriations Act (P.L. 116-94):

*African American Children and Suicide.—The Committee is concerned that the suicide rate among children aged 10 to 17 increased by 70 percent between 2006 and 2016. The Committee is also concerned that African American children aged 5 to 12 are dying by suicide at nearly twice the rate of their white counterparts.*

# Participating Agencies

- Office of the Surgeon General (OSG)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Office of the Assistant Secretary of Health (OASH)
- Center for Disease Control (CDC)
- SAMHSA
- National Institute for Mental Health
- Health Resources Services Administration (HRSA)
- Administration for Children and Families (ACF)
- Office of Minority Health (OMH)



# Data Information from the Report



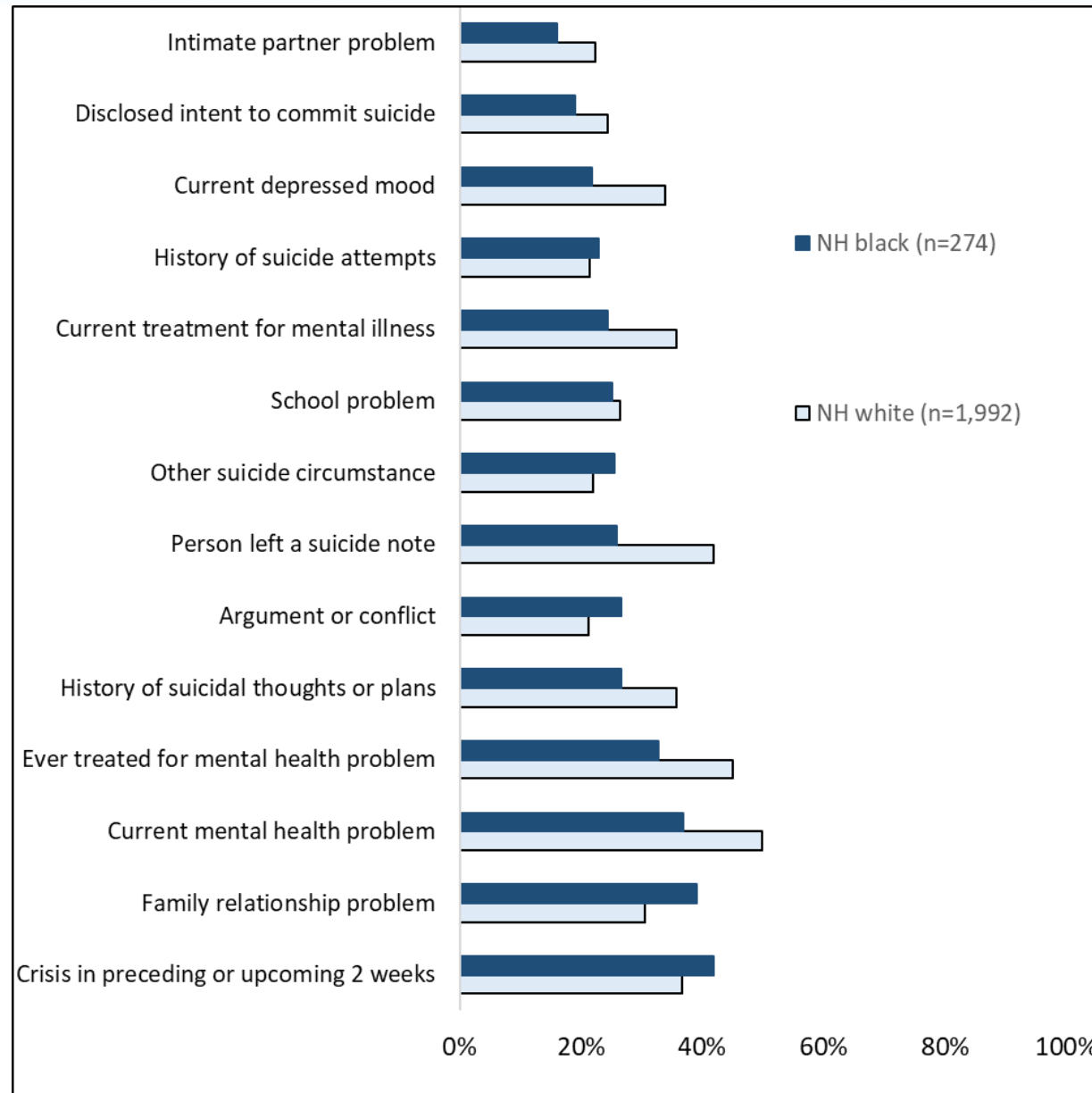
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# National Violent Death Reporting System (NVDRS)

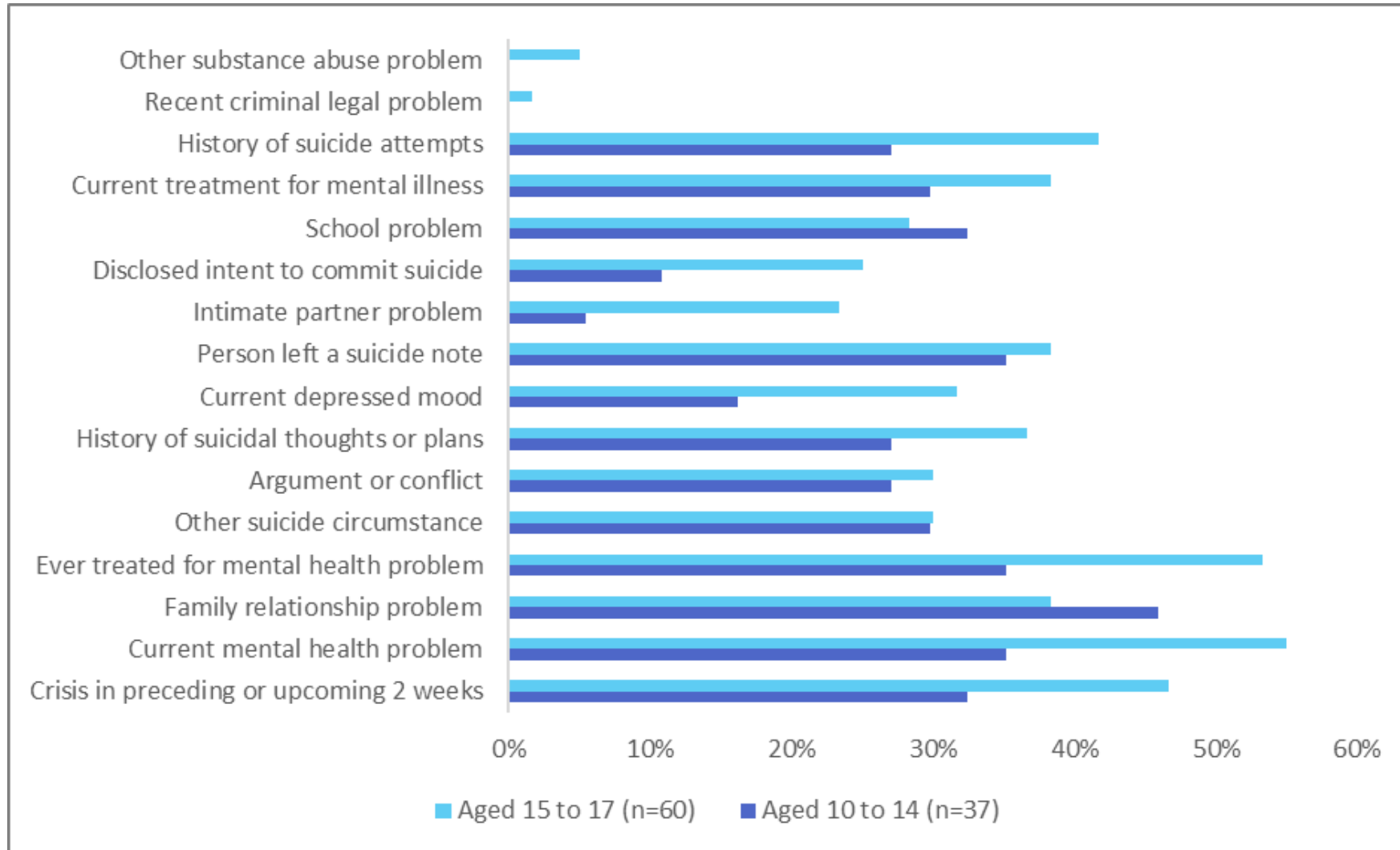
- NVDRS defines a suicide death as a death resulting from the use of force against oneself when a preponderance of the evidence indicates that the use of force was intentional.
- NVDRS links information about the “who, when, where, and how” for violent deaths including suicide, and provides insights about “why” they occurred.
- To do this, NVDRS collects and pools data from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports.

# NVDRS Data (CDC)

## Circumstances preceding suicide among non-Hispanic White and Black children aged 10 to 17—United States, 2014–2017



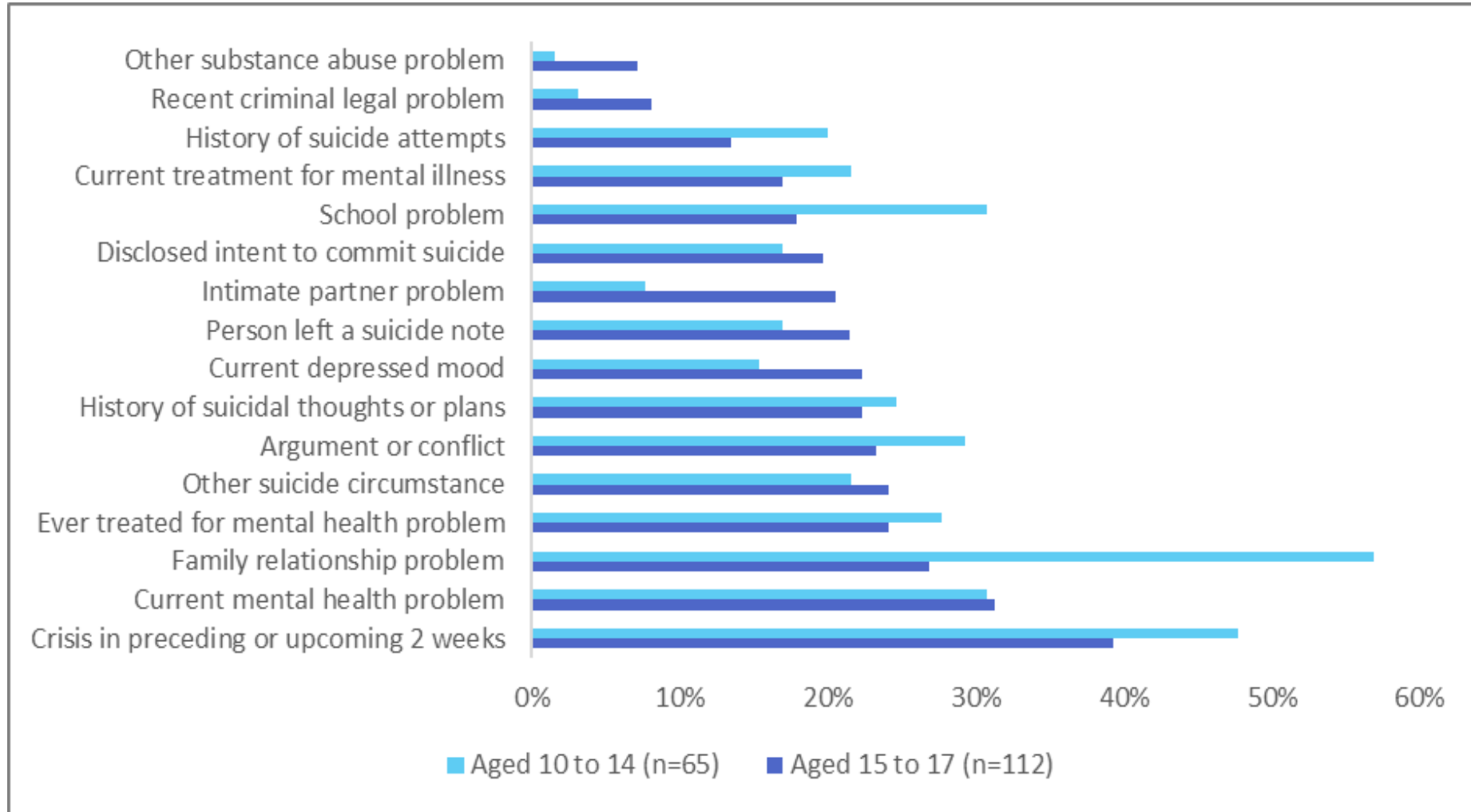
# NVDRS Data (CDC): Black Girls



**Circumstances preceding suicide among Black females, by age—United States, 2014–2017**



# NVDRS Data (CDC): Black Boys



**Circumstances\* preceding suicide among Black males, by age—United States, 2014–2017**

# NVDRS Data (CDC)

## Most Frequent Black Youth Suicide Factors

- Crisis in the preceding two weeks
- Having a family relationship problem
- Argument or conflict
- Previous suicide attempt

## Most Frequent White Youth Suicide Factors

- A current mental health problem
- Current depressed mood
- Either a past or current treatment for mental illness

# Approaches for Reducing Suicides in Black Youth (HHS Report)



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## Recommended Strategies from the Report

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- Address risk factors using the socio-ecological model.
  - Various ACES across sectors
- Creating suicide interventions/prevention strategies that are more targeted and less universal





# Recommended Strategies from the Report

- Enhancing Treatment of Mental Disorders
  - Collaborative Care models and connecting with community partners
- Utilizing School-based Interventions,
  - Upstream suicide prevention (ex. The Good Behavior Game)
- Incorporating Family-based Approaches
  - Working with the entire family unit, including parents and caregivers

# Recommended Strategies from the Report

- Reducing Access to Lethal Means
  - Targeted Suicide Prevention/Intervention
- ## Strategies for Subpopulations of Black Youth
- Black LGBTQ youth
  - Black youth in foster care
  - Black youth in juvenile justice
  - Black youth experiencing homelessness
  - Faith-based initiatives

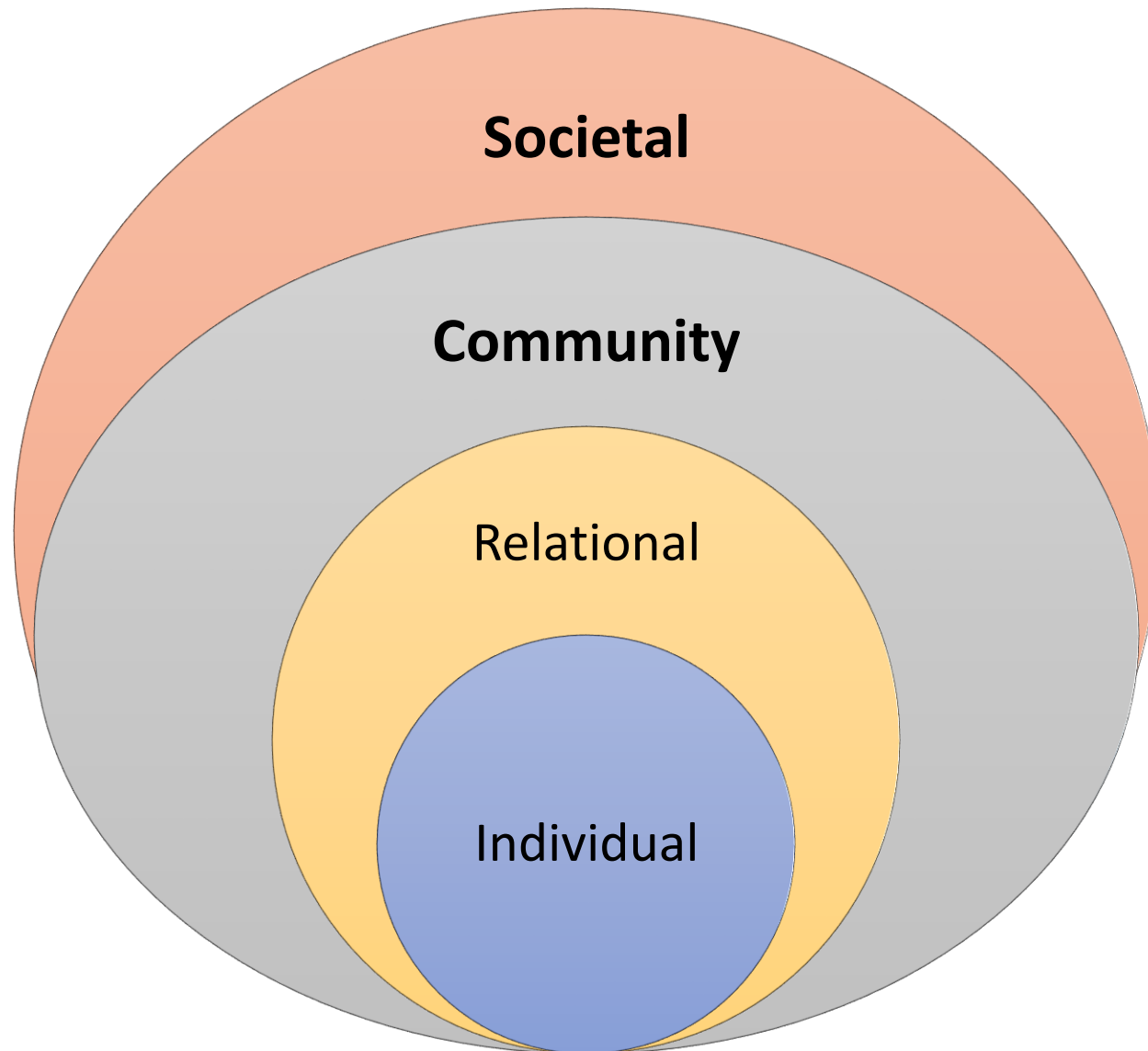


# A Shifting Focus for Suicide Prevention



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# Socio-Ecological Model





# Racism and Suicide

**Perceived Racism and Suicide Ideation: Mediating Role of Depression but Moderating Role of Religiosity among African American Adults, *Suicide and Life-threatening Behavior*, 2014, 44 (5).**

*“...perceived racism was directly and indirectly related to suicide ideation in the current sample of African American adults. Increased perceptions of racial discrimination were associated with increases in suicide ideation and also with increases in depression symptomatology, which was, in turn, associated with increased thoughts of suicide.”*

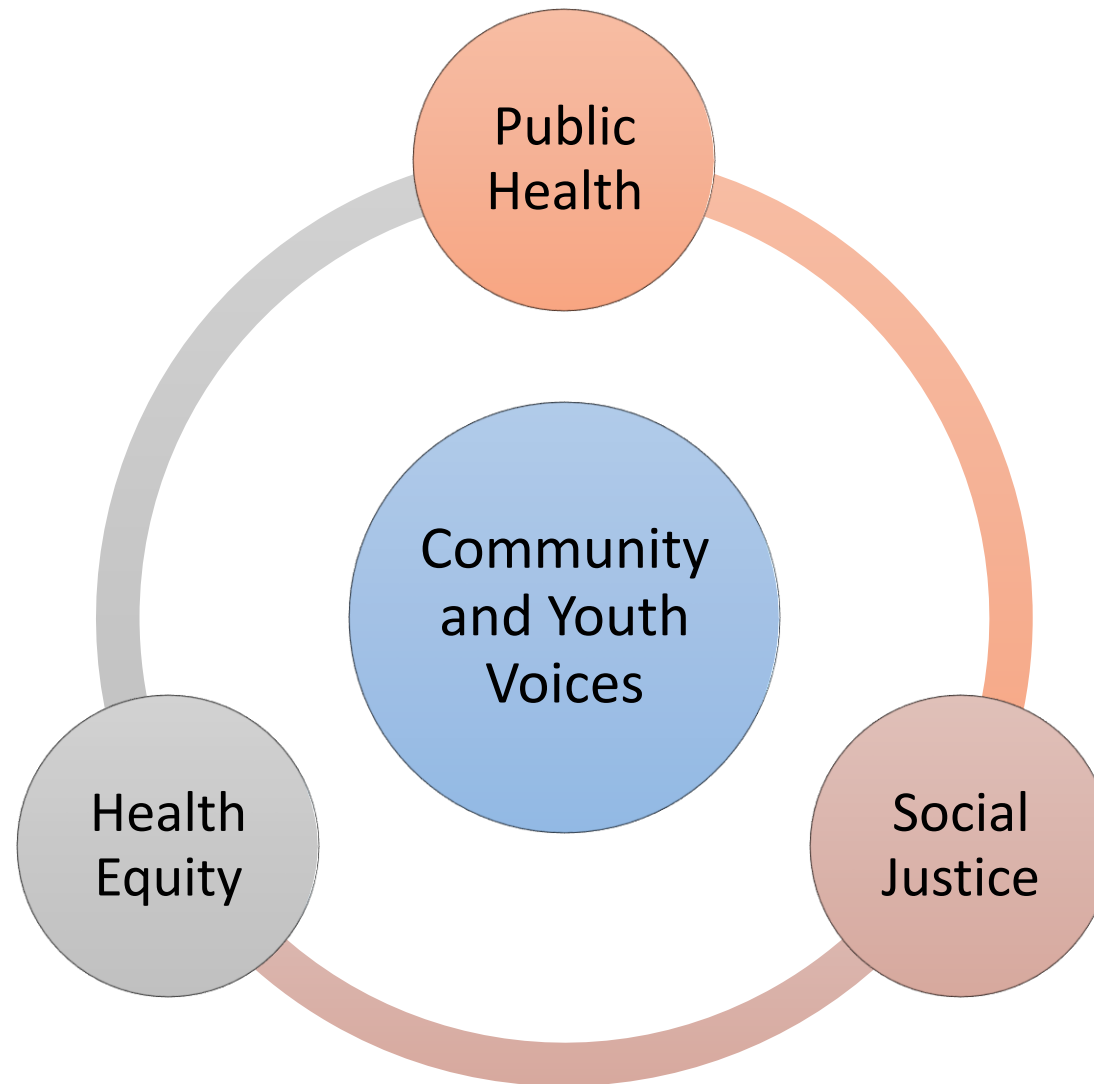
**Experiencing Racial Microaggressions Influences Suicide Ideation Through Perceived Burdensomeness in African Americans, *Journal of Counseling Psychology*, 2017, 64 (1).**

*“These findings indicated that for African Americans, the every-day experience of verbal, behavioral, and environmental racial slights or insults was associated with increased perceptions of being a burden on others, which in turn was associated with increased thoughts of suicide.”*

# The Trauma of Racism

- Youth of color, particularly Black youth, are struggling with collective/vicarious trauma
- Social media and cell phone access gives youth access to global events
- Youth significantly more likely to be exposed to hate crimes and racism
- Black youth are more likely to experience depressive symptoms, anxiety, and PTSD symptoms than their peers due to perceived racism and discrimination
- Black youth do experience discrimination such as “adultification bias” with Black girls and the over criminalization of Black boys (Georgetown Law’s Center on Poverty and Inequality, 2017)

# Expanding Suicide Prevention for Youth of Color



# Health Equity in Suicide Prevention

- Federal, state, and local data, broken down by race and ethnicity, is critical to understanding the issues and impact
- Having suicide prevention interventions and prevention strategies tested in diverse communities
- Creating interventions and prevention strategies specifically for the Black youth with community partners helping to drive the development
- Training clinicians on treatment options for youth of color



# Public Health in Suicide Prevention

- Working within communities and providing community-based participatory research (CBPR) (*Article: American Journal of Community Psychology, 2013*)
- Identifying community assets and non-predatory relationship building
- Creating meaningful collaborative opportunities between funded and community- and faith-based organizations
- Data-driven solutions using qualitative and quantitative methods
- Capacity building and sustainability (*Comprehensive Suicide Prevention, SPRC*)



# Social Justice in Suicide Prevention

- Impacting disparities in risk factors for suicide may impact suicidal ideation among Black people and other people of color
- Examining how anti-racism protocols and trainings for clinical staff
- Addressing complaints and other issues such as hiring and DEI within workplace settings





# Social Justice in Suicide Prevention

- Race-Related Traumatic Events Online and Mental Health Among Adolescents of Color: Dr. Brendesha Tynes, Journal of Adolescent Health, 2019.
  - *“Analyses indicated a significant association between traumatic events online (TEO) and both PTSD symptoms and depressive symptoms, indicating that more frequent experiences of TEO were associated with higher levels of PTSD symptoms and depressive symptoms.”*
- Resource: Widening the Lens



# Response

- 192 tribes and 8 tribal health boards
- 61 of the 200 invited suicide prevention coordinators responded (31% response rate)
  - 6 respondents opted out
  - 53 represented tribes
  - 2 represented tribal health boards



# Sources of Federal Funding for Suicide Prevention Efforts

<i>Multiple responses possible</i>	<b>Percent</b>	<b>Count</b>
SAMHSA Native Connections Grant	67%	24
SAMHSA Tribal Opioid Response (TOR) Grant	33%	12
IHS Substance Abuse and Suicide Prevention Initiative Grant (Formerly MSPI)	31%	11
SAMHSA COVID-19 Emergency Response for Suicide Prevention Grant	11%	4
SAMHSA GLS State/Tribal Youth Suicide Prevention Grant	8%	3
SAMHSA Circles of Care Grant	6%	2
SAMHSA Zero Suicide Grant	6%	2
CDC Center for State, Tribal, Local, and Territorial Support (CSTLTS) Funding (e.g., Tribal COVID-19 Response, PHHS Block Grant)	3%	1
SAMHSA GLS Campus Suicide Prevention Grant	0%	0
SAMHSA National Strategy for Suicide Prevention (NSSP) Grant	0%	0
Other federal funding*	11%	4

# Challenges in Developing and Maintaining Funding

- 43% - Competing priorities (greater importance placed on other health/behavior health areas)
- 31% - Inconsistent funding
- 29% - Competing demands for staff time
- 26% - Lack of support from internal leadership
- 26% - Other\*

\*Other responses include: COVID-19, insufficient staffing, competition for grants

# Collaboration Between Tribes/Tribal Health Boards and State(s)

- Awareness (knowledge of each other's activities) - 41%
- None (no interaction) - 25%
- Networking (sharing of information) - 18%
- Coordination (common and often interactive efforts) - 10%
- Collaboration (shared goals and decision-making) - 6%







# Thank you

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Brandon J. Johnson, M.H.S.  
brandon.johnson1@samhsa.hhs.gov

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