



Children's Safety  
Network



Education  
Development  
Center

September 10, 2020

4:00 p.m.- 5:00p.m. ET

# Preventing Suicide and Self-Harm Among Black Youth



# Moderator



Elly Stout, MS

Director  
Suicide Prevention Resource Center

# Funding Sponsor

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# Technical Tips



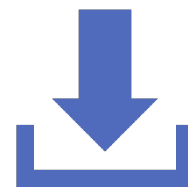
Audio is broadcast through computer speakers



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Download resources in the File Share pod (above the slides)



Use the Q & A (bottom left) to ask questions at any time



This session is being recorded



# Speakers



Crystal L. Barksdale PhD, MPH

Chief of the Minority Mental Health Program  
National Institute of Mental Health (NIMH)



Rhonda C. Boyd, PhD

Associate Professor  
University of Pennsylvania Perelman School  
of Medicine

# Suicide and Suicidal Behaviors in Black Children and Youth

Crystal L. Barksdale, PhD, MPH

Office for Disparities Research & Workforce Diversity

National Institute of Mental Health

Preventing Suicide and Self-Harm Among  
Black Youth – Children's Safety Network

September 10, 2020



National Institute  
of Mental Health

# Agenda

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- About the NIMH
- Suicide, Suicidal Ideation and Behaviors: Definitions
- Black Youth Suicide and SIBs
- Understanding Risk and Protective Factors for Suicide and SIBs in Black Youth
- Next Steps

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# NIMH Vision and Mission

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## VISION

NIMH envisions a world in which mental illnesses are prevented and cured.

## MISSION

To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

# About the NIMH



- The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental illnesses.



- NIMH supports more than 3,000 research grants and contracts at universities and other institutions across the country and overseas.



- NIMH intramural research programs support approximately 600 scientists working on the NIH campuses.

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# Suicide, Suicidal Ideation and Behaviors (SIB): Definitions

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- Suicidal ideation – thinking about, considering, or planning suicide; ranges from fleeting thoughts to persistent, chronic obsessions
- Suicide attempt – a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior; a suicide attempt might not result in injury
- Suicide – death cause by self-directed injurious behavior with intent to die as a result of the behavior

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- Understanding Risk and Protective Factors for Suicide and SIBs in Black Youth
- Next Steps

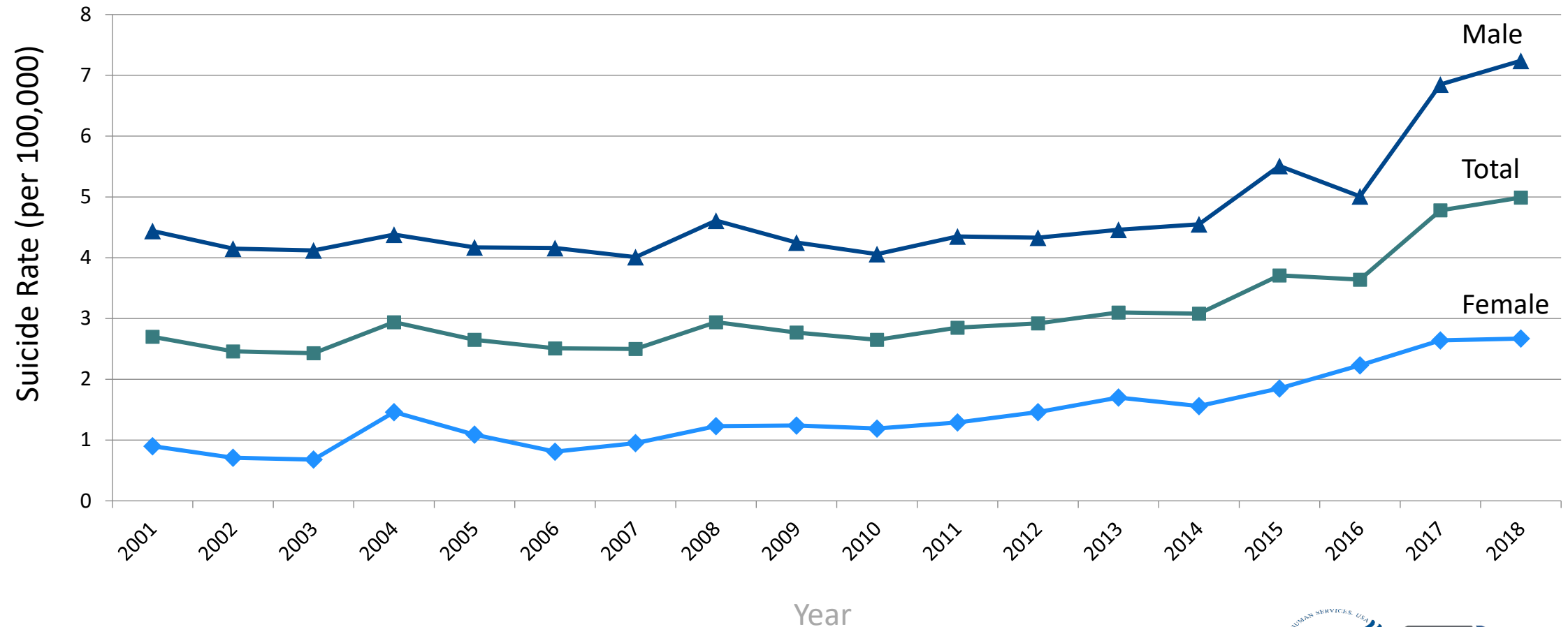


# Poll

Data courtesy of [CDC Fatal Injury Data Visualization](#)

# Black Youth Suicide Trends

Age-Adjusted Suicide Rates Among Black Youth in the United States  
(2001-2018)



# Black Youth Suicide Data

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- Recent studies on Black children found:
  - Black children under 13 years old are two times more likely to die by suicide compared to their White peers
  - Black males 5-11 years old are more likely to die by suicide compared to their White peers
- The suicide death rate among Black youth has been increasing faster than other racial/ethnic groups

# Black Youth SIB

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- Between 1991-2017:
  - Suicide attempts rose 73% among Black adolescent girls and boys
  - Significant injury caused by suicide attempt increased among Black adolescent boys
- In 2019:
  - The prevalence of suicide attempts was higher among Black high school students compared to White and Hispanic high school students

# Agenda

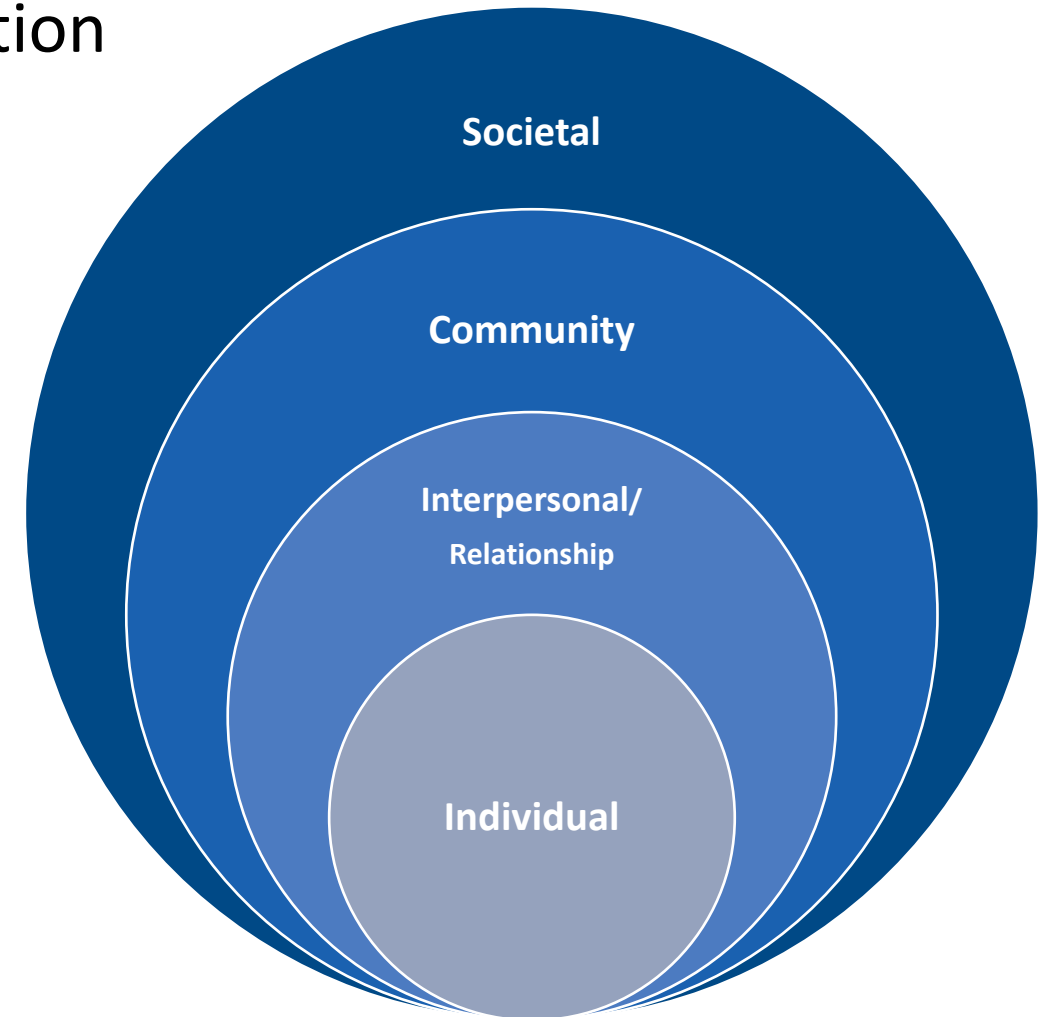
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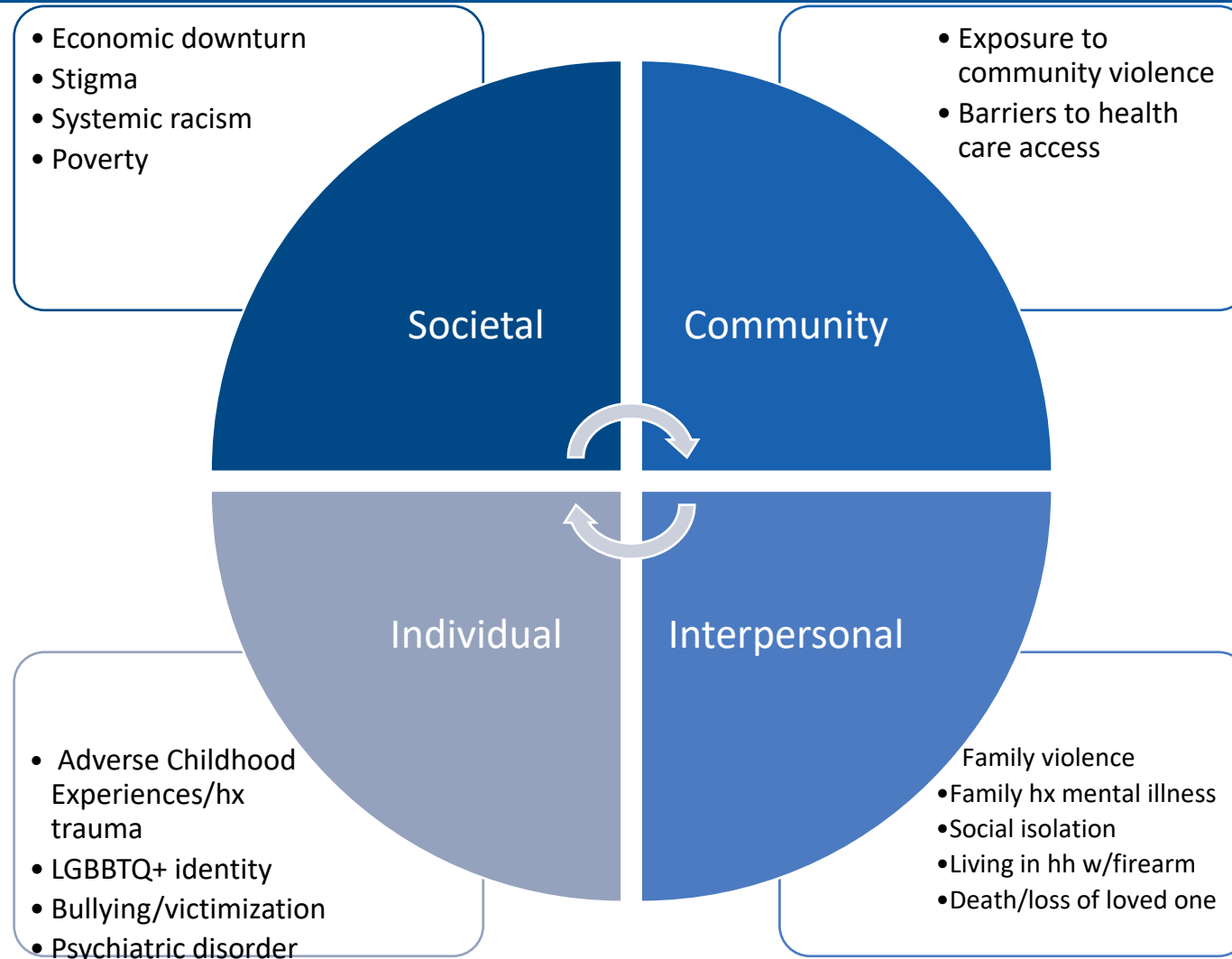


# Risk & Protective Factors for Suicide and SIBs in Black Youth

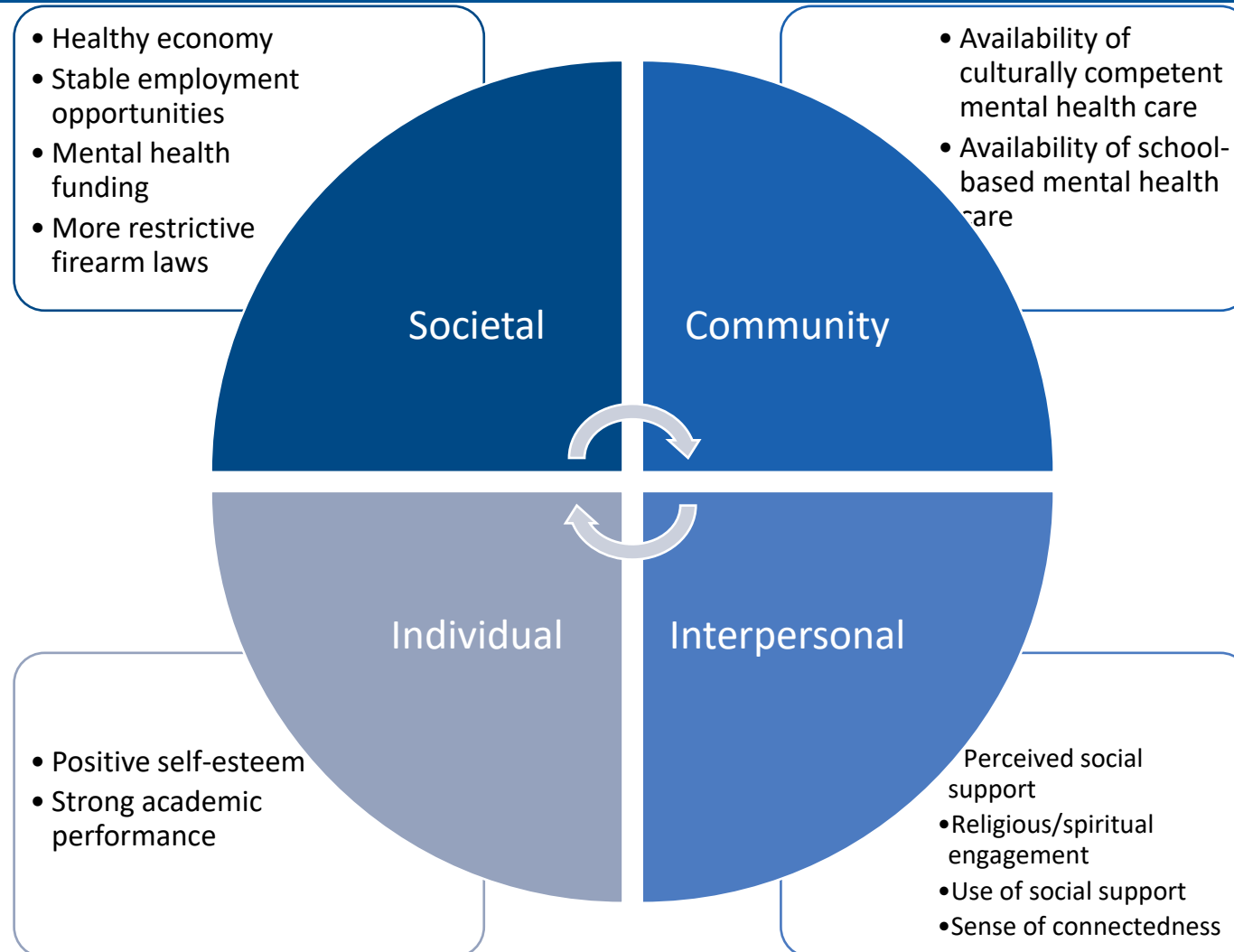
- Social-Ecological Model of Suicide Prevention
  - Provides comprehensive framework to organize risk and protective factors
  - Grounding for multilevel intervention and prevention programs
  - Enables nuanced view of relationship between multi-level factors



# Risk Factors for Suicide and SIBs in Black Youth



# Protective Factors for Suicide and SIBs in Black Youth



# Agenda

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# Next Steps

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- Improve data collection – overall there are several gaps in epidemiological data on Black children and youth
- Improve ability to identify Black children and youth who are at risk for completing suicide
- More information and research on the best targets for preventing suicide among Black children and youth - need to ensure that approaches are developmentally and culturally relevant



# Resources

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- Research Opportunities

- Notice of Special Interest (NOSI) in Research on Risk and Prevention of Black Youth Suicide - <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-20-055.html>
- Sign up for NIH Guide Notices - <https://grants.nih.gov/funding/searchguide/index.html#/>

- Data Sources

- [Centers for Disease Control and Prevention \(CDC\) WISQARS Leading Causes of Death Reports](#)
- [Youth Risk Behavior Survey \(YRBS\)](#)

# Questions?



Please enter your questions in the Q & A pod

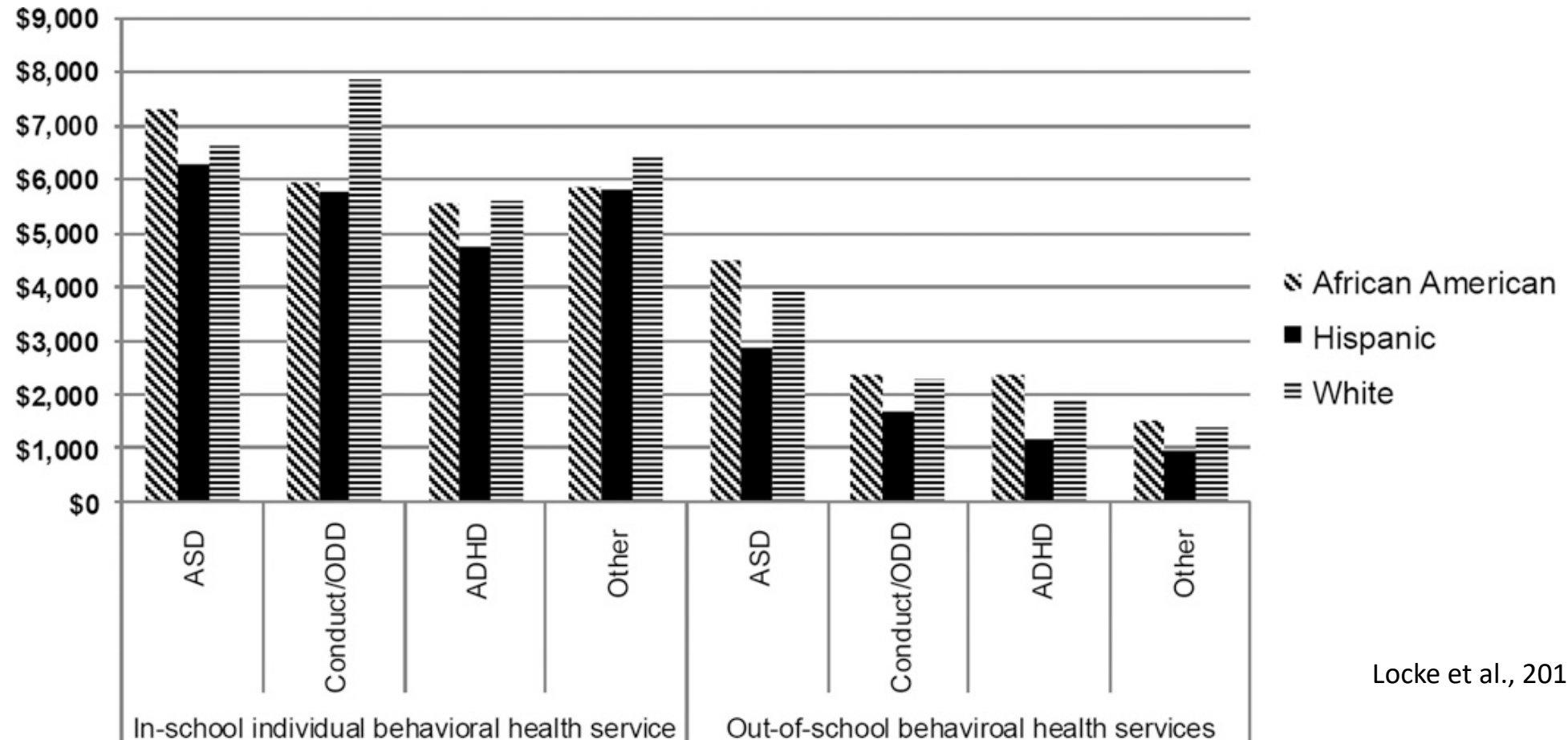
# Treatment Engagement

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# Treatment Utilization

Black	Black youth less likely to receive outpatient treatment.
Black	Black youth less likely to receive outpatient treatment even after a suicide attempt.
Black	Black youth more likely to be referred to inpatient services or are often pushed into the juvenile justice system.-“school to prison pipeline”

# Annual Mean Medicaid Expenditures by Race, Psychiatric Disorder and Service Type Among Service Users



Locke et al., 2017



# Adolescents Reporting Suicidal Ideation

FREEDENTHAL

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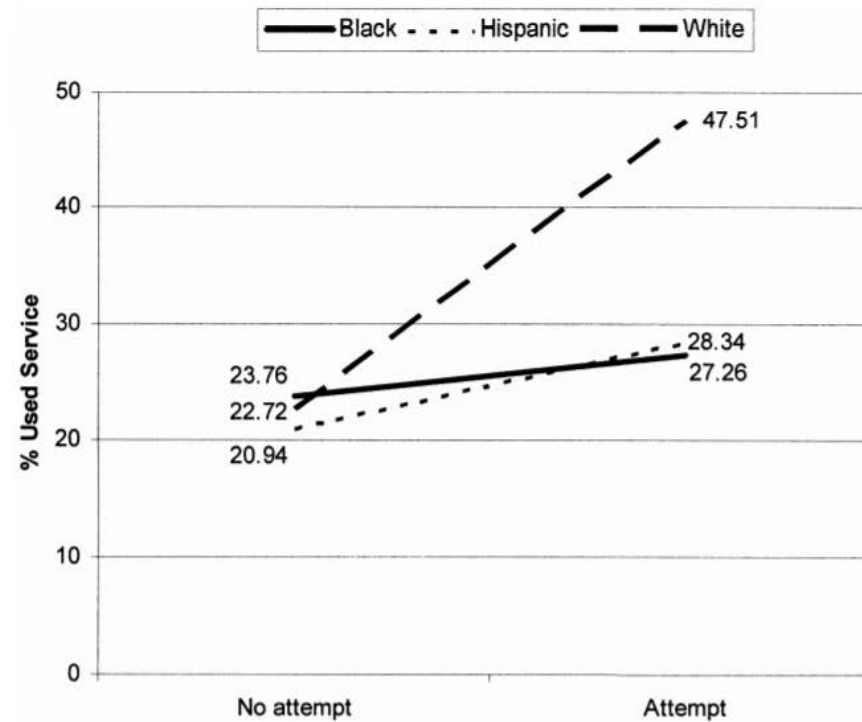


Figure 1. Interaction of race and suicide attempt in predicting mental health service use among recently suicidal youth.

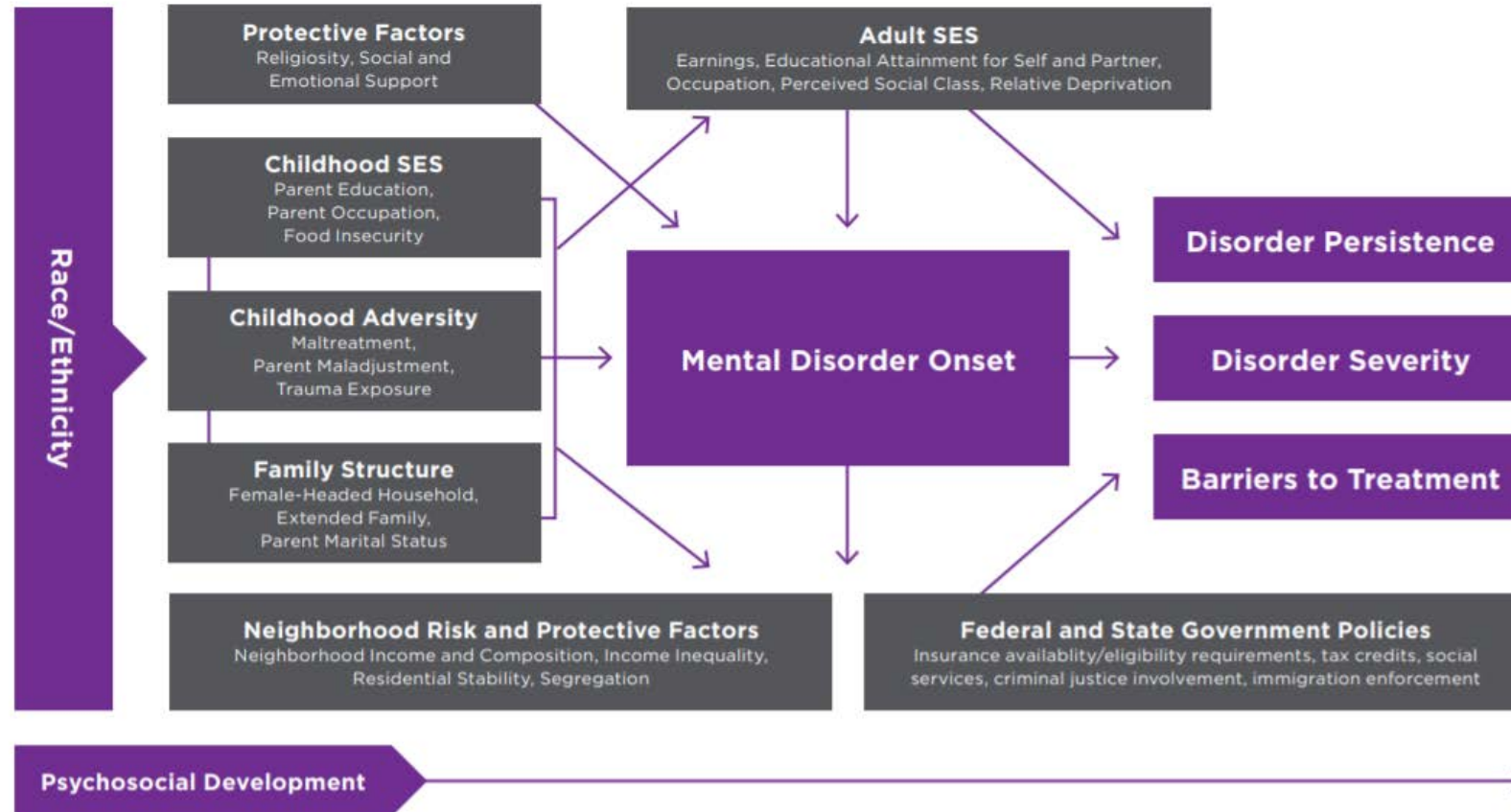
Children	Young Adults					
	Non-Hispanic White Visits/1000 (95% CI)	Non-Hispanic Black Visits/1000 (95% CI)	Hispanic Visits/1000 (95% CI)	Non-Hispanic White Visits/1000 (95% CI)	Non-Hispanic Black Visits/1000 (95% CI)	Hispanic Visits/1000 (95% CI)
Psychiatrist	138 (108–168)	87 (67–107)	71 (54–88)	195 (162–229)	103 (48–159)	88 (60–116)
Psychologist	126 (100–151)	62 (33–92)	52 (34–70)	165 (124–207)	24 (13–35)	63 (28–98)
Social worker for mental health	53 (36–68)	17 (8–26)	9 (4–13)	64 (37–91)	10 (2–19)	8 (3–14)
Mental health professional visit (any of above)	317 (269–364)	167 (128–205)	132 (105–159)	425 (354–495)	138 (80–196)	160 (111–209)
Substance abuse counseling	4.5 (1.0–8.0)	1.4 (0.6–2.3)	1.6 (0.2–3.0)	24 (9–40)	3.6 (0.9–6.2)	8.5 (1.4–15.5)
Mental health as primary reason for visit	284 (240–329)	138 (107–170)	119 (91–147)	383 (312–455)	116 (59–173)	148 (97–198)
Psychotherapy at visit	311 (256–365)	173 (132–215)	130 (102–158)	402 (334–470)	139 (80–197)	170 (112–229)
Inpatient stays	3.3 (2.1–4.5)	2.7 (1.4–4.0)	1.4 (0.3–2.6)	4.1 (2.5–5.7)	2.6 (1.0–4.2)	2.0 (1.1–3.0)
Emergency department visit	2.3 (1.3–3.4)	3.5 (1.2–5.9)	1.9 (0.3–2.6)	7.1 (4.9–9.2)	4.7 (2.3–7.2)	4.3 (2.7–6.0)

## Annual Mental Health Visits Per 1,000 Children and Per 1,000 Young Adults, by Race/Ethnicity, U.S., 2006–2012

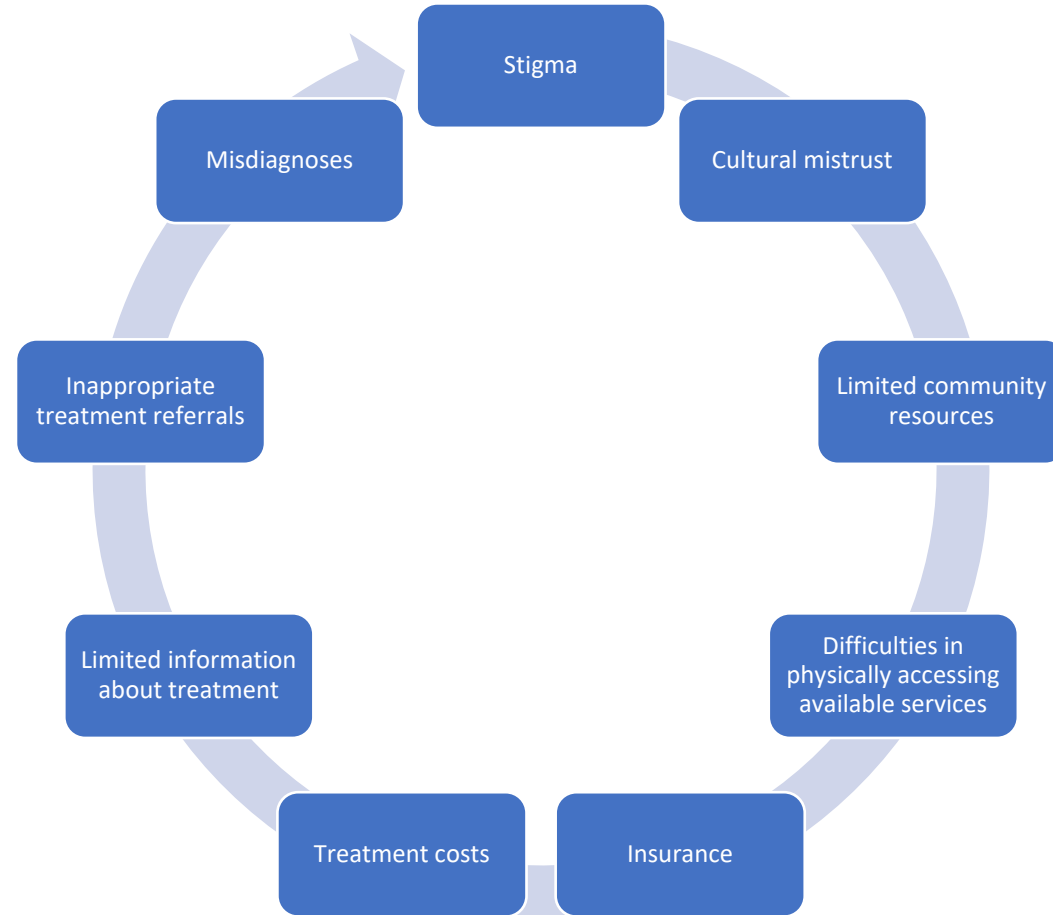
Marrast et al., 2016

# Child Mental Health Disparities

Figure 1: Conceptual Model for Child Mental Health and Mental Health Service Disparities



# Treatment Barriers



# Systematic Review of Black Youth Mental Health Seeking

- **Facilitators**
  - Severity of children's mental health
  - Caregivers' experiences
  - Supportive social network
  - Therapeutic factors: treatment effectiveness, therapeutic rapport, trust
  - Religion/spirituality
  - Referrals and mandates by parents and gatekeepers
  - Location-urban

Planney et al., 2019

# Variability and Intersectionality among Black Youth

- SES
- Religion
- Place
- Ethnicity
- Family immigration history
- Gender
- Sexuality
- Schooling

# Poll

# Screening

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# Screening

According to the US Preventive Services Task Force, there is not currently sufficient empirical evidence to recommend universal screening for suicide risk of adolescents (LeFevre et al., 2014).

# Parents Are Not Aware of Children's Suicidal Ideation

**Table 1.** Prevalence of Suicidal Thoughts by Reporter and Agreement Indices

Question	Adolescent Yes		Parent Yes		Kappa	Adolescent Yes/ Parent No ("Unawareness")		Parent Yes/ Adolescent No ("Denial")	
	N	%	N	%		N	%	N	%
Thoughts of killing self?	413	8.1	394	7.8	.466*	198	49.9	187	48.4
Thoughts of death?	786	15.4	577	11.5	.171*	571	75.6	382	67.5

# Clinical Care Pathway for Assessment and Treatment of Suicide Risk

## Screen for Suicide Risk

**All new patients receiving an initial evaluation by a Behavioral Health clinician should have a full suicide risk assessment completed rather than a screen. Follow-up patients should be screened for suicide risk at every subsequent encounter.**

In general, screening for suicide risk will involve gathering information from both the patient and the parent/caregiver. For younger patients or patients with substantial developmental delays and/or communication challenges, screening may need to rely more on information obtained from parents/caregivers than from the patient.

## Examples of Screening Tools

<b>"CHOP-2"</b>	<p><b>1. Suicidal ideation:</b> "Have you ever (or since the last visit) had any thoughts of wishing to be dead or killing yourself?"</p> <p><b>2. Behavior</b> "Have you ever (or since the last visit) done anything to try to hurt yourself on purpose?"</p> <p><b>Positive screen</b> Endorsement of 1 and/or 2</p>
<b>Columbia Suicide Severity Rating Scale Screener - Since Last Contact</b>	<p><a href="#">Columbia Suicide Severity Rating Scale Screener – Since Last Contact</a></p> <p><b>Positive screen</b> Endorsement of any item is a positive screen and the clinician should stop and proceed with the full Columbia Suicide Severity Rating Scale (C-SSRS)</p>

# Standardized Screening in Primary Care

**TABLE 2** Rates of Identification of Youth With Suicidal Ideation

Clinic	Preintervention		Postintervention		OR	95% CI
	Screened, <i>n</i>	Identified, <i>n</i> (%)	Screened, <i>n</i>	Identified, <i>n</i> (%)		
A	1016	8 (0.8)	661	26 (3.9)	4.99	4.20–5.79
B	237	1 (0.4)	304	7 (2.3)	5.46	3.36–7.56
C	308	4 (1.3)	450	18 (4.0)	3.42	2.33–4.52
Total	1561	13 (0.8)	1415	51 (3.6)	4.33	3.72–4.94

# Depression Screening

American Academy of Pediatrics and US Preventive Services Task Force recommends universal screening for depression for youth ages 12+

# Interventions

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**Table 1.** Suicide Systematic Review Article Overview.

Author	Intervention	Demographics	Outcomes	Did It Work?	Did It Work for Black Males?
Diamond et al. (2010)	Attachment-based family therapy (ABFT)	12- to 17-year-old adolescents M: 16.7% (11/66) B: 89.1% (55/66) BM: Unknown	Suicidal ideation reduction	Yes; 24-week effect of 70% ABFT participants versus 34.6% enhanced usual care participants with reported ideation in normative range. Ideation reduces for up to 6 months	Unknown; results are not reported for Black males, specifically
Diamond et al. (2002)	ABFT	13- to 17-year-old adolescents M: 22% (7/32) B: 69% (22/32) BM: Unknown	Suicidal ideation reduction	Yes; 13.2% suicidal ideation reduction from ABFT-treated participants versus 1.7% suicidal ideation reduction for enhanced usual care treated participants	Unknown; results are not reported for Black Males, specifically
Gibbons et al. (2006)	Selective serotonin reuptake inhibitors (SSRI)	5- to 14-year-old children and adolescents M: 74.9% (699/933) B: 11.5% (107/933) BM: 8.5% (79/933)	Suicidal behavioral reduction	Yes; 81% of the children and adolescents that committed suicide did not have SSRI in their systems	Yes; SSRI is correlated with reduced suicide behavior in Black Males
Huey et al. (2004)	Multisystemic therapy (MST)	10- to 15-year-old M: 65% (101/156) B: 65% (101/156) BM: Unknown	Suicidal behavioral reduction	Yes; MST participants reported a 27% reduction in attempted suicide on Youth Risk Behavior Survey (YRBS) from pretreatment to 1-year follow-up; a 37% reduction in Child Behavior Checklist. Suicidal Ideation reduction from MST participants reduced by 41% from pretreatment to 1-year follow-up on Brief Symptom Inventory scale; a 18% reduction in suicidal ideation on the YRBS	Unknown; results are not reported for Black males, specifically
Kellam et al. (2014)	Good behavior game	19- to 21-year-olds M: (Unknown/1,196) B: (Unknown/1,196) BM: (Unknown/1,196)	Suicidal behavioral reduction and suicidal ideation reduction	Unknown; suicidal ideation noted as impacted both males and females	Unknown; results are not reported for Black males, specifically
Perry et al. (2014)	HeadStrong program	13- to 16-year-old adolescents M: (Unknown/380) B: 5% (16/380) Aboriginal BM: (Unknown/380)	Suicidal ideation reduction	No. HeadStrong did not significantly impact suicidal ideation	Unknown; results are not reported for Black/Aboriginal males, specifically. No differences were found between groups on suicidal ideation

Note. Totals from the grid include interventions and control groups. M = total males; B = total Black; BM = total Black males.

Table 1. Suicide Systematic Review Article Overview (Joe et al., 2018)



# Mental Health Interventions: Black Youth

- Review of psychosocial interventions from 2007-2018
- Well-established
  - MST for behavioral problems
- Probably effective
  - Peer resilient treatment for traumatic stress
  - Cognitive behavioral treatment (CBT) for disruptive behaviors
- All were adaptive or tailored to meet the needs of the youth and families.

Pina et al., 2019





# Poll

# Mood Disorder Treatment

- CBT (both individual and group) and interpersonal psychotherapy (IPT) are currently well-established for adolescent depression.
  - Evidence based is lacking for Black youth.
- No randomized clinical trials for racial/ethnic diverse youth with Bipolar Disorder.

# Cultural Competence Parameters- Individual Level

- Cultural differences in developmental progression, idiomatic expressions of distress, & symptomatic presentation
- Assessing for immigration trauma/loss, community trauma, & racism/discrimination experiences for child & family
- Inclusion of key family members in assessment and treatment
- Evaluate and incorporate cultural strengths in treatment

# System Level Actions

- Mental health first aid
- Reversing discriminatory and biases inherent in mental health system

# Recommendations

- Demonstration projects to test, assess, and advance best or promising practices
- Development of a screening tool for suicidal ideation, behaviors and self-harm
- Development of protocol on how to treat and connect Black youth to care
- Development of a certification program for training of Black youth mental health needs



Taskforce Report

Recommendations

Community Resources

Taskforce Members

Expert Working Group Members



READ THE REPORT



VIDEOS





**Expanding  
opportunities for  
interdisciplinary  
and diverse  
research on youth  
suicide**

Resources Youth Suicide Research Consortium

Black Girls Smile



NOPCAS

NATIONAL ORGANIZATION FOR PEOPLE OF COLOR AGAINST SUICIDE

National Queer & Trans Therapists of Color Network

ADVANCING HEALING JUSTICE BY TRANSFORMING  
MENTAL HEALTH FOR QUEER & TRANS POC

100

BLACK MEN  
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Additional Resources





# Professional Organizations



# Questions?



Please enter your questions in the Q & A pod

# Thank you!

Please fill out our evaluation: <https://www.surveymonkey.com/r/QR6HRZY>



Visit our website:  
[www.ChildrensSafetyNetwork.org](http://www.ChildrensSafetyNetwork.org)