

Implications of Black Youth Suicide for Mental Health Professionals and Future Research

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Abstract

Suicide is the third leading cause of death for African Americans aged 15-24 years. Given the dearth of suicide research on ethnic minorities, little is known about the way African American suicide is addressed in graduate training of mental health professionals. Mental health professionals may be unaware of the patterns of suicide among African-American youth, leaving their practice knowledge to be based on conventional beliefs that African-Americans do not commit suicide, which can potentially cause many to misinterpret self-destructive behaviors among this population. This paper provides mental health professionals with the most recent secular data on the prevalence of suicide among African-American youth, background information on the known risk and protective factors, and discusses important practice and research implications.

Introduction

The recent Institute of Medicine report, *Reducing Suicide* (2002), draws attention to the importance of training professionals capable of developing suicide prevention and treatment services. Suicide claims the lives of approximately 30,000 Americans annually, far more than homicide, which accounts for little more than 20,000 deaths (Arias, Anderson, Kung, Murphy, & Kochanek, 2003). Although homicide is the leading cause of death among African Americans in the age group 15-24 years, recent epidemiological reports highlight a notable increase in suicide rates among this population (Centers for Disease Control and Prevention, 1998). Suicide is the third leading cause of death among American youth overall, including African Americans between the ages of 15 to 24 years (Arias et al., 2003). Mental health professionals and others who often work with young African Americans in schools as well as in juvenile justice, child welfare, and recreation programs will be faced with the emerging public health problem of suicide. Mental health professionals, like physicians, have a significant role to play in the national strategy to prevent suicide. Also like physicians, many have little incentive to take active steps to become skilled in suicide assessment or treatment and very little is known about how suicide assessment and treatment is addressed in the graduate education of mental health professionals (e.g., social workers). Moreover, mental health professionals may be unaware of the patterns of suicide among African-American youth, leaving their practice knowledge to be based on conventional beliefs that African-Americans do not commit suicide (Early, 1992), which can potentially cause many to misinterpret self-destructive behaviors among this population. For these reasons, it is important to examine the prevalence of suicide among African Americans. In this paper the most recent data on African-American suicide is presented, obtained from the Centers for Disease Control and Prevention for the period 1979 to 2002 (Centers for Disease Control and Prevention, 2003), background information on the known risk and protective factors is also provided, as is a discussion of future research needs.

Adolescent Suicide Trends

Although suicide has traditionally been viewed as a problem that affected mostly whites, significant changes in the pattern of suicide among African-Americans have been noted (Griffith & Bell, 1989), namely an increase in the rate of suicide completion among African-American youth aged 15-24 years (Centers for Disease Control and Prevention, 1998; Joe & Kaplan, 2001). Uncommon in the past, suicide among African-American adolescents has increased sharply since 1985 and is now the third leading cause of death among 15 to 24 year old African-Americans (Arias et al., 2003). From 1980 to 1995, the suicide rate increased 114% for 10- to 19-year-old African-Americans, stemming mostly from the rise in completed suicides among males (Institute of Medicine, 2002). Among African Americans, Joe and Kaplan (2001) found the steepest increase in the rate of suicide for adolescent males aged 15- to 19-years: during the period of 1979 to 1997, the suicide rate increased by 70% (from 6.7 to 11.4 per 100,000 individuals) among this age group. Joe and Kaplan (2002) attribute this increase to a growing use of firearms to complete suicides among African-American adolescent males; for suicides among the 15 to 19 year old group alone, firearms accounted for 70% of all suicides among African-American males. From 1979 to 1997, firearm suicide rates among African-American males increased by 132% for those aged 15 to 19 and by 24% for those aged 20 to 24 (Joe & Kaplan, 2002). Despite these alarming statistics and increased attention from the public health community, very little is known about what is responsible for this rise in suicidal behavior among young African-American males.

Risk and Protective Factors

An important indicator of our understanding of suicide is our scientifically based knowledge of risk and protective factors (Moscicki, 1995). As with other forms of lethal violence among African Americans, suicidal behavior appears to be the product of both distal and proximal factors. The terms distal and proximal provide a useful framework for distinguishing between the characteristics which are common among those who engage in suicidal behavior from the event(s) that trigger the suicidal act itself. Distal factors represent “threshold elements”, including a host of adverse biological, social, structural, and cultural factors that increase an individual’s risk for vulnerability to suicidal forces. Proximal factors represent triggering episodes or situations that are more closely associated temporally with the suicide event; these factors can also act as precipitants (Moscicki, 1995). For example, a moment of extreme personal loss may act as a precipitant to suicide, particularly in the presence of a firearm in the home and a history of substance abuse. Although neither distal nor proximal factors are, by themselves, sufficient causes for suicide, both types of factors in combination are powerful suicidal forces (Moscicki, 1995).

Distal Factors

Socioeconomic status. Several studies have examined socioeconomic risk factors for African-American suicidality. Lester (1996) found that greater income inequality was associated with lower suicide rates among African Americans. Lester (1993) also noted that social disintegration and unemployment were not significant predictors of suicidality among African Americans, although they were among whites. Interestingly, researchers also found that suicide rates among African Americans were positively associated with education, wealth, and fertility, whereas the rates among whites were not (Burr, Hartman, & Matteson, 1999). In their analysis of African-

American suicide across metropolitan areas in the United States, Burr and colleagues (1999) found that the risk for suicide was higher among African Americans living in areas of high occupational and economic inequality between whites and African Americans. Therefore, given the contradictions in the empirical evidence presented in previous studies, our understanding of the role of social socioeconomic factors remains equivocal.

Family Psychopathology. Parental psychopathology has been identified as a potential risk for adolescent suicidality. Garber and colleagues (1998), in their longitudinal study on family predictors of suicide symptoms in young adolescents, found that after controlling for their previous suicide symptoms, children whose mothers had a history of a mood disorder were significantly more likely to present suicide symptoms at a later time compared to children whose mothers had no history of psychopathology. While the study informs our understanding of parental psychopathology as a predictor of youth suicide risk, it is not clear that its sample distribution (82% Caucasian vs. 14.7% African American) would allow us to make any conclusive predictions for African American youth. In another study, Yama and colleagues (1995) found that parental alcoholism independently predicted higher levels of suicidality. Again, it is not clear that this finding is applicable to African Americans.

Family structure and socioeconomic status. Living in a family structure that does not consist of an intact, two-parent household has been linked to several adverse outcomes (Tomori, Keinhorst, De Wilde, & Van Den Bout, 2001), although findings have been mixed.. Gould and colleagues (1996) found that suicide victims are more likely to come from non-intact families of origin. This finding, however, was largely explained by parental psychopathology. Similarly, Brent and colleagues (1994) found that, indeed, suicide victims were less likely to have lived with both biological parents, but this is before controlling for history of psychopathology. In a recent review, Evans and colleagues (2004) found in their review that in a small number of studies where the absence of either the mother or father was specifically investigated, the results were inconsistent. However, living apart from both parents was associated with an increased prevalence of suicidal phenomena (Ang & Ooi, 2004).

Family support and cohesion. Additional family relationship and functioning characteristics, such as family support, have been linked to youth suicide. Wagner, Silverman, and Martin (2003) cited studies indicating that family support distinguishes suicidal adolescents from both clinical and non-clinical controls. Perkins and Hartless (2002) found that for both African Americans and Whites, family support (or the lack thereof) was a significant predictor of adolescent suicide attempt. The research evidence indicates that having unsupportive parents is directly associated with suicidal phenomena (Evans et al., 2004). In a sample of African American college students, Harris and Molock (2000) found that perceiving one's family as supportive and higher levels of family cohesion were related to fewer experiences of suicide ideation. Similar results were found by O'Donnell and colleagues (2004), who examined risk and resiliency factors influencing suicidality among urban, economically disadvantaged African American and Latino youth. The study indicated that family closeness was protective against adolescent suicidal ideation and attempts.

Proximal Factors

Proximal risk factors include, but are not limited to, such elements as psychopathology, substance abuse, and the presence of a firearm. Jones (1997) found that suicidal African American adolescents reported more alcohol use, drug use, and depression than did matched controls of African Americans who did not attempt suicide. Several other studies have demonstrated an association between substance abuse and attempted and completed suicides among this population (Willis, Coombs, Drentea, & Cockerham, 2003). In a study of Massachusetts high school students of which a significant proportion of the sample were African Americans, Woods and colleagues (1997) found that every attempted suicide among African-American male students was associated with carrying a gun, cigarette smoking, and injecting drugs. Marzuk and colleagues (1992) analyzed a sample of suicide deaths in New York City, which included a considerable number of African Americans. They found that the prevalence of cocaine use was greatest among individuals in their 20s and 30s and that cocaine users committed suicide both at an earlier age and at a shorter time after their initial drug use than did alcoholics.

Psychopathology

Although psychiatric disorders are strong correlates of suicide and suicidal behavior (Moscicki, 1995), relatively few studies have examined the relationship between psychopathology and suicidality among African Americans. However, several community-based studies have found a relationship between psychiatric history, depression, and the suicidal behavior of African Americans (Feldman & Wilson, 1997; Willis et al., 2003; Windle & Windle, 1997). For instance, Bagley and Greer (1972) found that African-American suicide attempters were less likely than white suicide attempters to be psychotic (8% versus 24%) and that the white suicide attempters were more likely to have histories of psychiatric problems. Willis and colleagues (2003) found that the use of mental health treatments and suicide ideation were less likely to be associated with African American suicide than White. In addition, a previous history of suicidal behavior appears to be a stronger predictor of suicide completion among whites than among nonwhites (Bagley & Greer, 1972; Pederson, Awad, & Kindler, 1973). There are important gender differences in the relationship between psychiatric disorder and suicidality among African Americans. Frierson and Lippmann (1990) found that African-American male suicide attempters were more likely than females to be schizophrenic, intoxicated, or psychotic, but that African-American female suicide attempters were more likely to manifest clinical depression. Furthermore, Garrison and colleagues (1991) indicated that among African-Americans adolescents, particularly females, the strongest predictor of suicide ideation in a given year was the individuals' level of depression in the previous year.

Protective Factors

Information on the risk factors and correlates of African-American suicidal behavior reveals several factors that may reduce suicide risk among African Americans. Early (1992), for instance, found that religious beliefs buffered many African Americans' resiliency against the adverse effects associated with suicidal behavior. Other studies found that African Americans who live in the south (Prudhomme, 1938; Shaffer, Gould, & Hicks, 1994; Willis et al., 2003), who are elderly (Meehan, Lamb, Saltzman, & O'Carroll, 1992), and have social supports (Dunston, 1990; Gibbs & Martin, 1964; Nisbet, 1996) are less likely to ever attempt or complete

suicide. While no one has examined the role of cultural identity in preventing suicidal behaviors in African Americans, several have found that adolescents with positive ethnic identity are less prone to have dysphoric affect, which is associated with suicidal behavior (Charlot-Swilley, 1998). If public health leaders want to reduce the incidence of suicide in the African-American community, it is important to focus on those factors that serve as buffers against suicide, not just on the risks these youths face.

Implications for Clinical Practice and Future Research

The descriptive statistics and review of research on African-American youth suicide clearly refutes conventional beliefs about negligible rates of suicide among this population. Mental health professionals should be skilled in talking with clients about the risk for suicide, providing interventions for those at imminent risk for the expression of suicidal behavior, and referring clients for expert assessment and treatment. Mental health educators should provide trainings that include practice experiences with managing suicidal adolescents, lead by faculty that has treated or assessed suicidal adolescents. They also need to be knowledgeable of the various risk factors and treatments designed to reduce assessed risk. More specific recommendations for mental health practice are limited by the lack of scientifically tested preventative or treatment interventions for suicidal African American youth.

Given the scant attention to suicide among African-American youth in the research literature, future investigations are needed to determine whether the increase in suicidal behavior among African-American youth is attributable to changes in their attitude toward suicidal behavior, willingness to report such behavior, or to increased social isolation and prevalence of mental disorders. Future scientific inquiry is needed that examines the importance of the study of suicide in the graduate training of mental health professionals, as well as the effectiveness and efficacy of training on suicide assessment and treatments. Finally, research is needed to examine the relationship between suicide attempts and suicide completion among African-American youth, as well as identify the situational or contextual triggers and mental health risk factors that may be unique to this group. Information gained from such studies can further national efforts to develop suicide prevention policies and interventions for this high-risk group.

Conclusions

Suicide among African-American youth is a significant public health problem that should be addressed in the education of mental health professionals. This paper provides information on African-American adolescent suicide and the current state of research on risk and protective factors. The failure to advance research on African American suicide may leave many mental health professionals inadequately prepared to respond to the needs and experiences of depressed and suicidal African-American youth. Finally, given that the empirical literature on African-American youth suicide and suicidal behaviors is not sufficient for designing treatment interventions, researchers now have the opportunities to make considerable scholarly contributions to suicidology.

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