Hogg Foundation
for Mental Health

National Institute for Mental Health
Request for Information: Guidance on Current Research on the Prevention of Black Youth Suicide
January 2021

The Hogg Foundation for Mental Health thanks the National Institute for Mental Health for addressing Black youth suicide rates. Institutional racism and disparities exacerbate already existing trauma, anxiety, depression, PTSD, substance use, and other mental health conditions for youth of color. The global COVID-19 pandemic has disproportionately impacted Black communities, and is expected to amplify mental health diagnoses and suicide rates.[1] Policy solutions must address racial trauma, systemic barriers to equitable mental health outcomes, and access to lethal means in order to reduce suicide death rates amongst Black youth.

Hogg Foundation Recommendations:

1. **States should expand Medicaid to provide low-income individuals and those lacking healthcare coverage access to treatments and services that could prevent the development of suicidology. This could in particular reduce suicidology resulting from the effects of the COVID-19 pandemic.**
2. **Reduce stigmas around receiving mental healthcare services by enhancing the quality of mental health treatments and by increasing outreach and educational programming in communities of color.**
3. **Limit access to lethal means by: codifying safe storage mandates to prevent unauthorized access of firearms by youth, implementing extreme risk protection orders (ERPOs) that allow for due process and assess for dangerousness (not mental health diagnoses), and requiring federal criminal background checks to be conducted on all firearm transactions, including those by unlicensed firearm sellers.**
4. **Require school districts to have plans in place to address suicide prevention, intervention, and postvention, especially in the age of COVID-19 and virtual learning. Mandate that new and existing educators receive reoccurring suicide prevention trainings to better recognize students at-risk.**
5. **Ensure communities have greater availability of a continuum of resources for individuals with mental health and substance use conditions, including harm reduction strategies, prevention, treatment, recovery housing, and community-based aftercare.**
6. **Ban mental healthcare providers from engaging in conversion therapy for LGBTQIA+ youth.**
7. **All state agencies should review policy initiatives, rules, statutes, programs, and services through a racial/ethnic equity lens to ensure that existing disparities are addressed and new disparities are not being created.**

One way to address the Black youth suicide rate is to reduce racial trauma, which accumulates throughout a person's life and leads to activation of stress responses and hormonal adaptations. This increases the risk of non-communicable diseases and biological aging.[2] Racial trauma is transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.[3] Lower rates of access to mental health services, lower usage of these services for those who do have access, and numerous health disparities makes the burden of trauma incredibly harmful to youth of color. Black individuals who are lesbian, gay, bisexual, transgender, queer, intersex, or asexual (LGBTQIA+) face especially high levels of stigma and discrimination that negatively impact their mental health.[4] Given that stress, depression, irritability, fear, confusion, frustration, boredom, stigma, anxiety disorders, and other emotions are prevalent during pandemics, mental health issues

and suicidology in youth of color is at particular risk because of existing racial health disparities heightened by COVID-19.[5] [6]

Under-usage of mental health treatments by people of color with healthcare coverage is a major barrier to reducing Black youth suicide. A 2014 study indicated that African Americans are more likely than White Americans to terminate treatment prematurely.[7] Overall spending for Black and Latinx people on outpatient mental health care was about 60 percent and 75 percent of White rates, and Black and Latinx children have the highest rates of unmet need for mental health services.[8] [9] There are several reasons people of color are less likely to use clinical mental healthcare services. These include: high uninsured rates, financial and healthcare restraints caused by systemic racial oppression, long-held stigmas against seeking help within the community, preferred reliance on faith-based practices, and the inability of some healthcare providers to establish themselves as credible and reliable sources of support.[10] [11] The history of discrimination in healthcare, especially against Black women, has led many people of color to hold a fundamental mistrust of some healthcare providers and services.[12] These feelings of mistrust can be passed down to Black youth, who might consequently avoid seeking services to treat suicidology. In order to reduce disparities and treat suicidology in youth of color, policies should not only expand access to care, but also incentivize these services to be utilized by providing better outreach and education. In addition, policies should leverage the use of spirituality and faith-based practices to enhance mental wellness and increase the quality of mental health care.[13]

Racial trauma and under-usage of mental healthcare services are directly related to suicide rates of Black youth. To be clear, living with mental health conditions does not equate to experiencing suicidology despite existing stigmas. However, individuals with a diagnosed mental illness are at higher risk of suicide, representing about 46 percent of suicide victims according to the Center for Disease Control and Prevention (CDC).[14] Individuals are particularly at-risk after experiencing reductions in their healthcare. Mental health parity laws, which facilitate access to mental health services, can reduce suicide rates.[15] Firearms are the most lethal method of suicide. While the average suicide attempt has an 8.5 percent death rate, those with firearms have an 89.6 percent mortality rate.[16] According to 2017 CDC data, suicide was the third leading cause of death for Black youth ages 1-19, illustrating how mixing suicidology and access to lethal means for youth experiencing racial trauma can lead to increased mortality.[17] By reducing discriminatory disparities, increasing access to mental health services that address suicidology, dismantling stigmas against seeking mental health treatments, and reducing access to lethal means, the Black youth suicide rate can be diminished.

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[1] Suicide rising across the US. (2018, June 07). Retrieved from https://www.cdc.gov/vitalsigns/suicide/index.html
[2] Bécares, L., Nazroo, J., & Kelly, Y. (2015, August 15). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. Retrieved from https://www.sciencedirect.com/science/article/pii/S0277953615300770?via=ihub
[3] Krieger, N. (2020, April). Measures of Racism, Sexism, Heterosexism, and Gender Binarism for Health Equity Research: From Structural Injustice to Embodied Harm-An Ecosocial Analysis. Retrieved from https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040119-094017
[4] National Center for Transgender Equality. (2016). Report of the 2015 Transgender Survey. Retrieved from https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf
[5] Pfefferbaum, B., Author AffiliationsFrom the Department of Psychiatry and Behavioral Sciences, M. Gandhi and G. W. Rutherford, Ehre, C., & B. R. Bloom and Others. (2020, September 08). Mental Health and the Covid-19 Pandemic: NEJM. Retrieved from https://www.nejm.org/doi/full/10.1056/NEJMp2008017
[6] COVID-19 deaths analyzed by race and ethnicity. (2020, November 12). Retrieved from https://www.apmresearchlab.org/covid/deaths-by-race
[7] McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/#R30

[8] Ibid.
[9] Alegria, M., Vallas, M., & Pumariega, A. J. (2010). Racial and ethnic disparities in pediatric mental health. *Child and adolescent psychiatric clinics of North America*, *19*(4), 759–774. https://doi.org/10.1016/j.chc.2010.07.001
[10] Torres-Harding, Andrade, & Romero Diaz. (2012). The Racial Microaggressions Scale (RMAS): A new scale to measure experiences of racial microaggressions in people of color. Retrieved from https://psycnet.apa.org/record/2012-09819-005
[11] Tarver, M. (2016, February 5). Why Faith Is Important to African American Mental Health. Retrieved from https://www.nami.org/Blogs/NAMI-Blog/February-2016/Why-Faith-Is-Important-to-African-American-Mental
[12] How discrimination can harm black women's health. (2018, October 31). Retrieved from https://www.hsph.harvard.edu/news/hsph-in-the-news/discrimination-black-womens-health/
[13] McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/#R30
[14] Suicide rising across the US. (2018, June 07). Retrieved from https://www.cdc.gov/vitalsigns/suicide/index.html
[15] The Relationship Between Mental Health Care Access and Suicide. (2018, March 2). Retrieved from https://www.rand.org/research/gun-policy/analysis/essays/mental-health-access-and-suicide.html
[16] Conner, A., University, Q., Azrael, D., Harvard T.H. Chan School of Public Health, Miller, M., Harvard T.H. Chan School of Public Health and Northeastern University, . . . Mannix, R. (n.d.). Suicide Case-Fatality Rates in the United States, 2007 to 2014. Retrieved from https://www.acpjournals.org/doi/10.7326/M19-1324
[17] CDC. (2019, November 20). Leading Causes of Death-Non-Hispanic black Males - United States, 2017. Retrieved from https://www.cdc.gov/healthequity/lcod/men/2017/nonhispanic-black/index.htm