

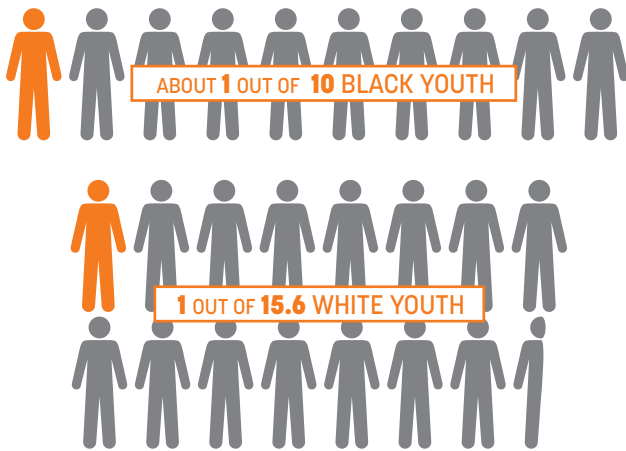
WHY WE CHOSE THIS TOPIC

Youth suicides and suicidal behavior are increasing substantially, especially among Black youth. The same factors that produce physical health disparities also affect mental health. Our youth-serving systems need help recognizing and responding effectively to the mental health needs of Black children and youth.

WHAT'S HAPPENING IN WISCONSIN?

In recent years, approximately **1 in 10 Black and other youth of color reported suicide attempts versus 1 in 15.6 White students.**⁵

YOUTH REPORTING ATTEMPTING SUICIDE



Why "about" 1 out of 10? Black youth (10.0%) attempted suicide at almost the same rate as youth of color overall (10.8%), but there were too few Black-only students in the sample to produce statistically significant Black-White differences.

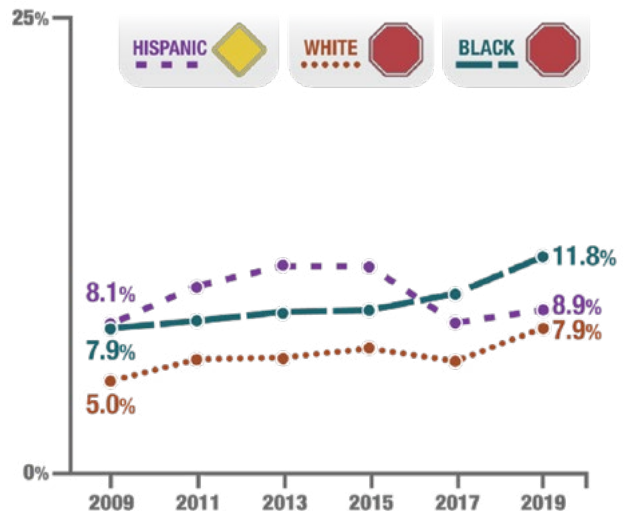
WHAT THE RESEARCH SAYS

Black youth are more likely than White youth to experience adversity and face more barriers to mental health treatments¹, making it important to pay attention to their suicide risk. While Black youth generally have **lower rates of suicide deaths** than their non-Black peers, Black suicide attempts and deaths have been **increasing more quickly** for Black youth than for other groups with traditionally higher rates, and younger suicide deaths are more common for Black children.²

In the national Youth Risk Behavior Survey (YRBS), Black high school students report some of the highest rates of **suicide attempts**. In 2019, 11.8% of Black students reported having attempted suicide in the past year.

Suicide deaths among Black youth ages 15-24 increased by **47% for males and 59% for females** between 2014 and 2019.³

TRENDS IN REPORTED SUICIDE ATTEMPTS (NATIONAL YRBS)⁴



WHAT HELPS

- ▶ Using mental health and suicide prevention materials tailored to a young person's racial or cultural group.⁶
- ▶ Going the extra mile to check on Black children and youth mental health, since Black children and youth are less likely to receive mental health care or even be seen as needing care.⁷
- ▶ Starting early. One study found that **Black youth suicidal intent peaked in 7th grade.**⁸ While rare, suicide deaths for children under age 13 are higher for Black children than White children.

WHAT WE CAN DO

➤ PARENTS:

- Learn the [signs and symptoms](#) of suicide and ask about Question, Persuade, Refer (QPR) training in your community.
- Talk and listen to your child. Affirm their feelings and try to stay open to what they are saying about how they're doing and difficulties they see in their lives, even when their problems don't seem big to you.
- Surround your child with other caring adults and [seek out mental health treatment](#) as needed, including [culturally-responsive services](#) and [Black providers](#).

➤ PROVIDERS:

- Acknowledge and affirm the effects of racism and other social determinants of health on mental health.
- Share Black mental health resources with your clients: such as [Prevent Suicide Wisconsin, Black or African American Resources](#).

➤ POLICY MAKERS:

- Support full funding and staffing of school counselors, psychologists and social workers in all schools.
- Fund implementation of training for evidence-based programs like [Sources of Strength](#).

➤ SCHOOLS/TEACHERS

- Foster warm, supportive, and inclusive school environments and maintain positive connections to Black students.
- Consider "behavior problems" as possible signs of distress and screen for suicide or mental health services.
- Partner with families to support student success and safety.
- Support efforts to recruit and retain educators of color.

REFERENCES:

¹Burkett (2017). "Obstructed Use: Reconceptualizing the Mental Health (Help-Seeking) Experiences of Black Americans." *Journal of Black Psychology*, Vol. 43(8), 813-835.

²Riley et al. (June 28, 2021). "Addressing Suicide Rates Among Black Youths: A Call to Action Within and Outside Clinical Practice", *JAMA Pediatrics*. doi:10.1001/jamapediatrics.2021.1693

³Ramchand et al. (May 26, 2021). "Trends in Suicide Rates by Race and Ethnicity in the United States", *JAMA Netw Open*. 2021;4(5):e2111563. doi:10.1001/jamanetworkopen.2021.11563

⁴Center for Disease Control and Prevention (2020). "Youth Risk Behavior Survey: Data Summary and Trends Report, 2009-2019." <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf> p. 67.

⁵Analysis of Wisconsin YRBS results conducted by Katherine McCoy, PhD. Data from 2017 and 2019 were combined to increase statistical power. White point estimate was 6.4%. Statistically significant differences were found between White youth and youth of color, which includes multi-racial and any race and ethnicity except for non-Hispanic White.

⁶See ideas in Table 1 of Robinson et al (2016). "Culturally Grounded Stress Reduction and Suicide Prevention for African American Adolescents." *Practice innovations* (Washington, D.C.), 1(2), 117-128. <https://doi.org/10.1037/pri0000020>

⁷Congressional Black Caucus (2019). "Ring The Alarm: The Crisis of Black Youth Suicide in America." https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

⁸Musci et al (June 2016). "Trajectories of Suicidal Ideation from Sixth through Tenth Grades in Predicting Suicide Attempts in Young Adulthood in an Urban African American Cohort", *Suicide and Life-Threatening Behavior*. Issue 3, Vol. 46, p. 255-265.

