

RESEARCH BRIEF

Gender Differences in Black Youth Suicide



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Introduction

According to a recent report, the Centers for Disease Control and Prevention (CDC, 2020) indicates that suicide is the third leading cause of death for Black youth (ages 15-24) in the United States. When examining rates of suicide among Black youth by gender, 164 adolescent females and 609 adolescent males died by suicide in 2017 (Curtin & Hedegaard, 2019). Between 1991 to 2017, suicide rates increased by 73% for Black youth, and injury by attempt increased 122% for adolescent Black males (Lindsey et al., 2019). These alarming rates continue to rise from year to year among all youth, but particularly Black youth.

Suicide can be defined as the act of an individual taking their own life, whereas suicidal ideation can be described as experiencing thoughts and feelings about suicide (Harmer et al., 2020). While suicide and suicidal ideation can impact individuals of all backgrounds, previous research has indicated that gender, race, and ethnicity play a role in the factors leading up to suicide-related behavior and treatment (Bridge et al., 2018; Joe et al., 2016; Tomek et al., 2015). However, numerous gaps remain in the literature regarding Black youth suicide, gender differences, and treatment for suicide-related behavior. Research regarding access to and utilization of mental health services for Black youth who are experiencing suicide-related behaviors is also limited. Additional research is needed in these areas to address the growing rates of suicide attempts among Black youth and the lack of gender and culturally responsive mental health services.

Literature Review
Race, Gender and Suicide-Related Behavior

Race and gender are risk factors for engaging in suicide-related behaviors (Bridge et al., 2018; Joe et al., 2016; Tomek et al., 2015). Tomek et al. (2015) examined the relationship between race and gender on suicide ideations and attempts. Findings of this study revealed that Black female adolescents had a higher rate of reporting suicide ideations compared to Black male adolescents. Also, females were more likely to have multiple occurrences of suicidal ideations compared to males. Males who reported having suicidal thoughts did not experience the same ideations a year later, whereas suicidal thoughts remained constant for female adolescents over time. Given that all of the participants reported having suicidal ideations, these findings highlight that Black females repeatedly experience suicidal ideations beginning at an early age and Black males are less likely to report their thoughts of suicide.

Additional research (Kann et al., 2018; Lindsey et al. 2019; Plemmons et al., 2018) has displayed similar trends for suicidal behavior among Black youth. Black youth have experienced the largest increase in suicide attempts compared to their white peers in recent years (Kann et al., 2018; Lindsey et al., 2019). Further, suicide attempt rates for Black female adolescents have significantly increased over the past three decades, while suicide attempt rates for all other female adolescents have decreased (Lindsey et al., 2019; Shain, 2019). Black adolescent boys are more likely to suffer from an injury due to suicide attempts from lethal weapons and suicide-related hospitalizations for Black youth have also steadily increased from 2008 to 2015 (Lindsey et al., 2019; Plemmons et al., 2018). This uncovering is alarming as suicide attempt is the risk factor that is most strongly associated

with later death by suicide (Bilsen, 2018).

Service Gaps in Black Youth Suicide Prevention

Despite high rates of suicide attempts and suicide-related hospitalizations, many Black youth have never sought mental health treatment and are significantly less likely to utilize services compared to White peers (Barksdale et al., 2010; Joe et al., 2006). When examining prior literature related to treatment for Black youth with suicidal ideations, the findings show an immense gap in access to mental health services. Nestor et al. (2016) reflect these findings through their research on suicidal ideations and treatment for adolescents of varying races, including Black youth. When compared to non-Hispanic White adolescents, Black youth were 10 times less likely to receive outpatient services to address their suicidal behaviors and ideations. Potential barriers to accessing mental health services for Black youth include lack of mental health service providers in communities, the severity of symptoms, and the composition of an individual's family (Planey et al., 2019).

Solutions

Understanding risk factors specific to gender in Black youth suicide is vital in developing and implementing prevention and intervention practices. In light of these findings, an appropriate solution would entail advocating for policies that increase the recruitment of school-based mental health service providers by low-income schools. In other words, targeted, active outreach to create more mental health services within schools.



Schools are the environment the youth spend most of their time in. Mental health services offered within the educational system can eliminate the barriers that surround low-income, minority communities from seeking services. For example, transportation is a major barrier to healthcare access (Syed et al., 2013). A student having access to services in an environment they are already in can help close one of many gaps in intervention. Additionally, this accessibility can increase reporting rates due to mental health professionals being available for students. Subsequently, an intervention can take place when suicide ideation and behaviors are assessed by the mental health professional. The long-term outcome being the rates of deaths by suicide decreasing through early intervention.

These services need to have culturally and gender-responsive programming. This will help in addressing service gaps in suicide prevention. The culture-specific pattern that is seen in Black boys is their use of lethal weapons and hospitalization due to suicide attempts. A culturally and gender-responsive school-based mental health provider knowing these factors would aid in creating a tailored treatment plan. The mental health provider would be encouraged to ask about access to lethal means. Furthermore, teaching parents about safety measures to prevent access to these means is

recommended. The culture-specific pattern seen in Black girls is the occurrence of multiple suicide ideations. A culturally and gender-responsive provider should know this and should be encouraged to ask about suicide ideations in Black girls.

Culturally and gender-responsive programming should focus on training in knowledge, awareness, and skills. Bhui et al. (2007) describe knowledge as learning about different views of illness and healing. A school-based mental health provider should seek to understand different views of illness and suicide within the cultures of the children that they are working with. This would include being knowledgeable about the suicide patterns specific to Black boys and girls that were previously mentioned. Awareness is being aware of differences and being able to work alongside those differences (Bhui et al., 2007). School-based mental health providers should be aware of the child's family life, along with being aware of differences in general that could be related to cultural or gender differences. Skills focus on eliminating barriers and can include cultural competency training (Bhui et al., 2007). Training on cultural and gender differences in suicide should occur with school-based mental health providers. This would include training providers on how to address the cultural and gender-specific patterns that were outlined above.

Conclusion

There is a need for more research to support suicide prevention and evidence-based interventions for Black youth. Specifically, research to examine the relationship between risk factors associated with gender and the intersection of gender and race on suicide ideation, attempts, and deaths. Understanding these relationships is especially important so practitioners can be better equipped to implement culturally responsive programming. These findings can also be used to guide policymakers to develop culturally sensitive suicide prevention policies. Ideally, these policies could improve clinical practice standards for eliminating disparities for Black youth. Additionally, practice recommendations provided within the solutions we offered could also provide immediate relief for students dealing with suicidality.



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