Addressing Suicide among Black Americans

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**News Type:**Director's Corner

Our national conversation about suicide prevention has included a recent focus on the increased risk of suicide among Black children under the age of 12 and the possible factors linked to it.1-3 A similar uptick in scientific and public attention occurred about 20 years ago, when studies highlighted a marked increase in suicide rates among Black males ages 15 to 19 that put them on par with White youth of similar ages.4 Research has confirmed that, with passing generations, the risk for suicide among [Black Americans](http://www.sprc.org/populations/blacks-african-americans) has extended into younger age groups.5 These trends are particularly challenging to address due to a serious lack of research on the population, which is necessary to inform clinical treatment and suicide prevention strategies. However, the existing literature provides us with some unequivocal clues about what we can do to address suicide among Black Americans.

**Prevention efforts should address increased suicide risk among Black males.** While increased suicide risk among Black females also warrants action, rates have typically been higher among males. Depending on the age group, the male-to-female suicide rate ratio has ranged from four-to-one to as high as eight-to-one.5 Young Black males are most at risk, although there has been a recent rise in suicide rates among Black children of both sexes under age 13.

**Mental health matters.** Having a mental illness significantly increases suicide risk among Black teens and adults.6,7Although depression must be addressed, the strongest mental health predictor of attempted suicide in this population is anxiety. Prevention efforts should help enhance the existing psychological resources that help to buffer Black people against suicide risk, and also help protect them from sources of vulnerability. For example, Blacks who are socially connected through organized religious affiliation have a lower suicide risk.8 And we are learning that social stressors, such as perceived racism, exacerbate suicide risk among Blacks.

**We should focus on reducing access to guns among Black people at risk of suicide.** Firearms are the primary method of suicide among Black populations.9 Black males are more likely to attempt suicide using a gun, and females are more likely to use a means of suffocation. These factors should inform prevention efforts tailored to each of the sexes. We must also consider the role of firearms and other means when focusing on children under 13 years of age, given the increased risk in that age group.

**Understanding the role of ethnicity is critical.** Too often, we do not attend to the fact that there are multiple ethnic groups among Black Americans. Ethnicity confers differences in attitudes toward suicide, mental health services, and how stigma impacts the use of traditional social network support. In the U.S., the two largest ethnic groups among Black Americans are African American and Caribbean Blacks. Why is this important? Studies indicate that Caribbean Black males have the highest rates of attempted suicide among Black Americans, so we should be targeting this population with our prevention efforts.

It is critical to expand our research on suicide among Black populations so that we can develop more effective prevention strategies. Reducing suicide rates among Black Americans requires our attention to more precise population-level considerations of their cultural values, behaviors, patterns of risk, and sex or gender identity. At the same time, there are important steps we can take right now to prevent suicide in this population, such as targeting those at highest risk, improving access to mental health services, and reducing access to lethal means among those in suicidal crisis.

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**References**

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**Populations:**Adults, Youth, Children Ages 12 and Younger, Adolescents, Racial and Ethnic Groups, Blacks and African Americans,Men

**About Suicide:**Data and Statistics, Behavioral Health Disorders, Suicidal Thoughts and Behavior

**Planning and Implementing:**Culturally Based Practices, Cultural Competence

**Strategies:**Effective Care/Treatment, Reduce Access to Means, Connectedness