RESEARCH BRIEF

Serious Mental Health and Suicide Among Black Youth

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Introduction

Mental illness is a very common problem affecting over 50% of the population in the United States (Centers for Disease Control and Prevention [CDC], 2018). Mental illness includes a wide range of conditions that affect a person's mood, thinking, feeling, behavior, or overall cognitive functioning. People living with mental illnesses experience changes in their social life, jobs, and family life due to the emotional distress associated with the illness (CDC, 2018). There are no specific causes for the development of mental illnesses (CDC, 2018), but there are several contributing factors, including racism (Gordon, 2020). Common mental disorders are depression, anxiety, bipolar disorder, or schizophrenia which affect Black youth and lead many to engage in suicidal behaviors, including ideation, planning, and attempts, at increased rates (CDC, 2018).

The third leading cause of death in Black adolescents aged 15-19 is suicide. Major contributing factors are the accumulated disadvantages of racism that impact Black communities, leading to increased mental health challenges (Gordon, 2020). There are several mental illness categories classified as severe that affect some Black youth, including schizophrenia, major depression, and severe bipolar disorder. Schizophrenia is a severe mental disorder characterized by disturbances in thought, perception, behavior, and it is the most chronic and debilitating mental illness. Early-onset of schizophrenia can be just before 18years old (WHO, 2020). Black youth living with schizophrenia are more likely to die prematurely because schizophrenia is associated with an increased risk of suicide and is the main cause of early death (Laursen et al., 2014). Additionally, one in five Black youth living with severe bipolar disorder will die by suicide, and despite Black youth being less prone to depression than White youth, they are more likely to suffer from chronic and debilitating forms of the disorder that will severely impact their daily functioning. The role of discrimination as a distinct risk factor for major depressive disorder in Black youth. The persistent effects of major depression are greater for Black youth (56%) than for White youth (38.6%) in the United States (Bailey et al., 2019).

Research suggests that Black youth and their families are skeptical of utilizing the limited mental health services available to them based on Black experiences with White medical professionals and institutions. Lack of access and mistrust among Black youth predisposes them to the risk of suicide (Lindsey et al., 2013). According to Thomas, (2020), suicide can often occur when there is an untreated mental health illness. Although Black youth with serious mental illnesses, such as schizophrenia may not complete suicides in their teenage years, suicidal ideation can begin in early adulthood and result in completed suicides as they age. Since there is no cure on the horizon or no exact known causes of these serious mental health diagnoses after more than 100 years, it is critical that this research is supported.

Literature Review

Gordon (2020) noted that the problem of suicide among Black youth has caught the attention of some lawmakers. As a result of the rising rates of suicidal behaviors among Black youth, the Congressional Black Caucus has appointed the Notice of Special Interest (NOSI) to encourage researchers to explore contributing factors for the increase (National Institute of Mental Illness [NIMI], 2020). Researchers are investigating the incidence, likelihood, and prevention of Black youth suicide to enable mental health professionals who are working with Black youth in crisis.

According to Gordon (2020), Black youth are disproportionately affected by mental illness because of risk factors, such as bullying, LGBTQ+ intolerance, racism, gender, trauma, gun violence, and poverty. Access to firearms and subsequent suicide is more likely among Black youth than other minority groups. Very often, Black youth have not been evaluated for mental illnesses until after they have thought about or attempted suicide (Gordon, 2020). In a study, Lindsey et al. (2019) noted that there has been a rising trend of dangerous suicidal attempts by Black adolescent males over the past several years.

Tynes et al. (2019) have found that events occurring online and related traumatic events such as police killings, police targeting Black people, and immigrant youth placed in cages in ICE detention camps have contributed to depression and other mental problems in Black and Latino youths. Researchers Mueller et al (2015) suggested that the likelihood of suicidal behaviors is greater among minority youth whether they identify as LGBTQ, male or female, ethnic, or racial group. Prins (2014) argued that there is an overrepresentation of Black people with mental illnesses in the criminal justice system. Many Black men in prison have young sons who become mentally ill in their struggle to cope with life and traumatic events (Prins, 2014). Researchers need to study how suicidal ideation, suicide attempts, and completed suicides occur and what can be done to prevent suicide among Black youth (Gordon, 2020).

Recommendations

Mental health disorders amongst Black youth do not exist in a vacuum, they are not coincidental, but are incidental. Systemic racism and ancestral and generational trauma have in many cases riddled Black lives with barriers, obstacles, and pain that is persistent and insistent, and that manifests physically and mentally. Beyond prescribing medication and making diagnoses is the larger work of creating a world where Black youth do not have to become resilient to exist. Attention must be given to how serious mental illnesses, such as schizophrenia and bipolar disorder, disproportionately affect Black youth leading to higher rates of Black suicide.

There are several stakeholders critical to this issue who can implement changes to transform this narrative; recommendations for each stakeholder are listed below.

Mental health providers and medical professionals

- Seek out training and professional development on how to best serve Black clients and communities and uproot internal biases. Many Black people are distrustful of healthcare organizations due to institutional racism enacted against their communities; healthcare providers must do the work to reconcile themselves to the communities they have systematically harmed.
- Hire more Black healthcare professionals. The healthcare field, particularly therapists and doctors, is predominantly occupied by White clinicians. Though white allies are critical and necessary in supporting this issue, it is also necessary to provide communities of color with clinicians who look like them.
- Provide workshops, online resources, and support groups centering on mental health to destigmatize it.
- Show up to community events and support the People of Color communities that you serve to build relationships and trust.

K-12 schools, colleges, and universities

- Provide training to school counselors and therapists addressing internal bias and anti-racism. Though education can be a powerful tool, just like healthcare, it has been used in ways that have been and continue to be harmful to the Black community. It must be transformed from the inside out.
- Hire Black clinicians, counselors, and social workers.
- Provide support groups on campus related to a range of mental health conditions.
- Advertise mental health services offered so students know where to go when they need support.

Community and faith-based organizations

- There is a strong tradition of faith, spirituality, and religion amongst Black people globally. Faith-based organizations, including churches, must establish themselves at the forefront of this issue. A combination of spirituality and appropriate mental healthcare can be critical in creating holistic, restorative solutions.
- These organizations can host events, provide information via pamphlets, bulletin boards, and church fairs about mental health disorders and how to seek help.
- Destigmatize seeking help for mental health concerns. Remember and remind your congregations/communities that mental health and physical health are interconnected, and similar remedies can be used for healing.

It is important for societal attitudes to change (Laursen, 2014) and society embraces the concept of both anti-racism and living in recovery (Gruebner et al., 2017) for Black youth with serious mental health issues. A strengths-based approach to recovery can be seen as a process of personal growth without denying the characteristics of the illness or the realities of the Black experience within America (Gruebner et al., 2017).

References

Bailey, R.K, Mokonogho J., & Kumar, A. (2019). Racial and ethnic differences in depression: Current perspectives. Neuropsychiatric Disease and Treatment, 2019(15), 603—609

Caldwell, C. B., & Gottesman, I. I. (1992). Schizophrenia—A high‑risk factor for suicide: Clues to risk reduction. Journal of Suicidality. 22(4) 479-493. https://doi.org/10.1111/j.1943-278X.1992.tb01040.

Centers for Disease Control and Prevention. (2018). Mental health. Retrieved from https://www.cdc.gov/mentalhealth/learn/

Gordon, J. A. (2020). Addressing the Crisis of Black Youth Suicide. *National Institute of Mental Health.* Retrieved from https://www.nimh.nih.gov/about/director/messages/2020/addressing-the-crisis-of-black-youth-suicide.shtml

Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and Mental Health. *Deutsches Ärzteblatt international*, *114*(8), 121–127. https://doi.org/10.3238/arztebl.2017.0121

Laursen, T. M., Nordentoft, M., Mortensen, P. B. (2014). Excess early mortality in schizophrenia. Annual Review of Clinical Psychology 10, 425-438. doi:10.1146/annurevclinpsy 032813-153657

Lindsey, M. A., Sheftall, A. H., Xiao, Y., Joe, S. (2019). Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017. *Journal of American Academy of Pediatrics.144*(5):e20191187. DOI: 10.1542/peds.2019-1187

Lindsey, M. A., Chambers, K., Pohle, C., Beall, P., & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced black youth: Adolescent and caregiver perspectives. *Journal of Child and Family Studies, 22*(1), 107–121. https://doi.org/10.1007/s10826-012-9668-z

Mueller, A. S., James, W., Abrutyn, S., & Levin, M. L. (2015). Suicide ideation and bullying among US adolescents: Examining the intersections of sexual orientation, gender, and race/ethnicity. *American journal of public health*, *105*(5), 980–985. https://doi.org/10.2105/AJPH.2014.302391

National Institute of Mental Health. (2020). Notice of Special Interest (NOSI) in Research on Risk and Prevention of Black Youth Suicide. *Office of Extramural Research.* https://grants.nih.gov/grants/guide/notice-files/NOT-MH-20-055.html

Prins, S. J. (2014). Prevalence of mental illnesses in U.S. state prisons: A systematic review Published Online: https://doi.org/10.1176/appi.ps.201300166

Stein‑Parbury, J., Gallagher, R., Chenoweth, L., Luscombe, G. M. (2012). Factors associated with good self‑management in older adults with a schizophrenic disorder compared with older adults with physical illnesses. *Journal of Psychiatric and Mental Health Nursing, 19*(2), 146-153 https://doi.org/10.1111/j.1365-2850.2011.01767.x

Thomas, S. (September 21, 2020). Black Lives Matter: Preventing and Treating Suicide In Black *Youth*. https://www.rosscenter.com/news/black-lives-matter-preventing-and-treating-suicide-in-black-youth/

Tynes, B. M., Willis, H. A., Stewart, A. M., & Hamilton, M. W. (2019). Race-related traumatic events online and mental health among adolescents of color. *Journal of Adolescent Health, 65*(3), 371–377. https://doi.org/10.1016/j.jadohealth.2019.03.006

World Health Organization. (2019). Schizophrenia. Retrieved from https://www.who.int/news-room/fact-sheets/detail/schizophrenia

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