



Turning back the tide on Black youth suicide

Once rare, Black youth suicide spiked in recent years. Indigenous youth have struggled with the trend for years. Can instilling community and culture reverse a heartbreaking phenomenon for us all?

Materials contained within this podcast are copyrighted property of The Ohio State University.

This episode of Inspire includes discussions about suicide. If you or someone you know needs help, call or text 988, the Suicide and Crisis Hotline.

Robin Chenoweth: Some folks were blindsided. But the warning signs have been hidden in the data for years, research shows.

NBC News: A study commissioned by the Congressional Black Caucus shows in recent years, self-reported suicide attempts by Black teens increased by 73%. The rate decreased for white teens.

Robin Chenoweth: The Ring the Alarm report was issued in 2020. Others soon followed.

KGW News: Suicide rates among Black children and young adults are increasing at an alarming rate, faster than any other demographic. Today the CDC released results from a study into suicide rate changes by ethnicity and age.

Robin Chenoweth: From 2018 to 2021, suicides among Black youth ages 10–24 increased nearly 37%, according to a Centers for Disease Control and Prevention report last year. The numbers were even higher in Ohio, 40% more than the national rate in 2021. Other research showed that among children 13 and under, rates of suicide for Black children were twice that of their white peers. Sadly, those most affected by the trend weren't surprised.

ABC6, Kate Seifert: In November 2022, someone pretending to be the same age as James asked him to send explicit photos of himself on Instagram.

Tamia Woods: They told my son who would be labeled a pedophile. They told him he will never have a scholarship. They told him he might just want ended now because his life is over.

ABC6, Kate Seifert: James died by suicide less than 24 hours after receiving those messages.

11Alivem, Tami Charles: People always say Black people don't do that! Yes! Here's a picture. ... He died of being bullied to death. Wow. My kid.

NBC News, Tami Charles: My 10½-year-old son, my miracle child, my only child was dead.

Robin Chenoweth: Ohio State alumna Renae Mayes is an associate professor of disability and psychoeducational studies at the University of Arizona. When it comes to suicide, you must look at what's going on behind the broader statistics, she said.

Renae Mayes: The aggregate, the trends are going down. So, you think it's going down for everybody. ... We sometimes just, you know, clap our hands and say, "Oh, yay, we're finally winning." But we've got to make sure that we're paying attention.

Robin Chenoweth: In this episode of the Ohio State University Inspire Podcast, we talk to experts about child and young adult suicide: How it looks different for Black youth, and what factors have contributed to the sharp increases. And we talk to both a researcher and a Native student researcher about the truly alarming rates of American Indian and Alaska Native suicide. What can be done to reverse the trends? And what lessons can we all learn from the successes Native communities are having in fighting an epidemic that is taking too many American children? I'm Robin Chenoweth. Carol Delgrosso is our audio engineer. Inspire is a production of the College of Education and Human Ecology. Trends in suicide rates for Black youth run counter to historical data that showed lower rates of suicide among Black Americans and challenge the public perception that Black youth simply do not complete suicide, said the Congressional Black Caucus' report. Renae Mayes, who earned her PhD from the College of Education and Human Ecology in 2013, and Donna Ford, Distinguished Professor of Education at Ohio State, responded to the report in an opinion piece in *Diverse Issues in Higher Education* last November. Renae Mayes.

Renae Mayes: There's stigma in the Black community around mental health. And then you want to talk about mental illness and suicide, that I think goes above and beyond, not necessarily of our capacity to understand ... but when you are in the context that we're in, in the United States, where the only way you survive is to be strong, anything that pokes at that strength is considered weakness. And we don't necessarily know what to do with that.

Robin Chenoweth: Donna Ford.

Donna Ford: What we do have, I'm proud to say, in the Black community, is our churches. ... So, we rely a lot on our preachers and pastors or people in the church community to help us to

address issues. ... And so that faith creates a sense of, a type of resilience. But we could be more successful, if even our faith providers are able to talk to us about suicide.

Renaë Mayes: Often, the idea is we'll go see the pastor or go see this person. We can pray about it. But we can pray and have a therapist and the same way that we can pray and go to the hospital. If I broke my arm, right? We, I think, have to have a more comprehensive understanding of what just overall health means. But that also means that we need to have competent clinicians, competent physicians that embrace us as we go in.

Robin Chenoweth: How does this problem need to be approached differently than it would be for other racial groups?

Donna Ford: In that piece we wrote, in *Diverse Issues in Higher Education*, we were really trying to send a strong message and create a sense of urgency, make a clarion call for mental health providers, school counselors to be more culturally responsive and intentional in making sure that the theories and the strategies, the paradigms, the philosophy, really align more with the population, the minoritized groups that they're working with. ... When it comes to suicide, you are not going to be effective if you don't know about racial identity and culturally based peer pressure.

Renaë Mayes: When we live in a world where talking about race is still taboo, talking about any aspect of identity is still taboo...you're going to get recorded and doxxed and put online. So, people run away from the conversations that we desperately need to have to speak life and truth to what's happening. ... A lot of the research about school, it says, if we feel like we belong, we're successful there. But when you're in a space of suicidal ideation, you don't feel like you belong. So, when you start those ideations, you're like, "Well, no one values me. No one cares. I'm a burden already. And no one's reaching out to me. Or I try, and no one wants to see me..." Those all are things that are suicide risk factors. And one, if you don't understand how that intersects with culture, you're not going to see that kiddo. But also, if you're not trained, you're not going to be able to intervene. And while suicide is preventable, it's only preventable when people are trained adequately, and understand that from a cultural context.

Donna Ford: In addition to this training, this preparation, that needs to happen in higher education as well as professional development, we've got to do more to get minoritized populations represented. So, it's not just we need the theories and the research and the paradigms, we also need representation because, just like research says that when Black students have Black teachers, we do better, when you are Black or name the other minoritized group and your therapist or your counselor looks like you then you have better outcomes.

Robin Chenoweth: The most recent data from the American School Counselor Association, in fact, shows that 74% of its member school counselors are white and non-Hispanic, while only 45% of k-12 students were in 2021. Black and Hispanic students had much less representation among school counselors, around 10% each. The organization had no American Indian/Alaska Native members. The Biden Administration last September pumped \$230 million into at-risk

communities for suicide prevention, and Ohio also funded programs to prioritize mental health in the state's k-12 schools. Those only work for marginalized children, says Tanya Middleton, if the support matches the needs of the communities.

Tanya Middleton: There was the creation of more community mental health centers. You had the creation of more school-based counseling interventions. But the problem with those is, they're being staffed by people who are not culturally competent, or who look like the individuals that we're talking about.

Robin Chenoweth: Middleton is an assistant clinical professor in Ohio State's Counselor Education program. She trains clinical mental health counselors to work within communities.

Tanya Middleton: If you go on the treatment side of things, there was a need to have equitable, culturally relevant treatment spaces for just Blacks in general in the community, providing more community-based support, and kind of coming to where the problem is, than expecting people to travel to get the support. ... We're fixing the problem through the number of people, but we're not really focusing on the relevancy of the culturally competent piece.

Robin Chenoweth: One of the top recommendations that the Ring the Alarm report made was to increase funding for suicide research that focuses on prevention for Black youth populations. A second report issued by Johns Hopkins in August, Still Ringing the Alarm, renewed that call. It says that since 2019, only 4% of PubMed publications specific to youth suicide focused on Black youth.

Tanya Middleton: When you think about research dollars, and who's actually doing the work, African Americans are the least likely to receive funding for their research. ... They will be the ones that primarily would be examining this. So, they're not getting the funding and there's not been thorough examinations of this process and what's going on.

Robin Chenoweth: So, what *is* going on? Why after years of research showing that Black youth weren't at risk, did Black kids ages 10-19 then experienced the largest increase in suicide rates? And why are Black children 12 and under two times more likely to die by suicide than their White counterparts? What has changed in that 20-some-year span? Some of the researchers, practitioners and students that we talked to have some ideas.

Amaya Rakes: My name is Amaya Rakes and I am a clinical mental health counseling graduate student in the counselor education program here at OSU. ... I used to work at Nationwide Children's Hospital, where I was a research assistant, and with Dr. Arielle Sheftall, and I was on her research team.

Robin Chenoweth: Arielle Sheftall received her PhD from the college in 2010. Now an associate professor at the University of Rochester, she is so busy doing this research that she wasn't able to join us. But Amaya Rakes, the president and co-founder of VOICE, a group that supports students of color who are studying to become counselors, also worked with Sheftall to conduct

the studies at Nationwide Children's. Their work — much of it considering Black children — begins to paint a clearer picture.

Amaya Rakes: We did a couple studies looking at past parental history of suicide, which increased the likelihood of their child having some suicidal thoughts or behaviors, and then also focusing in on children between ages six and 11, who have reported suicidal thoughts and have had previous attempts, even within that young age group.

Robin Chenoweth: Are there any other things that you pinpointed in that study that might be a factor?

Amaya Rakes: There was a couple of different things that we looked at that may contribute to that, which include mental health concerns such as anxiety, depression.

Robin Chenoweth: Both of which were exacerbated for all populations by the COVID-19 pandemic, and for Black folks in particular as racial aggressions play out on the national stage.

Amaya Rakes: We also found ADHD — with the impulsivity behind that disorder — and that could make it more likely for, if someone is experiencing a crisis like I talked about earlier, for them to do something without having any kind of previous plan and suddenly do something like attempt suicide.

Amaya Rakes: We looked also at income levels. We looked at identification, as far as if they identify as LGBTQIA-plus. Black youth, especially, or Black individuals within that community are also at a higher risk of having suicidal thoughts and attempts just due to the discrimination and isolation that they feel in today's society and among their communities.

Robin Chenoweth: LGBTQIA youth are more than four times as likely to attempt suicide than their peers, according to research. The Trevor Project estimates that, each year, more than [1.8 million](#) LGBTQ+ young people ages 13-24 seriously consider suicide in the United States — and at least one attempts suicide [every 45 seconds](#). For teens and young adults who find themselves at the intersection of being Black and queer, the isolation is compounded. Supports that might have been there, such as family or churches, could now reject them. And they might also find themselves being rejected by the very professionals tasked with helping them. Tanya Middleton.

Tanya Middleton: Counselors who maybe their personal views don't align with the LGBTQ-plus community, they will immediately think that, "Well, it's out of my scope of practice for me. And so, you need to go to the LGBTQ-plus center." ... And then you go there, and you get put on the waiting list. And it's not really getting any support. Or you feel stigmatized, that I'm being placed in a position where you're telling me this is where I need to go to get help, because you don't do... You know what I mean? And so, it becomes like we're compartmentalizing these individuals versus seeing them wholly. ... And many times, what individuals need is just to feel heard and feel validated.

Robin Chenoweth: Other triggers that factor into suicide rates are adverse childhood experiences, often called ACEs: domestic violence, neglect, financial hardship, divorce or mental illness in the family. Amaya Rakes.

Amaya Rakes: Black youth are more likely to be in environments where they might experience ACEs, especially in low-income communities and the foster care system. ... Racial discrimination as well. That's another risk factor for suicidal thoughts and behaviors like attempts and deaths by suicide.

Robin Chenoweth: And then, there's cybervictimization, which includes hostile online communication and threats, outing, exclusion and — most alarming, sextortion: tricking young people into sending nude photos, then distributing or threatening to while extorting money and favors. That's what happened to James Woods, in Streetsboro, Ohio. His mother is working with the state to pass the Social Media Parental Notification Act, which would require social media companies to get parental consent before children younger than 16 can use the platforms. Something that appears to impact suicide rates across populations involves what Amaya Rakes referred to as the "impulsivity factor," those hasty decisions that certain youth might be more prone to make. One risk in particular appears to impact impulsive suicidal behavior among Black youth.

Amaya Rakes: So, the access to firearms. That has been something that has increased the likeliness of someone dying by suicide. It's just a more lethal means.

Robin Chenoweth: Provisional data released last fall by the Centers for Disease Control, in fact, show that the gun suicide rate among Black youth surpassed that of white youth in 2022, for the first time on record.

Amaya Rakes: Oftentimes, when a crisis does occur, it happens so quickly. And if something is nearby, let's say a firearm, a person is more likely to die from that.

Robin Chenoweth: Yes, because sometimes it's a snap decision. Right?

Amaya Rakes: Right. It is such a snap decision sometimes. ... People will usually face the peak of their crisis and slowly come down and afterwards not feel like they did previously of wanting to die. So, we really want to increase the amount of time people have to use their method of choice when they are experiencing those moments of crisis. So even like storing things in a lockbox or keeping bullets and the firearm separately, can help when people are facing those moments of crisis.

Robin Chenoweth: That provisional CDC data that I mentioned? It's a 2022 snapshot of what full data might show when it's released, likely later in February. What we do know is that more people died by suicide, almost 50,000, but that overall rates for youth 15-24 have dropped over pandemic-era data. We will have to wait for detailed, or disaggregated, data to see whether

rates also dropped for Black youth. One thing the data makes very clear, though, is that suicide among American Indian and Alaska Native populations remains disturbingly high. In 2019, suicide was the second leading cause of death for American Indians and Alaska Natives ages 10-34. And so, before we talk solutions, let's discuss with a researcher and a Native PhD student how approaches for indigenous youth populations might help other groups. Here's my discussion with Ashley Landers, assistant professor of human development and family science who has worked closely with tribal groups to study the impact of adoption on Native youth.

Robin Chenoweth: American Indian and Native youth have for years experienced far higher rates of suicide than other groups. That hasn't changed at all, right?

Ashley Landers: No, this has been an issue dating back— there are publications many, many, many years ago. And we've seen trends that continued across time. And really, we know that this is a serious public health issue for lots of families, right? I mean, in general, suicide is a serious public health issue in the United States. ... So Native youth play a vital role in the continuation of Native families. ... Given the historical attempts at genocide on Native families, the preservation and protection of Native children is incredibly important so that we can ensure this viability.

Robin Chenoweth: It's just so hard to look at these numbers. ... The provisional data for 2022 show that for Indigenous non-Hispanic populations overall, that the rates have dropped, but not significantly because they were so high to begin with.

Ashley Landers: Yes.

Robin Chenoweth: What nuances might appear that we weren't thinking about before?

Ashley Landers: I'm a non-Indigenous scholar. So, I never want to look at data and make an interpretation about what that means for the Native community. ... I can look at numbers and say, gosh, I wonder what's going on here? ... The CDC data provides us an overall snapshot of Native folks and the deaths by suicide. ... Native youth are more likely to disclose suicidal intent before death, and they were more likely to report having suicidal thoughts and planning. They were more likely to have relationship problems and to have lost friends or loved ones to death. ... But that they were less likely to have been diagnosed or treated with mental health conditions. And that's a nuanced difference that we see panning out in data across time for Native kids.

Robin Chenoweth: It just seems so counter-intuitive to me that, if it's not depression, then what is it?

Ashley Landers: What we need to remember is that we can't just capture what's happening in Native children's lives today and think it's isolated from the idea of blood memory, the idea that there is historical trauma and that these events of your ancestors get carried down in your DNA. And that you are the granddaughter of this person who experienced this profound trauma. So, I

think historical trauma, and other contextual factors like poverty and access to health care, play a big role in this.

Robin Chenoweth: Landers points out that current research doesn't go far enough. It doesn't account for lack of access to Native care on reservations and in urban settings. As with Black youth suicide, a more detailed look is needed.

Ashley Landers: My biggest takeaway when I read the CDC data is, it's only telling us part of the story. ... We need to say, okay, Native kids are at increased risk in comparison to non-Native kids, but which Native kids? And doing "within" groups comparisons among Native children to say, are there factors within Native children? Is it the Native children who are exposed to poverty? Is it those who have substance-abuse issues? What is driving these potential differences? ... To my knowledge, we very rarely do within-groups analyses for Native folks to look at what's driving differences so that we can actually isolate the population or the sub-population within the population that is experiencing this outcome. ... We need to turn to indigenous elders and say, "Is this a problem in your community? And if it is, tell us more about that? And what do you think are the factors that bring youth into these circumstances in your community? And what are you doing already at this point to prevent?" Because we know that there are community programs already happening across the country.

Robin Chenoweth: One successful program cited by the CDC, the White Mountain Apache Suicide Prevention Program, determined that local data leads to local solutions.

Ashley Landers: They talked about how engagement of tribal members and leaders in prevention programming may be a model for other communities. And not to just turn to traditional Western medicine or mental health intervention as we know it, particularly if depression is not the thing that is driving the increased rates of suicide. We need to do better about having culturally adapted, culturally grounded programming. And it might be that the community turns to their own history and storytelling, knowledge systems about how they've resolved issues of death and dying or how they've resolved issues of suicide in their community for generations and generations. And using that traditional knowledge to provide healing because culture is medicine for these kids, who may be very disconnected from their community and their culture, and that's driving this isolation or this loss.

Robin Chenoweth: I asked one indigenous PhD student about the remarkable work she is doing at Ohio State.

Mariah Simplicio: My name is Mariah Simplicio. I am a fourth-year graduate student at Ohio State in the Sociology Department. And I am an enrolled member of the Zuni Pueblo tribe in New Mexico.

Robin Chenoweth: Simplicio is expanding to include Native people in research on what are called "Deaths of Despair" — which include suicide and substance-use related death.

Mariah Simplicio: I looked at the same causes of death for each of the populations available in the CDC data and found that these increases weren't only occurring among the middle-aged white population, they were also occurring among a majority of the age populations from 25 to 64 among American Indian/Alaskan Native populations as well.

Robin Chenoweth: Did you see the same numbers and the same rates when it came to people who are 15 to 25?

Mariah Simplicio: There's data that goes back to at least 2008 that shows that. And this is a younger age group, but it's also a wider age group. So, from 15 to 34 at one point, the suicide rate was 250%, greater than the national average for that same age group. ... And, my friend sent me a report this past week, and in Montana, the suicide rate among those aged 11 to 24 is more than five times higher for Native adolescents/young adults. ... My research doesn't exactly get into the why they're higher. ... Being a person that was partially raised on a rural reservation, I think that there is absolutely a lack of access to widespread primary health care, but also mental health care. And the stigma around suicide makes it difficult for anyone to disclose even to a medical professional about suicidal ideation. ... On my reservation, there's an Indian Health Service hospital within nearby proximity. But for other reservations, it could be 30 to 40 miles away from the nearest provider. ... And if you're a Native person in an urban area, you might not have access to free health care from Indian Health Service. Like, here in Ohio, the closest Indian Health Service is in Michigan.

Robin Chenoweth: But on her reservation and others, the community-based model of care is working — using culture to foster the belonging that we know is critical to combatting mental health issues among youth.

Mariah Simplicio: I have been in conversation with Tahlia Natachu-Eriacho. And she is the executive director of the Zuni Youth Enrichment Project, which is a project that really focuses on engaging young students and children within the Zuni community to feel that they have a connection to their community and their culture and that the practices that they engage in, are also culturally based. ... Native adolescents are also positioned in a unique kind of sandwich where multiple generations above them also have experienced adverse childhood experiences via colonization and boarding schools and relocation. We're not too far off from those generations. ... My great grandpa has been to boarding school, but I haven't heard too much of those experiences. ... It would be very powerful if those generations were candid about their experiences, rather than seeing it as a negative portrayal of their life experience. And I think that there's power in reclaiming those stories and passing them on for future generations, not just to explain the trauma that you've been through, but also demonstrate the resilience that you've had to hold in order to keep your bloodline going and have generations of people behind you.

Robin Chenoweth: Can we all draw upon that vision? Could it be that this Native, hyper local model, can provide solutions to Black communities, to Hispanic communities, to us all? Renae

Mayes points to the writings of researcher bell hooks, about creating “homeplace” wherever children are.

Renaë Mayes: It's like Black women being in the kitchen cooking together, being able to just be fully 100% themselves, and not just a product of the pain that they experience on the outside of the kitchen, but the joy. They get to experience their full humanity. So, I think that is, for Black children, especially as a joyful resistance, right? You get to be exactly who you are, beautifully and wonderfully made. And I see that. And I affirm that.

Robin Chenoweth: What if we can sit at the feet of our elders, find belonging and purpose within our communities and acceptance within our culture? Would rates of suicide among our youth — even among every age because we’re all involved now — fall to the levels they once were for Black youth? Tanya Middleton.

Tanya Middleton: When you think about like the Black and African American community, it is one where you can overcome it and push through. And then there's also a sense of collectivist approach. So it's not just you, but it's us. And so I think really hinging on that connectedness and feeling of belonging is something that has been utilized for years. ... Given the right tools and resources, anything is possible.

Robin Chenoweth: To read a special issue of the journal *Theory into Practice: Homeplace and Black Joy in K-12 Education*, edited by alumna Renaë Mayes and including chapters by her and Donna Ford, about creating safe spaces where kids can find belonging and joy, see the link on our episode notes. Also, see our link to tips on how to combat youth suicide in your community and in your home.

<https://www.tandfonline.com/toc/htip20/63/1>

©2024 The Ohio State University