Suicide Prevention for Ethnically and Racially Diverse Youth

Behavioral Health

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Did you know that African American males under the age of 12 are dying by suicide at greater rates than Caucasian males of the same age? Or that rates of suicidal thoughts and attempts are higher for female Latina youth than the average? As child and adolescent psychologists, we frequently encounter patients with suicidal thoughts and behaviors who come from many diverse backgrounds. This National Suicide Prevention Week, we wanted to shine a light on the disparities that exist within the growing rates of suicide, and suicidal thoughts and behaviors that are risk factors for future attempts of ethnically and racially diverse adolescents.

Understanding the risk factors for youth suicide among ethnically/racially diverse youth

We have to ask ourselves why rates of suicide for these ethnically diverse youth are higher than their Caucasian peers. Unfortunately, we don't have enough research to fully understand these trends.

What research there is has called into question whether typical indicators of suicide risk, for example previous suicide attempts, a psychiatric diagnosis such as major depression, or substance abuse, are as useful in predicting suicidality in diverse populations. This means that in the absence of traditional indicators, in order to properly care for our patients we must think about the common experiences ethnically diverse youth have, such as alienation and interpersonal rejection, perceived racial discrimination, early adverse events, and other race-related stressors.

To fully understand suicide risk, we must also consider protective factors. While ethnic and racial minority status poses its own set of risk factors, it can also contribute to resiliency. Research has shown that family closeness and religiosity, central components of many ethnically/racially diverse families, can greatly minimize suicide risk.

Providing access to effective treatment for ethnically diverse youth

As we've seen more and more suicidal thinking and behavior among minority youth, it has become apparent that we lack adequate treatment opportunities to help these children and adolescents. Ethnically/racially diverse youth are less likely to have access to proper mental health care and are more likely to distrust mental health agencies. Given the aforementioned disparities in risk and protective differences, it is no surprise that most existing suicide prevention programs are less effective at targeting suicide among ethnically/racially diverse youth. It is imperative that clinicians and researchers begin to look at how best to develop interventions that adequately address the unique needs of African American and other minority youth.

We could start by engaging in more outreach into communities with large populations of ethnic/racial minorities, and providing education about suicide warning signs and increasing awareness of risks and community resources. If there are inequalities in suicide risks and/or rates within the communities, using the community-based participatory model - in which the community is seen as a partner in making solutions to the target problem - would likely alleviate some of the disparities in communication that can miss these youth.

Finally, it is imperative that families and children have access to affordable, comprehensive health insurance plans that include coverage of behavioral and mental health services in order to allow them to be seen by clinicians that specialize in treating children at-risk. But, we must also ensure that providers have cultural competence in providing services to ethnically/racially diverse youth, which can increase engagement and retention in suicide prevention programs. Nationally, approximately 16 percent of psychologists identify with an ethnic/racial group, which does not reflect the overall U.S. demographics or our patient populations. Developing and expanding programs with federal, state and foundation supports to increase the diversity of behavioral health providers and researchers is key to providing the best possible, evidence-based care to these patients.

For this National Suicide Prevention Week we call for providers and communities to implement systematic suicide prevention efforts focused on the specific needs of ethnically/racially diverse youth. Only then can we ensure that all youth receive the needed services to prevent suicide and receive the appropriate behavioral health treatment.

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