Suicide in Marginalized Communities

- Webinar for Voices for Prevention
- August 11, 2020  2:00 – 3:00 PM
- Presenter: Sherry Davis Molock, Ph.D., M.Div.
- George Washington University
- Department of Psychology
RING THE ALARM
THE CRISIS OF BLACK YOUTH SUICIDE IN AMERICA
Outline for Webinar

- Epidemiology of suicide in communities of color & among LFBTQ Youth
- Risk and protective factors
- Impact of COVID-19 & Racial Injustice
- Approaches to interventions/preventions
- Example from Faith Community
Suicide & Suicidal Behaviors Among Youth from Communities of Color

- Suicide is the 2\textsuperscript{nd} leading cause of death for youth ages 10-19 (CDC, 2018)
- Suicide attempts rose by 73\% between 1991-2017 for Black adolescents (boy and girls), while injury by attempt rose by 122\% for adolescent Black boys during that time period (Lindsey, et al., 2019)
- Suicide rates for black children aged 5-12 are approximately double than that for white children of similar ages (Bridge, et al., 2015).
Percentage of High School Students Who Felt Sad or Hopeless,* by Sex,† Grade, and Race/Ethnicity,‡ 2017

*Almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey
†F > M; H > B, H > W (Based on t-test analysis, p < 0.05.)
‡All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2017
**Percentage of High School Students Who Seriously Considered Attempting Suicide,* by Sex,† Grade, and Race/Ethnicity,‡ 2017**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>9th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian</th>
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</thead>
<tbody>
<tr>
<td>Percent</td>
<td>17.2</td>
<td>11.9</td>
<td>22.1</td>
<td>16.3</td>
<td>17.3</td>
<td>17.5</td>
<td>17.4</td>
<td>14.7</td>
<td>16.4</td>
<td>17.3</td>
<td>17.4</td>
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</tbody>
</table>

*Ever during the 12 months before the survey
†F > M; A > B; W > B (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2017
Percentage of High School Students Who Attempted Suicide, * 
by Sex, † Grade, † and Race/Ethnicity, † 2017

*One or more times during the 12 months before the survey
†F > M; 9th > 11th, 9th > 12th, 10th > 11th, 10th > 12th; B > W; B > A  (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.
Suicide & Suicidal Behaviors Among Sexual Minority Youth

- 40% of LGBTQ youth seriously considered attempting suicide in the last year; more than 50% of transgender and nonbinary youth have considered suicide
- 1 in 3 LGBTQ youth report being physically threatened or harmed in their lifetime due to their LGBTQ identity
- 29% of LGBTQ youth have experienced homelessness
- 86% of LGBTQ Youth have said that recent political climate have negatively impacted their well-being

TREVOR National Survey on LGBTQ Youth Mental Health 2020
SMY: Sad or Hopeless in last 2 weeks

![Bar chart showing percentage of SMY based on sexual identity and sex of sexual contacts.]

- **Total**: 31.5%
- **Heterosexual**: 27.5%
- **Lesbian, Gay, or Bisexual**: 63.0%
- **Not Sure**: 46.4%
- **Opposite Sex Only**: 34.8%
- **Same Sex Only or Both Sexes**: 63.9%
- **No Sexual Contact**: 25.4%
Seriously Considered Attempting Suicide in Past Year

![Bar chart showing percentage of serious suicide consideration by sexual identity and sex of sexual contacts.]

- **Total**: 17.2%
- **Heterosexual**: 13.3%
- **Lesbian, Gay, or Bisexual**: 47.7%
- **Not Sure**: 31.8%
- **Opposite Sex Only**: 19.0%
- **Same Sex Only or Both Sexes**: 45.1%
- **No Sexual Contact**: 12.3%
SMY: Attempted Suicide in Past year
Physical Dating Violence

- Total: 8.0%
- Heterosexual: 6.4%
- Lesbian, Gay, or Bisexual: 17.2%
- Not Sure: 14.1%
- Opposite Sex Only: 9.1%
- Same Sex Only or Both Sexes: 20.2%
- No Sexual Contact: 2.4%
Sexual Dating Violence
Bullied at School

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tr>
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<tr>
<td>HETEROSEXUAL</td>
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<td>19.3</td>
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<tr>
<td>SAME SEX ONLY OR BOTH SEXES</td>
<td>35.8</td>
</tr>
<tr>
<td>NO SEXUAL CONTACT</td>
<td>16.8</td>
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</tbody>
</table>
Illicit Drug Use
Intersectionality: Sexual Minority Youth (SMY) in Communities of Color

- Rates for suicide ideation and suicide attempts higher for youth in LGB community than for heterosexual peers
  - In one study, sexual minority adolescents comprised less than 10% of the overall sample but accounted for 67.0% of self-harm cases and 79.6% of total youth suicide attempts in the sample (Reisner et al., 2014).

- Rates for suicide attempts higher for LGB college students from communities of color than for heterosexual white students and students from communities of color (Shadick et al., 2015).
Risk Factors:

- Risk factors are characteristics that increase the likelihood that youth develop a problem behavior, are not static, and can change over time.
- Risk Factors for suicide can include:
  - Family hx of suicide
  - History of depression or other MH problems
  - Incarceration (school-to-prison pipeline)
  - Easy access to lethal means
  - ETOH & drug use
  - Exposure to suicidal behaviors of others
  - Residential mobility
  - Sexual minority
  - Stigma
  - Loss (relational, social, work, finances)
  - Exposure to racial, sexual discrimination, trauma
Cultural Differences in Risk Factors

- Loss of face can lead to suicidal thoughts in Asian communities (Leong, et al., 2017)
- School problems more common precipitant for Asian- and Pacific Islanders (Wong et al., 2015)
- Acculturative stress risk factor for Latinx youth (Zayas et al, 2018)
- Experiencing racial discrimination places African American youths at risk (Walker, et al., 2017)
Protective Factors:

Protective factors are characteristics that help youth adapt to different levels of hardship.

Protective factors can be grouped into 5 categories:

- strong familial support/relationships;
- religious and spiritual engagement;
- community/social support;
- personal factors (e.g., positive self-esteem, emotional well-being, strong academic performance);
- factors such as stable family housing, income and employment.
Protective Factors for LGBTQ Youth

- Affirming gender identity in transgender & nonbinary youth
  - Having their pronouns respected
  - Having access to binders, shapewear and gender affirming clothing
  - Having high levels of support from at least one in-person LGBTQ affirming space
  - Having high levels of support from at least one person

TREVOR National Survey on LGBTQ Youth Mental Health 2020
Protective Factors

- What many of these factors have in common is they promote a sense of connectedness and “mattering” (i.e., being acknowledged by others, having a sense that others are concerned about your well-being) in children or adolescents who may otherwise be at risk for suicide (Rosenberg & McCullough, 1981).

- Like risk factors, relationships among protective factors are complex. Mechanism for protective role of religious involvement is religious institutions provide important community support, connectedness and cultural/religious prohibitions against suicide. (CBC Task Force, 2019)
Potential Impact of COVID-19 & Current Focus on Racial & Social Injustice

- Too soon to tell
- Things that typically create stress – job insecurity, housing insecurity, food insecurity, decrease in social connectedness increase risk factors
  - These risk factors disproportionately affect communities of color & LGBTQ youth
  - LGBTQ having to leave college – may have to leave affirming spaces & move back to nonsupportive spaces
  - Finding “your tribe” online
- Calls to crisis centers and hotlines have gone up 800%
  - AA don’t typically use hotlines
- We know that economic downturns can lead to suicide increases
  - Rates increased from 2008-2010 following economic recession of 2008 (Reeves et al 2012)
In adults, research suggests that race-related stress is a more powerful risk factor than stressful life events for psychological distress.

This relationship is moderated by social resources (Utsey et al., 2008).
Are significant racial/ethnic disparities in use of mental health treatment due to structural barriers and social determinants of health

Rates of engagement in treatment and treatment completion are lower in Black adolescents compared to White adolescents.

- Believed to be due to negative perceptions of systems of service, providers and reluctance to acknowledge symptoms,
- Black youth are less likely to receive OPT even when account for other variables (Lindsey, Watson & Mufson, 2015)
- Black youth are less likely to receive care for depressive symptoms & suicide attempts (Durant et al., 2008; Merikangas, et al., 2009; ).

Community norms don’t support seeking professional mental help treatment (Bridge, et al., 2015; Molock, et al., 2008; Owens et al., 2002)
Treatment Engagement for SMY

- Many LGBTQ youth don’t seek treatment bc concerned about needing parental permission
- Affordability of care is strongest barrier to receiving mental health care
- Transgender and nonbinary youth concerned about receiving mental health care from providers who are not trained to provide services for LGBTQ community
- LGBTQ youth concerned that MHP will try to get them to change their sexual orientation or gender identity.

TREVOR National Survey on LGBTQ Youth Mental Health 2020
Public Health Challenge

- In Black and Latinx communities, suicide rates highest among Black & Latino youth & communities are disproportionately young
- Need to Identify Culturally Salient Risk & Protective Factors
  - Individual
  - Family
  - Community
- Develop Culturally Sensitive Interventions
- Develop Programs Within Institutions in Community to Increase Sustainability
Prevention/Intervention

- Important to look at treatment engagement because barriers to treatment may not be unique to youth from communities of color or to SMY, there may be cultural nuances that create barriers to treatment engagement.

- For example, Blacks are reported to have significantly more stigmatized attitudes toward depression treatment, reliance on non-clinical faith-based supports and concerns about the lack of cultural relevance of treatments. (Breland-Noble et al, 2011; Breland-Noble, Bell & Burriss, 2011).

- Grad student Amrisha Prakash dissertation: Asian American college students who are acculturated are more likely to have positive attitudes about treatment seeking, those who are enculturated are less likely to have positive attitudes toward treatment seeking for mental health.
Why Don’t We Know More About Suicide in Youth of Color?

- Assumption of Universality
  - Between Group Designs
- Very few psychosocial interventions shown to be effective for racial ethnic youth (Pina, Polo & Huey, 2019).
  - Youth from communities of color are either not identified in samples
  - Not included in studies
  - Insufficient numbers in the study to analyze treatment outcomes by race.
Why Don’t We Know More About Suicide in Youth of Color?

- Disparity in funding researchers from communities of color
- In recent review, Black investigators were half as likely to receive NIH funding than White investigators (Hoppe et al., 2019)
- Blacks are more likely to propose studies that look at health disparities, which are less likely to be funded
  - Less likely to be funded at all levels including submission rates, grants being discussed in review meetings and impact scores received.
What Can We Do: Upstream Approach

- What can we do to help children not just survive but thrive?
- What can we do to minimize/eliminate risk factors, enhance protective factors at individual, familial, community and broader societal level?
Example: Consider Developing Partnerships With Faith Communities

- The Black church is an excellent venue for promoting positive mental health because it is one of the most influential institutions within the Black American community. (Eke, Wiles & Gaiter, 2010).

- Eighty-seven percent of Black Americans are affiliated with a church, and over 60% of Black youth attend church regularly (Pew Foundation, 2009).
Why include faith communities in mental health care?

- Mental health issues affect people across faith traditions.
- Faith leaders and faith communities are often “first responders”, on the front-line
- Faith communities care for whole person and families.
- Faith communities interact with people in diverse settings.
- Congregations include people from diverse workplaces, including mental health professionals.
- Mental health crises are also crises of faith.
Barriers To Seeking Care In Faith Communities

- Beliefs that suicide violates faith community or cultural/gender role norms
  - Mental illness is a sin, moral failing
  - Suicide reflects lack of faith or weak faith
  - Suicide is a “white thing”
- Stigma associated with mental illness
- Stigma associated with being member of the LGBTQ community
Good News!
Changes in Understanding Mental Illness

- Less religious stigma associated with suicide:
  - Actions judged on basis of competency—being of “sound mind.”
- Mental illnesses seen like other diseases--not a reason for shame, guilt, or a sign of God’s disapproval.
- The silence is being broken and clergy see their role as partners with other mental health professionals
- More “open & affirming” churches
UCC Bible Study S
LGBTQ-C? We All Family Right?

Thursday Nights at 7:30PM
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REV. DR. SHERRY D. MOLOCK
Pastor, Beloved Community Church UCC

BLACK LIVES MATTER
Community

- Foster a sense of connection and “mattering”
- Create sense of community inside and outside the faith location
Educational Opportunities:

- Workshops on Environmental Justice
- Conferences on Suicide in Bible
- Bible Study Series on
  - Depression & Suicide
  - Sexuality Identity
  - Queer Theology
Narratives of Hope

- Faith Affirming Culture thru Stories are built on stories of people overcoming adversity and finding meaning in life’s hardships.
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Conclusion: It Takes A Village!
Resources