Black Suicide Science: Understanding Crisis in a Different Context

Rheeda Walker, Ph.D.

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Objectives

- 1) Increase insight to important patterns in Black suicide
- 2) Inspire an expanded and more inclusive approach to suicide science
- 3) Expand suicide prevention upstream

Refining Psychological, Substance Use, and Sociodemographic Predictors of Suicide Ideation and Attempts in a National Multiethnic Sample of Adults, 2008–2013

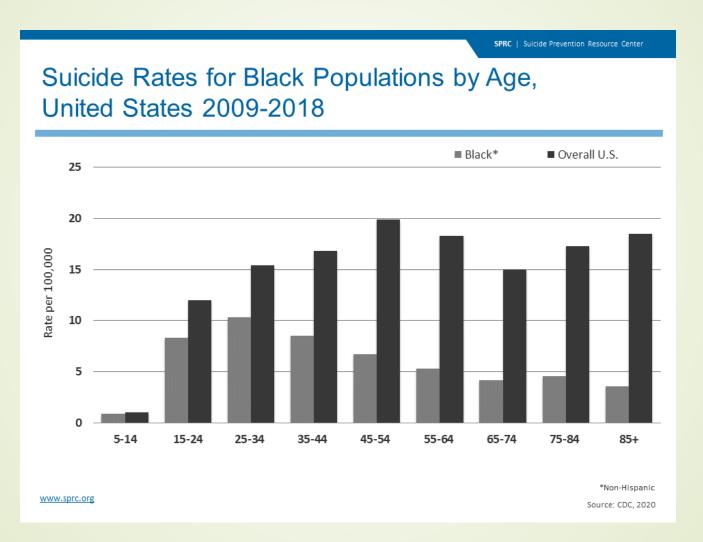
Soumia Cheref, MA,* Julia S. Benoit, PhD,† and Rheeda L. Walker, PhD*

Abstract: The purpose of this study was to examine psychological, substance use, and sociodemographic predictors of 12-month suicide ideation and attempts across six US racial/ethnic groups—white, Latino/a, Black, Asian or Pacific Islander (A/PI), American Indian or Alaska Native (AI/AN), and multiracial adults. Multiple logistic regression analyses were conducted for 218,765 adults who participated in the 2008–2013 National Survey on Drug Use and Health. Overall, commonly cited factors were associated with increased risk for suicide ideation and attempt for some racial/ethnic groups, but not for others. As one example, 12-month depression was associated with 12-month suicide attempt for A/PI, AI/AN, Latino/a, and white, but not for Black or multiracial adults. Alcohol abuse and dependence were also associated with suicide attempt for AI/AN, Black, and white respondents but not for other racial/ethnic groups. Risk factors for suicide ideation and attempt may not increase risk universally. More theoretically supported research is needed.

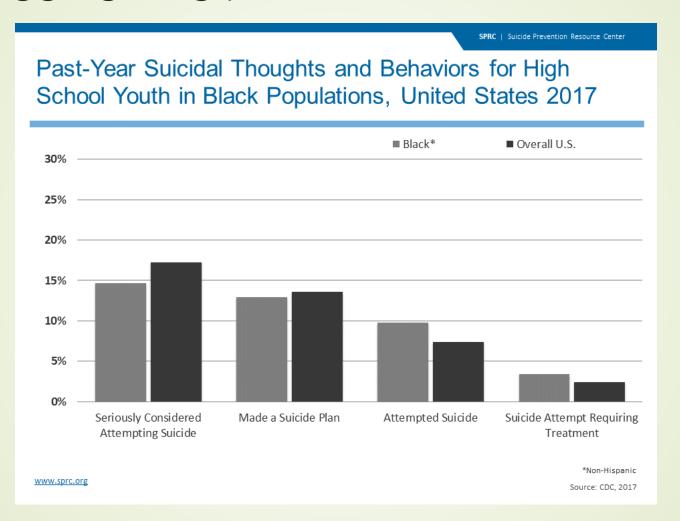
Key Words: Suicide, risk, race/ethnicity, health, substance use, epidemiological (J Nerv Ment Dis 2019:207: 675–682) suicide vulnerability (Conner and Duberstein, 2004; Nock et al., 2010; Sareen, 2011; Sareen et al., 2005a, 2005b). Anxiety disorders are strong predictors of suicide thoughts and attempts in US adults even after accounting for other co-occurring disorders (Sareen, 2011; Sareen et al., 2005a, 2005b; Thibodeau et al., 2013). Other known risk factors include lower educational attainment (Caetano et al., 2013; Han et al., 2015; Joe et al., 2006) and poorer physical health (Rockett et al., 2007). However, suicide rates tend to differ across subgroups in the United States, with males and those of American Indian/Alaska Native (AI/AN) background exhibiting greater suicide death rates than other racial and ethnic groups (Centers for Disease Control and Prevention, 2015a; Hawton and van Heeringen, 2009).

Although suicide research is expanding, methodologically and with increasing theoretical support, differential vulnerabilities to suicide ideation and attempts among racially and ethnically diverse individuals are rarely addressed. This is especially true for adults who identify with multiple racial or ethnic backgrounds. Furthermore, limited nationally representative datasets have led to poor generalizability

Disaggregating patterns in Black suicide



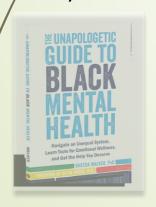
Disaggregating patterns in Black suicide



Urgency of Black Youth Suicide

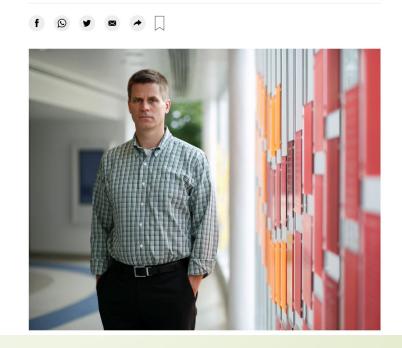
Between 1993 and 2012,

the suicide rate doubled for African American children while the rate for similar age European American children decreased (Bridge et al., 2015; 2018)



The New York Times

Rise in Suicide by Black Children Surprises Researchers



Suicide research and prevention: Specific challenges

- Underreporting
- Black people don't kill themselves
- Determined to be accidents/undetermined
- ■How should suicide be defined?
 - -- "real" vs. "slow" i.e., drug use?

Unexpected Patterns of Psychological Disorder and symptoms

- Black adults have lower rates of most psych disorders but higher rates of psych symptoms than White adults
- Among those who experience psych d/o, episodes are more severe

Quality of care

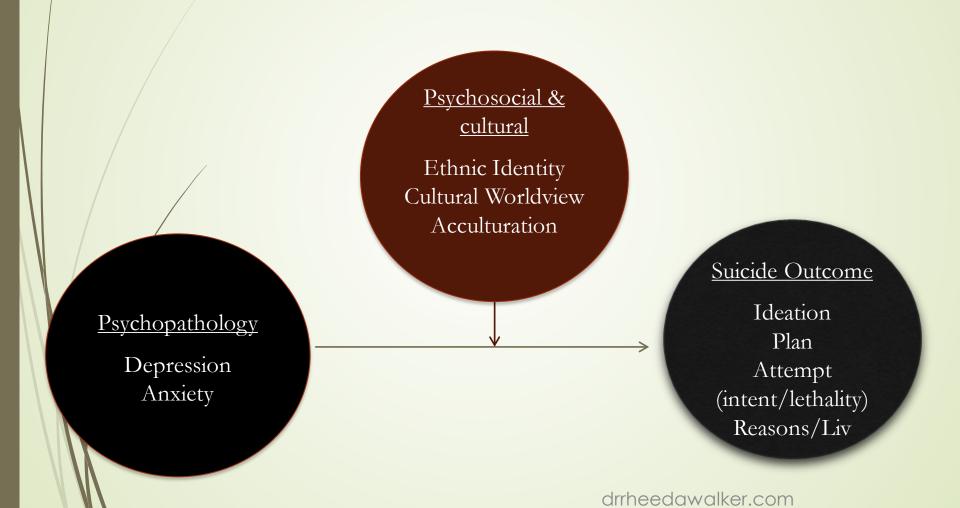
- Depression more likely to be seen in general medical than mental health settings
- Receive poorer care despite having insurance
- White/EA counselors apprehensive about discussing race
- Overall, discrimination and mistrust affect quality of care

Widely Cited Risk factors (CDC.gov, AFSP.org)

Recent life stressor
Depression, Anxiety
Other psychiatric disturbance (e.g., psychosis)
Childhood Maltreatment
Social isolation
Health-related concerns
Sleep disturbance
Barriers to healthcare

History of Suicide attempt Family History of Suicide attempt

Psychosocial and Cultural Model of Suicide Vulnerability and Resilience



Ethnic group differences in reasons for living and the moderating role of cultural worldview.

Walker RL, Alabi D, Roberts J, Obasi EM

Author information >

Cultural Diversity & Ethnic Minority Psychology, 30 Jun 2010, 16(3):372-378

DOI: 10.1037/a0019720 PMID: 20658880

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n= 139 African American 161 European American

Hopelessness → Reasons for living*

*Unless African American and reporting African-centered worldview (community, spirituality)

Implications for Risk Assessment in an Ethnically diverse sample

- ✓ Nature of current suicide symptoms
- ✓ History of past attempts
- ✓ Resolved Plans
- ✓ Recent life stressors
- ✓ Dual Diagnosis
- ✓ Race-related and Acculturative Stress
- ✓ Buffering factors (e.g. worldview, coping strategies)

Adapted from Joiner, Jr., T.E., Walker, R.L., et al. (1999).

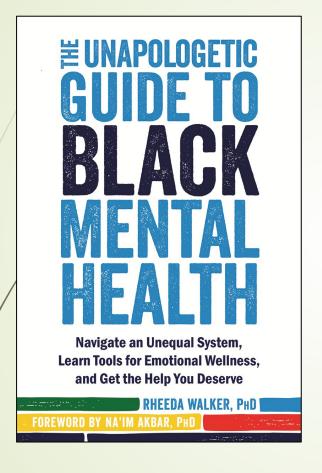
Reconciling goals

- Maintain a nonjudgmental and supportive stance
- Understand that suicide "makes sense"
- Understand that the person is suffering from mental pain and maybe loss of self-respect
- Assume that the individual's circumstances are unique

Objectives achieved?

(also known as Conclusions)

- 1) Increase insight to important patterns in Black suicide, including risks associated with younger age group and buffers that prevent higher rates of death
- 2) Inspire an expanded and more inclusive approach to suicide science, attending to role of unique buffers among high-risk Black youth and adults
- 3) Expand suicide prevention upstream <u>such that</u> <u>attention to emotion regulation, management</u> <u>of stressful events, and social justice are integral to traditional "prevention"</u>



Thank you for your attention!

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