Boys Don’t Cry: An Investigation into the Suicide Crisis Affecting Young Black Males in the United States

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FOREWORD

On Rosh Hashanah, 5780 – September of 2019 – the Hillel Director at my school, Vassar College, discussed the idea of "composting" love. It was a beautiful metaphor about what love means and how love and pain may both be recycled to give birth to something new and precious. In it, Liz Aeschlimann, the director, talked about how her grandmother had grown up in a multi-family house, incredibly poor, with few possessions of her own. As Liz's grandmother became an adult, she dedicated her life to providing aid to people who lived in similar conditions as she did in childhood. In Liz's words, "The places where we have known heartbreak, injustice, and lack are the places where we fight the hardest and love the most" (Aeschlimann 2019).

I hold the topic of this thesis very close to my heart, for many reasons. For one, I relate very closely to the boys I discuss – after all, I too was a young Black boy taking on the world, albeit nearly a decade ago now. Second, I have had a tumultuous background in the mental health care systems in the U.S. starting from my time in elementary school. I see myself in these young boys and adolescents. While we aren't the same, we aren't all that different either. The difference is that I was born with luck and opportunity that prevented me from the rapid succession of poor circumstances leading to a definite and untimely demise.

In February 2020, after overdosing in my on-campus home, I was taken to a local psychiatric ward. It was merely one of three hospitals that I was taken to, coming to a total of 23 days in various psychiatric wards and hospitals. It was incredibly isolating and all but one hospital failed to treat my severe mixed manic-depressive symptoms. Additionally, a pandemic was building and spreading for the 6 or so weeks that I spent going in and out of hospitals in New York. The

provision of care was poor and there was even an instance in which, after reporting my medical history, I was threatened by doctors to take a medication that I had told them I was allergic to. With no other option, I took the medication and suffered a psychological and cardiac effect, incurring a fainting spell where I awoke on the cardiac floor with multiple heart monitors attached all over my body. The injustices I've seen in my writing are injustices that I have felt.

While I was in the hospital, my father visited me and provided me with art supplies, newspapers, and magazines to keep myself busy with – psych wards rarely have anything for the patients to pass the time with, underfunded, under resourced, and ignored by administration because the goal is to push out psychiatric patients as quickly as possible to free up another bed. They don't want you there any longer than the duration of a COVID-19 isolation period, because there are never enough beds to hold all of the psychiatric emergencies.

My father brought me a copy of a New York Times Magazine. In it were the typical assortments you would see in the publication – advertisements, photos, snippets here and there about warnings of a respiratory pathogen, and opinion pieces from the most recently published newspapers. In it, I found the article that inspired this entire thesis, entitled "Piled Bodies, Overflowing Morgues: Inside America's Autopsy Crisis." It seems that medical examiners everywhere were already filled to the brim with caseloads – they had no idea that the system was about to be stressed further, making their jobs – a serious public health need to identify morbidity and mortality trends – that much harder. Intrigued by death as I was in a third psychiatric hospital at this point and it seemed to linger in the minds of all in the ward, I started to read the article.

I recommend that anyone particularly interested in public health and what goes on behind the scenes read the article. What was most striking for me was a single paragraph in the piece, which I highlighted at that point and it later became the jumping point for my thesis. It reads as follows:

> As Gilson greeted Daniel Mabel, the forensic scientist staffing the trace-evidence department that day, he asked, "Do you have the gun for the other guy?"
>
> Mabel shook his head, then explained to me that he was working on the case of a black teenager found with a gun in his hand and a gunshot wound to the head. Detectives thought it was a homicide, but Gilson and his team thought it was more likely a suicide.
>
> "You know," Gilson said, "that's a rising trend, suicide among young African-American males, that I haven't heard a lot about." He lifted the rope from the man's neck and turned it over in his hand, inspecting its weave and weight. "We tend to think about suicide as older white guys or middle-aged white guys, which is still true. But if nobody's following trends. … " He waved his hand toward the morgue, where we had just seen a black teenager who had arrived the day before with a self-inflicted gunshot to the head. When his age was read aloud in the morning meeting, there was a collective intake of breath.
>
> "Thirteen?" someone asked, as if hoping the number were wrong.
>
> "I don't want to harp on this," Gilson said, setting the rope back on the table, "but if you overburden the system with casework, the surveillance function is lost."

Thirteen. Let it sink in.

I was 19 when I was finally diagnosed with bipolar disorder, almost a decade after my first diagnosis of childhood ADHD, a significant risk factor for later suicidality in children and adolescents. I've beaten the odds that I'm writing about. I'm an official young adult according to age demographic statistics and have left the period of high likelihood of adolescent Black suicide. I was lucky. I had resources. I was given another chance.

It is now my responsibility to speak up for these boys who will never become men. They'll never celebrate their big eighteenth birthday. They'll never get to feel the stress and excitement of signing a lease for an apartment. They'll never get to explore academic pathways and opportunities presented to them as adults. They'll never settle into married life, with a couple of kids or pets and the serenity of middle age and, with it, stability. They don't – I do. Someone has to speak up about what's going on in their heads and lives and to speak on what it driving up the huge numbers of serious attempts and completed suicides. In this thesis, I am making it my responsibility.

Thank you for reading this far – I hope that my following writing and words emphasize the greater need for funding and research towards this issue, and what we can do to slow and stop this slew of preventable, tragic deaths.

INTRODUCTION

Suicide in young people is an anomaly. It is a tragedy that is preventable and uncommon, especially in younger populations. Increased suicidal behaviour and tendencies in age cohorts are a sign of sociocultural sickness indicative of an improper alignment of the individual and the world surrounding them. Suicides, independently, represent significant mental burdens at the time the attempts occur. When analyzed in patterns and cohorts, however, suicide may indicate larger, dominant social issues (Durkheim 1966). Some of these issues include endemic violence, poverty, an absence of social cohesion, discrimination along lines of race, class, gender, and identity, and deeper structural problems. These are all problems that may be addressed through policy and reform of schools, communities, and the workforce. In other words, through the study of suicide and proliferation of social policies addressing it, we can decrease these preventable deaths.

At present, the United States is facing a suicide epidemic among its young people (Joe 2006b; King et al. 2020; Riley et al. 2021; Valois et al. 2015; Wadsworth et al. 2014).

Of great concern is the recent increase of suicides in young Black males. The U.S. has been seeing a concerning increase in youth suicides, most worrying among Black children, who have been seeing an accelerating rate of serious suicide attempts and completed suicides. A study by Bridge et al. (2015) analyzed suicide patterns among elementary school-aged children and discovered significant fluctuations in youth suicide between 1993 and 2012. In analyzing racial subgroups, researchers found that there were statistically significant increases and decreases in suicide restricted to Black and white boys, respectively. Between 1993 to 1997 and 2008 to 2012,

white boys saw a decrease in suicide from 1.96 to 1.31 per 1 million and Black boys saw an increase in rates from 1.78 to 3.47 per 1 million boys (Bridge et al. 2015). This may be evidenced in the figure below, produced by Bridge et al. (2015).

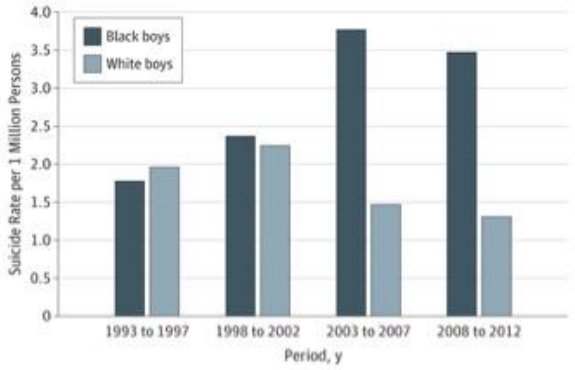

Figure Legend:

Suicide Rates Among White and Black Boys Aged 5 to 11 Years in the United States Between 1993 to 1997 and 2008 to 2012In black boys, the suicide rate increased between 1993 to 1997 and 2008 to 2012 (incidence rate ratio [IRR]=1.26; 95% CI, 1.07-1.47), whereas suicide rates in white boys decreased during this period (IRR=0.85; 95% CI, 0.78-0.93). In 1993 to 1997, the IRR of suicide between black and white boys was 0.91 (95% CI, 0.57-1.47). In 2008 to 2012, the IRR of suicide between black and white boys was 2.65 (95% CI, 1.77-3.96).

Figure 1.

As evidenced, the suicide rate in young Black boys – those aged 5 to 11 years – has seen a dramatic increase in the last 30 years. The suicide rate among Black boys has broken a historic pattern, in which white boys – and white people in general – have the highest suicide rates among all racial subgroups in the United States (Bridge et al. 2015). To offer a comparison in terms of leading causes of death in the U.S.'s 5 to 11 year-old age cohort, suicide ranked as the

14th leading cause of death in Black youths aged 5 to 11 years in 1993 to 1997, but increased to become the 9th leading cause of death for this group in the 2008 to 2012 period. White children, in contrast, had suicide as their 12th leading cause of death in the 1993 to 1997 period, and in the 2008 to 2012 period, had suicide as their 11th leading cause of death (Bridge et al. 2015).

In contrast to recent trends, Black communities have historically been more invulnerable to suicide. They have tended to have much lower rates of suicidality than their white counterparts, something that has been – or seemed – true for as long as data have been collected on the subject (Baker 1990; Joe 2006b; Riley et al. 2021; Valois et al. 2015; Wadsworth et al. 2014). As such, the recent increase in deaths among young Black males by suicide is of incredible significance – it is occurring at a time of great disruption in a world where social order is being constantly reshuffled. From preliminary data, it seems that the COVID-19 pandemic has only aggravated this issue (NPR 2021; Ramchand et al. 2021).

In this thesis, I will be elaborating on the nature of the increase in suicides in young Black males and produce a series of recommendations in a public health briefing format to abate this problem. I will begin with discussing theories related to suicide and the nature of suicidal and parasuicidal behaviour. I will also be describing potential root causes of suicide in young Black males as a means of discussing strategic methods of addressing the increase in suicides in this population. I will be arguing about the best methods from a policy standpoint to address this, including reducing access to lethal means and finding local, community solutions to properly address the needs of young Black males in culturally appropriate and relevant manners. In conclusion, I plan to discuss this crisis – the increase of suicides in young Black males – broadly among pediatric

populations and, at times, among racial cohorts before delving deeper into how this is affecting the Black community and, in turn, how the Black community shapes and alters this issue through social production and reproduction of inequality and stigma leading to the deaths of young Black males.

This thesis aims to discuss the crisis in suicide occurring in young Black males and produce solutions to save the lives of at-risk Black males, who have been shown to have one of the most rapidly increasing suicide rates among all ethnic and gender cohorts in the United States.

Chapter 1 will highlight the histories surrounding suicide, theories behind why suicide occurs, and important theoretical and academic terminology necessary to grasp the arguments produced in this thesis. It will also provide historical statistics on suicide rates in Black populations, including how they relate to statistics in white populations and the upending of historic trends surrounding suicidal and parasuicidal behaviours.

Chapter 2 will discuss potential root causes of the increase in suicides in young Black males. It will discuss healthcare access, stigma, poverty and economic disruption, the education system and its flaws, suicide misclassification, endemic and cyclical violence, and structural and institutional factors that damage the emotional and mental health of young Black males.

Chapter 3 will discuss potential solutions that lie parallel to the root causes discussed in chapter 2. These may also be known as policy implications, and include measures of limiting access to

lethal means, gun violence legislation, surveillance technology, improving healthcare access, and strengthening social institutions.

CHAPTER ONE: Introducing Suicide and Suicide Among Young Black Males

This chapter will be introducing terminology and history on the subject of suicide. I will be discussing Durkheim's (1966) theories on suicide at length and introduce modern conceptions of his studies. To begin, it is vital that terminology and common theoretical concepts be introduced. Suicide is a complex psychosociological issue that has been studied extensively. One of the oldest and most comprehensive texts discussing suicide is Emile Durkheim's *Suicide*, which details the varieties of suicide and their potential causes in late 19th century Europe.

Durkheim (1966) begins in *Suicide* by operationalizing the term "suicide." He establishes the definition of suicide as:

> "... applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." (44)

This broad definition means that suicides move beyond what we may typically expect to be a definite suicidal action. Suicide can be identifiable, for example, in the case of someone leaving a note before an especially violent death by firearm or suffocation. While suicide itself is always categorized as a violent death, attempts at overdose through pill or substance consumption are considered to be less lethal and, therefore, less violent. Suicide also, however, takes other forms: homicidal behaviour may have underlying suicidal motivations, with spree killers and school shooters expressing anger and rage both internally and externally, ending their lives after attempts to end the lives of those around them; retaliatory homicide, such as that seen in gang conflict or revenge acts by bereaved individuals may also be classified as suicide using Durkheim's (1966) definition and Gibbs's (1988) research on parasuicidal behaviour – indirect

suicidal behaviours – in Black males. In this instance, retaliatory homicide – an eye for an eye – is a violent altercation where there is an expectation of death or serious injury. Individuals participating know that there is a risk, which means that Durkheim's definition of suicide in its multiple forms still fits this example of somewhat indirect suicidal behaviour, also known as parasuicidal behaviour. Suicide by cop is another example of a suicide which takes what we may assume to be a non-traditional form. In this case, someone will provoke an altercation with law enforcement with the intention of murder by the police. For example, someone may be speeding down the highway, leading to a police pursuit that ends in the individual trying to position themselves as a threat in order to suffer serious bodily harm and/or death. Examples of this may include someone stepping out of their car, reaching into a pocket or coat, and pulling out an object that may look like a weapon at a distance but instead may be something like a phone. This is also a complex aspect of defining suicide in our current political climate, as the social impact of a misclassified murder versus that of a suicide could cause significant social unrest and spur more homicidal or suicidal behaviour in the affected communities, as may be seen in the unrest often provoked by the murders of Black men at the hands of the police (Baker 1990).

These specific varieties of suicide are organized by Durkheim into broader categories of suicidal behaviour: egoistic suicide, altruistic suicide, anomic suicide, and those which contain elements of multiple (Durkheim 1966).

Egoistic Suicide

The first category, egoistic suicide, is defined as suicide precipitated by the feeling of a loss of social integration within the individual and their community (Durkheim 1966). It is a fundamental human need to feel valued and maintain a sense of belonging. Without a sense of belonging or a feeling of value relative to the others in their life, the individual has no need to continue living. There is nothing of meaning which will come of them or which will succeed them. "Life," Durkheim states, "is said to be intolerable unless some reason for existing is involved, some purpose justifying life's trials" (1966:210). Durkheim (1966) describes:

> "Reflection develops only if its development becomes imperative, that is, if certain ideas and instinctive sentiments which have hitherto adequately guided conduct are found to have lost their efficacy. Then reflection intervenes to fill the gap that has appeared, but which it has not created. Just as reflection disappears to the extent that thought and action take the form of automatic habits, it awakes only when accepted habits become disorganized. It asserts its rights against public opinion only when the latter loses strength, that is, when it is no longer prevalent to the same extent. If these assertions occur not merely occasionally and as passing crises, but become chronic; if individual consciences keep reaffirming their autonomy, it is because they are constantly subject to conflicting impulses, because a new opinion has not been formed to replace the one no longer existing." (158-159)

This is to say, the actions and impulses that lead to egoistic suicide occur because of an abrupt change in an individual's life relative to their previous life which was bound by collective social norms which give life meaning. When an individual no longer feels socially cohesive in their

own culture and that of the dominant culture, they feel ostracized and their worth and self-esteem plummet. If the individual is not quickly swept into another integrated group which gives them value among proximal individuals, they are likely to develop impulses and desires to suicide (Baker 1990; Durkheim 1966; Gibbs 1988). Durkheim (1966) discussed this phenomenon in the context of religion in 19th century Europe. At the time, Protestants presented with far more suicides than Catholics or Jews. Durkheim deduced that the organization of religion and the community values and beliefs could significantly influence whether one would be drawn to suicide or not (Baker 1990; Burr et al. 1999; Durkheim 1966; Gibbs 1988). This theory on Protestants came after Durkheim was able to demonstrate weak social integration in the Protestant church relative to the Catholic church or Jewish institutions (Durkheim 1966). It is what motivates the more modern conception of egoistic suicide, dubbed the social integration theory. Social integration theory specifically is the theory by which minority groups come into a collective to establish their own culture against mainstream culture or form a group that is accepted into the folds of mainstream culture (Baker 1990; Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020). The theory posits that when social integration is absent or fails, it leads to egoistic symptoms within the individual affected. With this revised understanding of the correlation of integration and suicide, we can apply this model – to some extent – to cases of suicide that we see in modern society.

Social integration is a necessity to sustain a healthy, happy life. Social integration serves as a protective factor for suicide. In everyday life, some sites of social integration include one's connections to others in work and school environments, religious spaces, and safe, functional home environments. It is deeply important that people – especially children, adolescents, and

young adults – feel that they have social cohorts they may rely on when managing intense emotional affect, whether positive or negative. This is especially true for younger and older populations. Younger populations need support during times of social disruption, such as when families change in size or stability, abrupt life changes such as shifting school environments, and other instances which disrupt a social environment. This is evidenced more explicitly in older populations. People are more likely to develop suicidal and parasucidal behaviour when they feel detached from social environments. Elderly people are more likely to have fewer social connections as they move into retirement homes or long-term care facilities and when their social networks begin to disappear due to geographic changes or death. This loss of social integration is, as such, consistent in older populations and is now being presented in much younger populations where one would expect fewer instances of social isolation. In short, the more disconnected people feel from others, the more likely they are to engage in suicidal and parasuicidal behaviours. Egoistic suicide, as such, is especially relevant when discussing social integration theory and the necessity of its protective factors.

This understanding of egoistic suicide may thus be extended to one of the social protective factors that prevents suicide – organized religion. It is hypothesized that organized religion within the American Black population has previously prevented their suicide rates from increasing to those of white Americans (Baker 1990; Burr et al. 1999; Gibbs 1988; King et al. 2020; Riley et al. 2021; Spates and Slatton 2021; Valois et al. 2015). Organized religion provides a cohesive and strong social support for those involved. Religious followers work and pray in community and are united by sets of shared beliefs. In Black Americans, Christianity has historically been a major part of communal life and it remains as such for Black women more

than it does for Black men (Burr et al. 1999; Gibbs 1988; King et al. 2020; Spates and Slatton 2021). This is a suggestion as to why Black females have been less inclined, in the past, to suicide than their male counterparts (Gibbs 1988; Spates and Slatton 2021). Additionally, as young Americans become increasingly secular, it is hypothesized that religion is losing ground as a critical social support in the lives of Black Americans and Americans more broadly (Baker 1990; Burr et al. 1999; King et al. 2020; Perkins 2014; Riley et al. 2021). The community that is offered disappears as one further distances themself from religion. Young Black males are not the only people affected by this shift – young Black females have also seen a statistical increase in suicidal and parasuicidal behaviour. With one less protective factor, young Black males are more prone to social isolation, which may damage their self-esteem and emotional self-efficacy.

Durkheim's (1966) theories on egoistic suicide may also be related to families today as they were in the past. Durkheim demonstrated, in his work on suicide, that families with absent guardians – such as fathers lost in wars – were more likely to develop suicidal tendencies. Divorced persons were also more likely to attempt suicide compared to those with strong, present marital bonds. Strong family units have been repeatedly shown to add stability to the lives of those who compose it (Baker 1990; Burr et al. 1999; Durkheim 1966; Gibbs 1988; Perkins 2014; Riley et al. 2021). This is also seen in more modern theories which have been adapted from sociologists such as Durkheim. Stability in the household between parents and guardians relative to their children and other members of the family is key to preventing the loss of self-esteem and emotional self-efficacy that lead to egoistic suicide (Baker 1990; Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020; Perkins 2014; Valois et al. 2015). When there is a healthy relationship between guardians, it allows the children in the home to have a certain security

(Baker 1990; Burr et al. 1999; Gibbs 1988; McLeod 2017; Perkins 2014). They have a safe home environment that encourages them to explore and which supports them whenever necessary. When there is disruption in this home environment, it can lead to anxieties and impulsive behaviours that become increasingly self-destructive (Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020; Perkins 2014). The family may serve as a protective factor against suicide if and only if it lacks dysfunction and remains socially cohesive in the face of disaster, hardship, and success (Baker 1990; Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020; Perkins 2014; Riley et al. 2021).

Collectively, this asserts that egoistic suicide, or suicide of excessive individualism, is inversely correlated with the integration and cohesion of social groups (Durkheim 1966). Individualism and self-reliance are normal and healthy – in appropriate doses. When an individual belongs to weaker social groups, they find themselves to be less socially integrated, which leads to increased self-reliance and the need to continue living with fewer social ties (Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020; Perkins 2014). As the individual becomes progessively more withdrawn, their risk of suicide becomes heightened. As demonstrated with the theory of social integration, those who perceive their social connections to fade or disappear feel as if they don't belong. They lose a social support system, and with that, they lose their sense of belonging within a community. Without a sense of belonging, the sense of meaning in life is diminished – life is not worth living if there are no people that one is connected to. As life loses meaning, the need to continue living, as purpose ebbs away, fades. The individual does not feel responsible for the impact of their death on the communities which surround them because the individual does not perceive themself as tangent to those groups (Durkheim 1966).

Altruistic Suicide

Durkheim's second category of suicide is altruistic suicide (Durkheim 1966). Just as previously proposed, integration is highly necessary, as is individualism – but there can always be too much of a 'good' thing. When individualism is absent or lacking in some degree – otherwise explained as the instance when collective identity is placed before individual identity and autonomy – we may see a rise in altruistic suicide. In the case of altruistic suicide, suicide is a duty to the individual's belonging group (Durkheim 1966). This is to say that there is at times an obligation to suicide and it is followed through because the individual is so highly connected and dominated by their social group (Durkheim 1966). The fate of others creates the fate of the self – if someone within the social group perishes, the same must occur to others within the group. Where egoistic suicide is the ill of the society imposed upon the individual, where the individual loses membership to a collective group and takes up the individual act of suicide, altruistic suicide occurs when the individual has been so decimated that their entire identity is reliant on and composed of their ingroup (Durkheim 1966). What happens to the ingroup happens to the self, and potentially vice versa. This may also be equated to gang life and homicide, with the latter also being seen as a means for suicide as well. In gang life, retaliatory actions after the injury or death of those belonging to the group are commonplace and expected. There is a significant doctrine of 'an eye for an eye.' To again parrot the words of Durkheim:

> "As they consist of few elements, everyone leads the same life; everything is common to all, ideas, feelings, occupations. Also, because of the small size of the group it is close to

> everyone and loses no one from sight; consequently, collective supervision is constant, extending to everything, thus more readily prevents divergences." (1966:221)

Durkheim (1966) discusses altruistic suicide in the context of war and militarism. These war metaphors and understandings can be easily related to the violence that occurs in urban Black communities with severe inequality. It is ingrained within the individual that they do in fact have a purpose. Their life has meaning, but this meaning does not extend to the individual in the way necessary to sustain life – their ultimate meaning is to sacrifice for their cause, in this case, the health or status of the ingroup which they belong to (Durkheim 1966; Perkins 2014). Even though death may be an obvious consequence of group violence, collective identity and cohesion is put before individual safety. Someone's life is so deeply entrenched in their ingroup that the safety of the group is prioritized over that of an individual. Collective identity gives life meaning, substance, and direction of action, *not* individual identity and concern for self-health.

Within gang life, what matters is the constitution of the gang. To pull from popular Black media, this can be exemplified in the works of rapper Kendrick Lamar, himself a young Black man at the time of his involvement in the streets. One particular song depicts the retaliation of gang life well, his two part song "Sing About Me, I'm Dying of Thirst" which discusses the death of his friend's brother in a shootout, and the group's plan to retaliate and murder the men who shot the boy (Lamar 2012). In Lamar's song, he is saved by Christianity and organized religion, but this is a positive outcome that is less and less likely as America abandons organized religion, especially among pediatric populations (Lamar 2012). Thus, for men leading these lives in communities of endemic violence, death becomes an accepted consequence of "being hard" and

working the streets (Baker 1990; Crosby and Molock 2006; Currie 2020; Gibbs 1988; King et al. 2020; Perkins 2014). There is a high risk and a high reward. Men in these groups can and must be willing to die for their brotherhood, lending this as an example both for altruistic suicide and the aforementioned parasuicidal behaviours surrounding it.

Anomic Suicide

This brings us to Durkheim's final variety of suicide, dubbed anomic suicide. Anomic suicide occurs when there is an insatiable need for social regulation that a society is ill-fitted to provide for the individual (Burr et al. 1999; Durkheim 1966; Gibbs 1988). Similar to egoistic suicide, anomic suicide is one of despair, when man's deepest needs and desires cannot be fulfilled due to some disruption in their individual or collective life (Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020; Wadsworth et al. 2014). Any abrupt change in social order forces the individual to reorganize their life to accommodate these changes (Burr et al. 1999; Durkheim 1966; Perkins 2014). These disruptions need not be entirely negative. Social disruption encompasses good and bad – an upswing in the economy could be just as dangerous for suicidal behaviours as those of financial strife (Durkheim 1966).

Black Americans, especially young Black males, face an uphill battle to achieve success in life. Their path is made difficult from obstacles introduced at young ages – even in kindergarten or primary school – Black boys are more likely to be disciplined for actions for which their white counterparts are not held accountable, including speaking out of turn or being "disruptive" (Burr

et al. 1999; Douglas 2005; Gibbs 1988; Kozol 2005; Moody 2016; Perkins 2014). Durkheim spoke of unspeakable or unattainable thirst for unachievable goals as a sense for anomie:

> "To pursue a goal which is by definition unattainable is to condemn oneself to a state of perpetual unhappiness… It may sustain him for a time, but it cannot survive the repeated disappointments of experience indefinitely. What more can the future offer him than the past, since he can never reach a tenable condition nor even approach the glimpsed ideal?" (1966:248)

In young Black boys, the simplest of aspirations are made to be lofty. They are told of the American Dream and their place in the world – that they can achieve anything they want if they pull themselves up by their bootstraps – yet they are also fed opposing messages by the media and the world around them.

When society is properly regulated and disturbances are minimal, people may be able to sustain happiness with their goals and their lot in life. When inequality is minimal, there is the chance for minimal anomie in the population (Burr et al. 1999; Durkheim 1966; Wadsworth et al. 2014). There is peace within the hierarchy of needs which prevents hurtling into despair and suicidal behaviours (Burr et al. 1999; Durkheim 1966; Wadsworth et al. 2014). This collective harmony, however, may only exist when there are levels of equality which exist within each group and across all groups (Burr et al. 1999; Durkheim 1966; Gibbs 1988; Wadsworth et al. 2014). When there is disadvantage or inequality between individuals and their respective groups, feelings of anomie are given the grounds to flourish (Baker 1990; Burr et al. 1999; Crosby and Molock 2006; Durkheim 1966; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Wadsworth et

al. 2014). This is another hypothesis for the suicide crisis among young Black males. We have reached a societal point where the American Dream is becoming extraordinarily fallacious. There is an understanding of the extent of injustice which permeates every facet of American society – and which even extends beyond it. You cannot escape the race you were born into, and in American society, race is a defining characteristic of your life chances and trajectory. Young Black people, and males in particular, are fed the narrative that they too may succeed in life with hard work. This is a narrative that is becoming increasingly broken. Black males can see that they are unlikely to reach goals that they see as reasonable due to the power imbalances that exist in their communities and outside of them. They are less likely to be employed, more likely to be incarcerated, and more likely to lack general stability from the womb to the grave (Baker 1990; Burr et al. 1999; Gibbs 1988; Moody 2016; Perkins 2014; Wadsworth et al. 2014). In a system of perfect equality, it is possible that these intense feelings of anomie could be countered as people could see and set reasonable goals for themselves. This is not the case of Black Americans. Attainment is not the norm, it is a reach. The most simple goals to climb, such as working in a job that pays significantly over the minimum wage and which can sustain a family or domestic unit, become like a climb on Everest. When the conditions promised by society are unable to be fulfilled, individuals feel deep despair, which may cause them to tend towards egoistic suicide, anomic suicide, or a larger combination of the both (Baker 1990; Durkheim 1966; Gibbs 1988; Perkins 2014; Wadsworth et al. 2014).

Suicidal Contagion

As Durkheim explains, suicide is the result of an amalgamation of social causes (Durkheim 1966; Gibbs 1988). One final groupings of suicides, or explanations for them, comes through the theory of social contagion. Suicide is most often individual in that it is rarely spurred by social contagion, where a suicide in one township leads to a slew of other suicides in the township. When clusters of suicides do occur, it may be an indication of a larger social problem and dysfunction – a social cause (Baker 1990; Case and Deaton 2020; Currie 2020; Durkheim 1966; Perkins 2014; Valois et al. 2015; Wadsworth et al. 2014). For suicide to be a contagion as we would believe with a contagious pathogen, it would need to jump from individual to individual in a population (Case and Deaton 2020; Durkheim 1966). This is not what we tend to see with suicides. This is not to say that suicidal contagion does not exist – it is alive and well and has even had recent occurrences. Suicidal contagion was recently shown to occur after the release of the series *13 Reasons Why*, which spurred multiple copycat suicides which followed the same development as that of the main character's suicide (Gould 2020; Kucharski 2020). This contagion is indicative of individual spread that resulted from the poor choices of the producers in graphically depicting and romanticizing the suicide in question, inspiring many impressionable youths to take their lives in a similar manner (Gould 2020; Kucharski 2020). Suicides which do not have a traceable close contact pattern between individuals, as would be seen when one child dies after the suicide of a friend, stem from a larger dysfunctional social issue (Durkheim 1966). In young Black males, suicides do not follow a pattern of social contagion (Crosby and Molock 2006; Durkheim 1966; Perkins 2014). So, while suicidal contagion is important to note because it is an underlying reason for some suicides, much of the

literature on suicide in Black youths falls out of this category, and, as such, falls out of the scope of this thesis's main arguments.

Historic Suicide Trends and Qualities

Historically, Black Americans have had significantly lower suicide rates than their white counterparts. This is a trend that has spanned across decades and, at present, is still visible in some epidemiological data (Belluck 1998; Valois et al. 2015; Wadsworth et al. 2014). Recently, these numbers have begun to change rapidly, with certain sharp increases and decreases occurring over the span of the last 6 decades (Crosby and Molock 2006; Joe 2006b; King et al. 2020; Riley et al. 2021; Wadsworth et al. 2014).

This was an especially notable phenomenon among young Black males during the 1980s and 1990s. In this span of time, suicide rates started to deviate from historic norms for white and Black Americans. In 1984, Gibbs (1984) released a study analyzing suicide trends from 1960 to 1979, specifically looking at pubescent Black youth between the ages of 15 to 24. In 1960, the suicide rate in Black youths aged 15 to 24 was 5.3 per 100,000 Black males. By 1979, the number had climbed to a rate of 14.4 per 100,000 Black males, identified as a nearly three-fold increase. Though these statistics still fell well under those of white males, Gibbs demonstrated a worrying trend of the narrowing suicide gap between Black and white boys. Though these suicide rates fluctuated dramatically in both white and Black populations, newer studies have again demonstrated rising suicides in young Black boys whilst suicides in white boys have remained stagnant or decreased.

Joe and Kaplan (2002) produced statistics on youth suicide between 1979 and 1997 which showed a similar trend as that seen from 1960 to 1979. In 1979, the suicide rate among Black boys aged 15 to 24 had an incidence of 14 per 100,000 individuals; by 1997, the rate increased to 16 per 100,000 individuals. During this same period, white boys aged 15 to 24 saw their suicide rate decrease, from 20.5 per 100,000 in 1979 to 19.5 per 100,000 (Joe and Kaplan 2002). Though historic trends remained – white boys still had a higher suicide incidence compared to Black boys – Joe and Kaplan (2002) reproduced research that demonstrated a narrowing suicide gap between Black and white boys.

The most recent studies have included a greater breadth of age cohorts, offering a new perspective in analyzing suicide rates in younger children and early adolescents, as previous studies focused on adolescents and young adults. As previously mentioned in the introduction, a study by Bridge et al. (2015) showed what may be the first ever increase in suicide incidence in Black boys where their deaths have eclipsed those of white boys, upending a decades-long historic trend. Between 1993 to 1997 and 2008 to 2012, white boys aged 5 to 11 years saw a decrease in suicide from 1.96 to 1.31 per 1 million and Black boys of the same age cohort saw an increase in rates from 1.78 to 3.47 per 1 million boys (Bridge et al. 2015). Among older children and adolescents aged 10 to 19, Price and Khubchandani (2019) demonstrated a significant increase in suicides in Black boys between 2001 and 2017. The Black male suicide rate increased by 60%, showing a linear increase in suicides, with a rate change of 7.17 per 100,000 individuals to a rate of 9.15 per 100,000 individuals. While rate increases are statistically significant for all age cohorts in Black male youth, elementary school-aged children are the only group to have

eclipsed their white counterparts and the Black suicide rate among adolescents narrows the Black-white gap with each successive year (Price and Khubchandi 2019).

To produce a more visual representation of this increase, Xiao, Cerel, and Mann (2021) collected data on adolescent suicidal ideation and attempts across all racial/ethnic groups and by sex between 1991 and 2019. While suicidal ideation has increased across nearly all racial and ethnic groups regardless of sex, Black adolescents stand out as the only group with an upward linear trend in suicide attempts over this period (Xiao, Cerel, and Mann 2021). The graph below is eye-opening in demonstrating the upending of historic trends with suicide among U.S. racial groups.

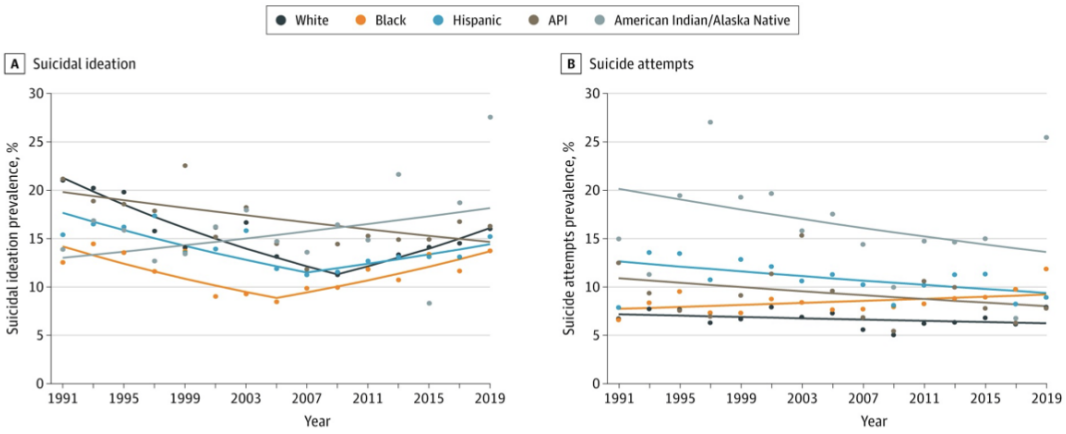

Figure 2.

And of even further consequence, there is evidence that suicidality becomes successively worse with each birth cohort, meaning that newer generations have a higher likelihood of statistical

individual suicide (Case and Deaton 2020; Joe 2006a). While this doesn't explain the increase in pediatric suicides in Black populations or more broadly, it is documented both statistically in recent journals as well as in the literature of *Deaths of Despair*, which has shown that every younger age cohort has a higher tendency towards violent or "accidental" death (Case and Deaton 2020; Joe 2006a).

Deaths of Despair and Theories on the Increased Incidence of Suicide in Black Male Youth

In a death of despair, "Pain is an important risk factor for suicide; the victim believes that the intolerable pain will never get better…. People use the language of pain and hurt to describe "social pain," from rejection, exclusion, or loss, and there is evidence that social pain uses some of the same neural processes that signal physical pain, from stubbing a toe or cutting a finger, or for arthritis" (Case and Deaton 2020:83). Deaths of despair, to summarize, occur because of some of the same issues related to suicide, such as anomie and a disruption of social cohesion. This is also seen in other deaths of despair, described as suicides, overdoses, and liver disease resultant from alcoholism. Typically, deaths of despair have been seen in white populations, especially those who are older, where social cohesion may be harder to maintain because social supports die of old age or disease. Isolation is easier to maintain and people may abuse substances more because of this isolation and a need for escapism. Deaths of despair have also been the categorization for the opioid epidemic, whether an overdose were accidental or purposeful. Suicide amply fits into the categorization of despair leading to death.

Deaths of despair are some of the easiest explanations for the increase in suicides both in the 20th century and now. This, however, is quite speculative. Research on suicide in Black communities is sparse, which is why this crisis is so difficult to identify and manage. Explanations for suicidal behaviour in young Black males in the past have not been able to name a definitive reason for the increases and decreases in suicides. Suicide, in general, is less common in younger populations than older populations, so there is significant social and scientific confusion when deaths rise in statistically significant numbers among young populations. Additionally, theories of social cohesion through organized religion have been explanations for low numbers of suicide in the Black population, which is now being contested due to the rise in suicides in young Black populations. The stress inoculation theory, in which high levels of stress and inequality serve as a protective factor against suicide, has also been contested with the increase in suicide among young Black males who are more likely to live in high-minority, high-poverty areas where stressors would be most intense.

Additionally, adolescent populations can be tricky to study because it may be difficult to separate what we consider to be traditional adolescent behaviour and risk-taking and the differences in Black and white populations (Joe et al. 2007; Valois et al. 2015). What often precipitates suicides in girls is a series of ideation, to planning, to attempts (King et al. 2020; Valois et al. 2015). The same cannot be said for males, and Black males, having been understudied for years, have escaped researchers in terms of describing the reasons for their deaths. This is why it is critical to understand the current crisis, as it may aid us in preventing skyrocketing pediatric suicides in Black populations in the future.

Past explanations, if anything, have emphasized how these suicides were likely undercounted in young Black males and that misclassifications have further upended potential speculations of the reasons for these deaths of despair (Gibbs 1988; Joe et al. 2007; King et al. 2020; Riley et al. 2021; Rockett et al. 2006; Wadsworth et al. 2014).

In Belluck's (1998) article concerning the subject of upending historic trends, she introduces potential theories for why these increases may be the case among Black Americans. Dr. Tonji Durant, who studies this mortality shift in her everyday work, has proposed the social integration theory (Belluck 1998; Burr et al. 1999; Gibbs 1988; Joe 2006b; Perkins 2014; Wadsworth et al. 2014). This theory revolves around the idea that the individual or individuals planning to attempt suicide are doing so because they feel lost in the worlds presented to him (Burr et al. 1999; Perkins 2014). Durant's example follows the pathway of Black families into the middle class, which creates social disruption even though the significance of a move could indicate better financial security and stability in the home (Baker 1990; Belluck 1998; Burr et al. 1999; Gibbs 1988; Joe 2006b; Wadsworth et al. 2014). The lack of social integration appears in the stability and cohesion of the family unit, extended family unit, schools, places of worship, and places of work. These are all critical support systems that prevent egoism or anomie as described by Durkheim (Baker 1990; Burr et al. 1999; Durkheim 1966; Gibbs 1988; Perkins 2014; Shain 2019; Wadsworth et al. 2014). Theoretically, it follows that a shift in finances, just as Durkheim (1966) had discussed in terms of anomic suicide, could cause enough disruption through routine of the child or adolescent that the jarring change of pace and scenery could influence impulsive, lethal behaviours, even though these behaviours could potentially correct themselves in the weeks following the attempt, should the child live (Auerbach et al. 2018; Durkheim 1966).

Interestingly, and what agrees with the literature surrounding wealth and poverty, young Black males are highly likely to be more susceptible if they are wealthy rather than if they are impoverished (Burr et al. 1999; Crosby and Molock 2006; Durkheim 1966). Economic status tends to have an inverse relationship with poverty, in which Black Americans undergo 'stress inoculation,' where the increase in stressful situations in everyday life prevents the overwhelming despair or disruption that characterize anomic and egoistic suicide (Belluck 1998; Burr et al. 1999; Crosby and Molock 2006; Currie 2020; Durkheim 1966; Wadsworth et al. 2014). As aforementioned, this correlates with the stress inoculation theory. One would expect that serious inequalities would lead to much higher rates of suicide in the affected population, though it seems that there is an inverse effect.

Conclusion

In sum, "[E]goistic suicide results from man's no longer finding a basis for existence in life; altruistic suicide, because this basis for existence appears to man situated beyond life itself. The third sort of suicide, the existence of which has just been shown, results from man's activity's lacking regulation and his consequent sufferings" (Durkheim 1966:258). Egoistic suicide, as aforementioned, comes from a life that loses meaning due to one's connections – or absence of them – in their day to day social life. They feel less compelled to continue life because they no longer feel valued or connected to those around them. As deeply social creatures, the loss of social connections can be significantly unsettling and disruptive, leading to suicidal and parasuicidal behaviours. Altruistic suicide arises when people become consumed by collective

identity and minimize their individual identity and safety to fit into a social group and maintain their status among it. Concern of bodily harm and threat dissolves as a means of maintaining social connections. Finally, anomic suicide comes from the dissonance exhibited in what people want and need and their ability to acquire or resolve these desires. This follows the idiom of "setting the bar too high," in which deliverance on expectations falls short and disrupts someone's conceptions of self and their position in society as they feel their needs and goals to be unattainable, and their status and identity negligible in society based on their inability to survive and thrive under their social conditions.

Suicides, as such, are most often independent events – or happenings – that may stem from the same social cause should they be unconnected in any way outside of potential circumstances and shared individual identities, traits, and general everyday lives (Burr et al. 1999; Case and Deaton 2020; Durkheim 1966). Thus, we may deduce that the current crisis among Black youths is highly likely to be linked to social causes that are influencing more young Black males to decisively end their lives.

This now leads us into the succeeding chapter, as young Black male suicide must be discussed in its social context beyond what the statistics and historical trends can provide.

CHAPTER TWO: Root Causes of the Suicide Crisis in Black Males

Ameliorating this crisis will require the identification of potential root causes driving up suicides. Root causes are the underlying factors which produce the problem environment. In this case, the root causes of suicidal behaviour are necessary to identify to inform targeted policy. I will be discussing how healthcare access, stigma, poverty, education and punishment, misclassification, endemic and cyclical violence, and structural inequalities may be contributing to the increase in suicides in young Black males.

Healthcare Access

Healthcare access may be improved through better understanding of where the highest-need with the lowest-access communities are. By knowing where there are gaps in the system, state and federal governments can incentivize care being inserted into these communities. Access may also be increased through reworking Medicare and Medicaid programs which often provide healthcare to Black families. Finally, superior cultural training may be provided to practitioners to better ensure continued management of care in mental health cases (and beyond).

It is a well established fact that Black Americans have less access to healthcare facilities and providers compared to their white counterparts; when they do access these resources, they are less likely to be listened to or to have a positive experience (Burr et al. 1999; Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Read 2020; Riley et al. 2021; Shen et al. 2018; Wadsworth et al. 2014). Seeking care also means going over hurdles of histories of inequalities in care for Black Americans.

Black Americans are less likely to be listened to concerning their pain, have higher maternal mortality rates, have higher rates of perceived discrimination, and are more likely to suffer from ailments stemming from instances of perceived discrimination and general elevated stress (Burr et al. 1999; Gibbs 1988; King et al. 2020; Read 2020; Riley et al. 2021; Shen et al. 2018; Wadsworth et al. 2014). Physical ailments are not the only effect of this – there are also psychological conditions that erupt from mistreatment in the healthcare system. This includes depression due to chronic mistreatment or anxieties of future care (Baker 1990; Gibbs 1988; Moody 2016; Perkins 2014; Wadsworth et al. 2014). This also leads to potential feelings of anomie or egoism in a suicidal context. When someone feels they aren't listened to, a critical need for effective social connection is missed (Burr et al. 1999; Durkheim 1966; Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Riley et al. 2021; Shen et al. 2018; Wadsworth et al. 2014). This means that Black Americans may be less likely to seek out care or maintain compliance with care directives, further worsening their collective health as a social determinant/cause (ASPARD 2016; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Read 2020; Riley et al. 2021; Shen et al. 2018; Wadsworth et al. 2014).

When mental health issues are acknowledged as real, Black parents are less likely to attempt medical or psychological intervention (ASPARD 2016; King et al. 2020; Moody 2016; Read 2020; Riley et al. 2021; Siegel et al. 2016; Ward et al. 2013). In the case of antidepressant medications for children, a study by Stevens et. al (2009), 52% of Black parents claimed that they were somewhat or strongly in belief that antidepressants would further harm their children. Explanations behind the thought process of these parents are limited because of the minimal

research produced on this topic. One explanation for this is that Black parents do not want their children to be on intense psychotropic drugs which they feel may alter their child's quality of life and personality in negative ways. This is also seen in other racial groups. Black parents specifically are most likely to distrust medication and intervention with psychotropic drugs (Stevens et al. 2009). Not only are they distrustful of the decision to place children on psychotropic drugs, they also believe that these medications will not fix the problem at hand, and are much more open to psychotherapy as an intervention, though still less so than white parents (Stevens et al. 2009). This mistrust exists more broadly among parents in regards to the medicalization of children's behaviours as a means of controlling them. Black parents, among other parents of different racial groups, believe that the first therapy provided by physicians will be a drug prescription (Stevens et al. 2009). Because of this perception of a mental health interaction, Black parents are especially less likely to attempt a mental health intervention for their children, meaning medications and psychotherapy may be taken off the table in a case where they're necessary.

Medication regimens are also expensive, whether it be for physical illness or mental illness. The United States stands out as the country spending the most on healthcare with some of the least desirable results (Kesselheim, Avorn, and Sarpatwari 2016). For example, Lexapro, a common antidepressant, does not have a matching generic. A one month supply of this SSRI can fetch a price of up to 85 U.S. dollars (Eisenberg Center at Oregon Health and Science University 2007). For people who don't qualify for Medicare or Medicaid, this out-of-pocket cost could jeopardize one's finances. Parents may be forced to make a decision of putting food on the table or managing a child's emotional health through prescription drugs.

Even with Medicaid, prescription drugs may fetch a high price, one that is inaccessible for those living slightly above the poverty line where insurance may be hard to acquire, or for those so far beneath the poverty line that the most basic of expenses are taxing and jeopardize other needs, such as food, water, and shelter (Kaiser Family Foundation 2018). Medicaid as a program covers all necessary prescription drugs, including psychotropic drugs. That being said, if a generic is not available, there is a copay cost that is higher. It is important to keep in mind that even minimal copays – a cap at 12 U.S. dollars per month – are fees too high for some families to afford. Coupled with the difficulties of accessing care and distrust in the medical system, especially in regards to mental health, these issues may dissuade parents and their children from seeking this avenue of care.

Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT) are also solutions offered to children who seem to have emotional or mental dysfunction which may become exaggerated to a lethal point (Gibbs 1988; King et al. 2020; Moody 2016; Riley et al. 2021; Valois et al. 2015; Wadsworth et al. 2014). These, too, are hard to access outside of dense metropolitan areas, providers may not take insurance, and providers may not be able to culturally match the needs of those requesting aid (Moody 2016; Read 2020; Riley et al. 2021; Shen et al. 2018; Wadsworth et al. 2014). White doctors have been shown to have inferior reactions to needs of aid among Black families in comparison to Black doctors, who may be more sensitive to the needs of Black families and who may be able to interpret different presentations of illness based on cultural and social factors that differentiate mental illness in different racial cohorts (ASPARD

2016; Burr et al. 1999; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Read 2020; Riley et al. 2021; Shen et al. 2018 Wadsworth et al. 2014; Ward et al. 2013).

This links suicidality directly to the provision or absence of mental health care and services. When youths do not have access to mental health care, the mood disorders or anxiety disorders they may develop are likely to worsen as they go untreated, furthering the risk of suicide. When youths do have access to mental health care, they are likely to receive subpar care in comparison to their white counterparts. Together, this shows that healthcare access is a critical mediating factor in the development of suicidal and parasuicidal behaviours in young Black children.

Stigma

Stigma is a difficult issue to tackle as it remains deeply rooted in cultures. Some of the best ways to tackle stigma may include education campaigns that reach across class, cultural, and racial lines, benefitting young Black men and boys as well as others who are more vulnerable to stigma in regards to mental health care.

There are prevalent ideas and beliefs in the Black community that further discourage help-seeking for mental and physical illness. In terms of mental illness, which remains a critical focus of this thesis, there is a longstanding belief that mental illness and woes do not affect the Black community and that mental illness is a decidedly white phenomenon and, therefore, a whites only issue (ASPARD 2016; Burr et al. 1999; Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Read 2020; Riley et al. 2021; Wadsworth et al. 2014;

Walker et al. 2018; Ward et al. 2013). Therapy and mental health care also face stigma in the Black community because of their association with emotional ills and ideas of lacking toughness in the face of adversity (ASPARD 2016; Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Riley et al. 2021; Wadsworth et al. 2014; Walker et al. 2018; Ward et al. 2013). Black Americans have survived for years with protective factors that have encouraged social cohesion. There are strong bonds between Black individuals because of their acknowledgement of collective struggle and community wellness (Burr et al. 1999; Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Riley et al. 2021; Wadsworth et al. 2014). Mental and emotional woes, so recently expanded upon and better understood with the rise and acceptance of psychosociological research, demonstrate a weakness not often recognized in the Black community as something dire needing immediate attention. This stigma not only discourages help seeking, but it may exacerbate feelings of despair, lack of belonging, and disturb the fundamental values of feeling seen and heard in one's ingroups (Baker 1990; Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Read 2020; Stroud 2012; Wadsworth et al. 2014; Ward et al. 2013).

This is of major concern in young Black males, as there are multiple factors which serve to discourage help-seeking while exacerbating the problem at hand. Men, in general, are told that the expression of normal human emotions – sadness, frustration, and despair – is weak and effeminate (Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Stroud 2012; Walker et al. 2018; Ward et al. 2013). They are raised from a young age to be "tough" and to push past emotional problems and disregard them as feelings worth leaning into (Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Smith, Mouzon, and Elliott 2018; Stroud 2012; Wadsworth et

al. 2014; Walker et al. 2018; Ward et al. 2013; Wester 2008). Suppressing emotional pain does not make it go away – it may even compound it, functioning as a sort of hydra. For every head cut off to allow for ignorance, two more appear. Every instance to hide or defeat emotional illness without acknowledgement of the root cause and a conscious effort to heal may be subject to the backfire effect, provoking the negative consequences aimed to be avoided through emotional suppression and ignorance.

The Black community has specific cultural understandings of masculinity and its roles in the Black community. As with young white men and boys, young Black men and boys are told from a young age that they have to be "tough" or "hard" in the face of adversity (Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Stroud 2012; Walker et al. 2018; Ward et al. 2013). Past researchers such as Jackson (2018) have recently named this social expectation as the "cool pose" among Black men and boys. It is a strategy employed to protect Black males from vulnerabilities and hardships by suggesting that discrimination, oppression, and hardships faced by Black men are not as harmful as they may seem. Stoicism employed through the "cool pose" is a means of control for Black males in a society which constantly upends their agency (Jackson 2018).

Gibbs (1998) discusses this concept, though without its current name, in her work on Black suicide. Commonly reinforced traits that strengthen the need to be tough in the face of adversity include unbridled, aggressive behaviour among other men. Boys are told to become independent sooner than their female counterparts and are more likely to be harshly disciplined when they fail to meet their masculine expectations. Demonstrating weakness becomes a punished trait which

feeds into the "tough" identity expressed by many young Black males. Crying, for instance, is an expression of weakness that makes you vulnerable to ostracization from necessary male contact. If someone shows signs of weakness that are antithetical to their ingroup, they risk losing a critical social support (Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Stroud 2012; Wadsworth et al. 2014; Walker et al. 2018; Ward et al. 2013). Without this social support, as identified by Gibbs (1998) in her studies on the progression of parasuicidal behaviour, mental woes are likely to become more severe and push a more pressing issue as feelings of egoism and anomie dominate the mind (Burr et al. 1999; Crosby and Molock 2006; Durkheim 1966; Gibbs 1988; King et al. 2020; Mincey et al. 2015; Perkins 2014; Read 2020; Valois et al. 2015; Wadsworth et al. 2014). This is partly why it is believed that homicide is a common problem in high-poverty, majority Black communities. Expressions of sadness, despair, frustration, rage, and anger may be deflected externally rather than internally (Currie 2020; Durkheim 1966; King et al. 2020; Perkins 2014; Stroud 2012; Wadsworth et al. 2014; Ward et al. 2013). This may lead to another type of suicide, altruistic suicide, as previously discussed from Durkheim's classifications of common suicidal thoughts grouped into broad categories (Durkheim 1966). Young Black males, rather than attempt or complete suicide because of the pervasive social stigma, may instead resort to risk-taking behaviour that they know will deliberately put them in harm's way (Baker 1990; Crosby and Molock 2006; Currie 2020; Durkheim 1966; Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Stroud 2012; Valois et al. 2015; Wadsworth et al. 2014; Walker et al. 2018; Ward et al. 2013). Rather than face stigma that will be shed upon the family, young Black males may resort to external self-destructive traits that prove their masculinity in the penultimate way – ending the life of another to alter status at the risk of the individual perishing themselves (Baker 1990; Crosby and Molock 2006; Currie 2020; Durkheim

1966; Gibbs 1988; King et al. 2020; Perkins 2014; Read 2020; Stroud 2012; Valois et al. 2015; Wadsworth et al. 2014; Walker et al. 2018; Ward et al. 2013). Examples of this behaviour include those aforementioned in this thesis, such as retaliatory homicide or the act of putting oneself in direct paths of harm, such as antagonizing law enforcement with the goal of serious injury or death. Dying in this way prevents the potential conferrence of shame upon the family, as suicide is a capital sin in Christianity which is a commonly followed religion in American Black populations. The victim is upheld as strong rather than weak, reaffirming identity post-mortem. Even in death, stigma may be avoided and masculinity reaffirmed through an especially violent death.

As such, stigma may be contributing to suicidality because young Black males may be shunned or looked down upon for seeking help or speaking up about poor mental health. If young Black males are told to hide their emotions and compartmentalize, they are less likely to get the help that they deeply need. Stigma would serve as a primary driver of ignoring or rejecting medical and emotional support to decrease depressive symptoms and suicidal behaviours, leading to an increase in attempts and completed suicides.

Poverty and Economic Disruption

Other theories of the suicide crisis in Black communities turn to sociological theoretical explanations surrounding social disruption. These theories have roots in understandings of Black migration and social mobility. As aforementioned, previous literature has discussed how poverty may actually be a protective factor against suicide because of its chronic nature (Burr et al. 1999;

Crosby and Molock 2006; Currie 2020; Durkheim 1966; Gibbs 1988; Wadsworth et al. 2014). In terms of anomic suicide, because of the dearth of opportunities provided to young Black males in high-poverty environments, their expectations of the self as well as those placed upon them by people in their surroundings may reflect the acceptance of inequality in their neighbourhood. This is to say that the feeling of inescapable poverty becomes a form of stress inoculation. For example, a school district could have a high dropout rate where expectations of college as a future pathway are minimal. There may not be as significant of a difference between what young Black males wish for themselves and what they receive in their life that anomie struggles to develop to dangerous levels. It is so highly unlikely for a young man to escape the community and rise out of poverty that the anomie experienced by middle-class Black males seems to be a near exclusive phenomenon (Burr et al. 1999; Perkins 2014; Wadsworth et al. 2014). This is where theories about flight from the South and Black migration come in.

It is posited that the increase in suicides is resulting from a specific anomie that comes when poverty no longer acts as a protective shield against egoistic and anomic thoughts. Young Black males who may have otherwise set low expectations due to their daily lived experiences instead set higher expectations because they have seen mobility within their own family or communities. Black families that have amassed some level of wealth are able to adjust their status to match that of typical middle-class whites. In these communities, where white families live alongside Black families, the expectations set of children may be significantly higher than they would be in a high-poverty, low-opportunity neighbourhood. Here, college may be a normative expectation, or, similarly, there may be an expectation to quickly get a high-paying job after high school as this has been the history for generations of white families living in the same area. When Black

students underperform academically, they may feel as if they aren't living up to the expectations set for them. They may realize that what was achieved by their parents has become much harder to achieve in a society with more inflation and higher academic expectations for jobs that don't pay enough for the Cost Index of a neighbourhood. It is becoming increasingly common for younger generations of Americans to struggle financially in ways entirely different from their parents who preceded them (Baker 1990; Burr et al. 1999; Gibbs 1988; Perkins 2014). It is more and more difficult to become a homeowner; thousands are struggling with the crippling debt of medical bills and student loans; and suburbs with predominantly white populations may make Black boys feel so at odds with their community that they become withdrawn and socially isolated.

Some literature suggests that urban, high-poverty neighborhoods may also be contributing to the increase in suicides, in that low-income Black youth are defying historic suicide trends that suggest suicides should be more prevalent in rural or suburban areas. Bridge et al. (2015) posited that the adverse childhood experiences (ACEs) experienced by Black youth living in high-poverty neighbourhoods with endemic violence may put Black youth at higher risk of suicidal behaviour. The disproportionate violence, institutional and otherwise, occurring in large Black communities may damage mental health and perceptions of self (Bridge et al. 2015). With poor emotional self-efficacy, Black youth may be more vulnerable to the negative effects of poverty, such as familial disruption, traumatic stress, higher rates of perceived discrimination, and higher likelihoods of being involved in endemic violence through the deaths of loved ones. These effects have been shown to damage the mental health of Black youth, though it remains

unclear as to if these effects of poverty are directly contributing to increases in suicides in urban Black youth.

Research, however, is limited in demonstrating which geographic and wealth groups in Black populations are most affected by the increase in attempts and completed suicides. In this way, if it is in fact wealthier young Black males dying by suicide, there may be similar issues identified between white and Black suicide patterns that could explain the increase in suicides in young Black males. White males have historically had higher suicide rates than nearly all other racial groups in the United States, save for Native American and Asian/Pacific Islander racial cohorts. Deaths of despair – those of substance abuse and suicide – have predominantly affected the white middle class. Deaths of despair in newly middle-class Black families may indicate that race is only one factor in the increase in suicides in young Black males, with compounded socioeconomic or geographic factors aiding in the jump in suicides seen recently in academic studies and journals.

Durkheim again speaks to these problems in *Suicide*:

> "Man's characteristic privilege is that the bond he accepts is not physical but moral; that is, social. He is governed not by a material environment brutally imposed on him, but by a conscience superior to his own, the superiority of which he feels. Because the greater, better part of his existence transcends the body, he escapes the body's yoke, but is subject to that of society.

> But when society is disturbed by some painful crisis or by beficent but abrupt transitions, it is momentarily incapable of exercising this influence; thence come the sudden rises in the curve of suicides which we have pointed out above." (Durkheim 1966:252)

All of these separate factors must have some presence or interaction in some way for the suburbanization theory to work. Should future research show that poverty is more likely to incur suicides among Black boys, then the stress inoculation theory must be revisited and rehypothesized next to newer and more accurate data. If either theory holds, it suggests that income inequality and/or economic disruption have significant effects upon the psyches of young Black males, leading to the development of negative emotions or thoughts which could further develop into suicidal and parasuicidal behaviours.

Education, Punishment, Push-Out, and the School to Prison Pipeline

Education functions both as a solution and as a root cause. Because of their disproportionate punishment, Black boys face more hostile school environments than their white counterparts. Solutions such as suicide prevention training, cultural training, and racial sensitivity training may serve as minor disruptions to suicidal action onset by punishment and poor treatment in schools. Teachers should have workshops on critical race theory and cultural relevance and appropriateness within the classrooms to know how to best support at-risk students. Punitive measures in the education system are more invulnerable to positive change because of the structure of education and punishment in the United States, especially concerning youth minorities.

Education is also a factor in discussing anomie, egoism, and suicide in young Black males. The education system in the United States disproportionately punishes Black boys while simultaneously giving them few resources to understand and ameliorate feelings of despair (Burr et al. 1999; Ferguson 2001; Gibbs 1988; King et al. 2020; Moody 2016; Perkins 2014; Siegel et al. 2016; Wadsworth et al. 2014). Black boys are more likely to be classified as "troublemakers" and "at-risk" compared to their white counterparts and female counterparts. They tend to be presumed as guilty until proven otherwise, a pervasive effect of racism in the United States. Once Black boys become "troublemakers," it becomes incredibly difficult to redeem themselves to teachers and administrators in their schools. As discussed in Ann Arnet's work, *Naughty by Nature* (Ferguson 2001), young Black males are considered to be at-risk and a negative distraction from ages as early as 6 years old. They are more likely to be suspended for minimal infractions compared to their white male counterparts, such as speaking out of turn in class, being stubborn or "difficult" about class requirements and expectations, and typical childhood behaviour that would otherwise be categorized as a minor nuisance rather than something of significant gravity for suspension. This also means that Black boys may be more likely to miss class time and school, pushing them further behind academically and hurting their academic performance and opportunity in both the long and short term. This may lead to further disinterest and disruption in class as they don't find the material accessible or relevant to them, leading to more time out of class until they reach an academic turning point where they're pushed out to another school, held back, or pushed out into the next grade to get them "out of the system."

Not only this, but they are more likely to be diagnosed with conduct disorders that will funnel them into juvenile detention centers or permanently mark them as delinquents (Ferguson 2001; Gibbs 1988; King et al. 2020; Moody 2016; Siegel et al. 2016; Wadsworth et al. 2014). Additionally, they are more likely to be put into special education programs when they are not, in fact, qualifying as special needs students (Ferguson 2001; Moody 2016). Some of this comes from how young Black males are immediately seen as threatening once they have a level of individual social autonomy. More comes from how the education system is set up to have special education students. Filling a quota guarantees further funding, even when it isn't necessary because schools don't have a real population of special needs students requiring the extra attention devoted (Ferguson 2001; Moody 2016). Stigma is also pervasive surrounding learning disabilities. Having a diagnosed learning disability may provoke feelings of insuperiority, self-doubt, and poor self-efficacy. All of these feelings, left unaddressed to fester, may become more strong feelings more vulnerable to impulsive decisions of self-destructive behaviours.

Additionally, we know that violence, endemic violence, can create academic and emotional issues for students exposed, whether acutely or chronically (Burr et al. 1999; Currie 2020; Moody 2016). Children exposed to violence struggle to stay on task in school and are more likely to be diagnosed with ADHD and/or conduct disorders (ASPARD 2016; Currie 2020; Moody 2016; Siegel et al. 2016). This is because violence affects the regulation of the HPA axis, which is in charge of the nervous response of the fight or flight system (Currie 2020; Moody 2016). As this system is more aggravated and forced into chronic stress, hyperactivity, impulsivity, and aggression become more apparent and severe (Currie 2020; Moody 2016; Siegel et al. 2016). These alone funnel Black boys and adolescents into juvie or special education

programs, putting them further behind academically and affecting self-esteem. Combined with withdrawal, these senses of inefficiency, inferiority, and a lack of purpose combined with hopelessness prime an individual towards egoist and anomic behaviours, potentially leading to suicidal behaviour within the individual as they reflect these angers, frustrations, and sadnesses inwards.

Broken educational systems disservice all children, but the inequalities in schools and other institutional places of learning that Black boys face in everyday contexts may disrupt their social support systems and place them into prime conditions for developing negative self views, allowing for suicidal thoughts and ideation to fester. Poor health provisions in schools, such as the absence of social workers and guidance counselors, may prevent young Black males from having the ability to seek help should they need it. Excessive punitive measures in schools may damage self-esteem and feelings of self-worth, also leading to negative emotional affect, disrupting the emotional health of Black boys. And schools or educational systems which fail to prepare students for the "real world" by pushing them out of schools set up young Black males to fail by forcing them into the workforce without the necessary skills to find and maintain a job. Without these skills, they will struggle to make a living and sustain themselves and/or their families, leading to feelings of anomie which could develop into suicidal tendencies. As such, education may be another root cause leading to the increase in suicides seen in young Black males.

Homicides and Suicide Misclassification

Durkheim's definition is that any action which leads to a threat of death which someone knowingly engages in is a suicidal behaviour. Suicide, according to the American Psychological Association, is the act of killing oneself. There is no distinction about various forms of intent as discussed by Durkheim. This gives us a more malleable definition rather than one that is much more static, such as the one given by the CDC, in which suicide is an act that occurs only with specific intent to die rather than one of action with the knowledge of potential death.

However, the numbers and how they've changed are variable and different researchers and reporters have said conflictingly that the rate is stable, increasing, or decreasing (Valois et al. 2015). This goes beyond the literature where increases were seen in the 1980s and 1990s to potential misclassifications and miscounts. For example, those who aren't immediately classified as suicides may have been electing to altruistic suicide, which has more difficult motives to decipher and may look, from the outside, like a violent death separate from suicide or an untimely accidental death (Case and Deaton 2020; Crosby and Molock 2006; Currie 2020; Durkheim 1966; Gibbs 1988; Rockett et al. 2006; Wadsworth et al. 2014). Historically low numbers may exist as such because of underreporting, shortages of medical examiners and forensic pathologists, and misclassifications of deaths due to biases in the system or difficulties in finding people to verify death certificates (Baker 1990; Burr et al. 1999; Case and Deaton 2020; Crosby and Molock 2006; Currie 2020; Gibbs 1988; Hanzlick 2006; Joe 2006b; Joe et al. 2007; King et al. 2020; Lathrop 2011; Rockett et al. 2006; Shain 2019; Wadsworth et al. 2014).

In terms of misclassifications, homicides may contribute greatly to the toll of suicide. In a New York Times article on the lack of forensic pathologists in the United States – something necessary for the proper classification of death, violent and otherwise – there was a specific case reported about the death of a young Black boy (Kisner 2020). The initial pathology report, before it had been handed over to a different caseworker, suggested that the boy's firearm wound was that of a homicide. Upon further examination by the new caseworker, the death was reclassified as a suicide. The medical examiner then discussed how suicides in Black males had been rising in the county and that it seemed to be a frequent, reoccurring problem that these suicides were being misclassified as homicides, potentially as an effect of perceived sociomedical stereotypes or from poor examination of the death during an autopsy (Kisner 2020). Though this is a recent example, Gibbs (1998) also discussed this theory of misclassification as a reason for widely varying statistics and major disparities in the amount of suicides among Black populations with each calendar year.

And, as aforementioned, altruistic suicides may also be classified as homicides when they actually align more with suicidal and parasuicidal behaviours and actions. Durkheim (1966) discusses this in his work on suicide, describing how internal anger and frustrations build until they become so powerful that the individual acts upon their self-destructive impulse (Crosby and Molock 2006; Currie 2020; Durkheim 1966; Gibbs 1988; King et al. 2020; Rockett et al. 2006; Valois et al. 2015; Wadsworth et al. 2014).

To utilize Chicago's violence as an example, let us describe a hypothetical situation in which we see a homicide and the thought process leading to homicide that in fact should be defined as a

suicide or complex case of suicidal behaviour and intent. A young Black male by the name of John Doe, sixteen, has a close knit group of friends who he trusts with his life. These friends have been involved in his life for years and serve as his critical support system because of his difficult and hectic home life. The four friends are tangentially involved in the drug street trade because one of them has an older brother who is a dealer. One day, a routine drug deal goes wrong and one of the four friends is shot. The friends get him to the hospital but it is too late – he perishes. In the aftershock of this event, the remaining three boys choose retaliatory action..

These boys, so tightly knit as a group, have lost some of their individual identity, something that Durkheim (1966) cites as a necessary precipitating factor for altruistic behaviour and suicide. The boys understand the potential consequences of their actions. There is a high likelihood of injury collectively between themselves and those who they take action against and this is a known risk. Yet, the boys still continue with their plan to avenge their friend. This disregard for their own lives because of their devotion to the constitution of the group may be an accurate example of suicide more than it is homicide. If we use Durkheim's (1966) definition, then we may be far behind in reporting the true numbers of how many young Black males are killing themselves (Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Perkins 2014; Shain 2019; Valois et al. 2015; Wadsworth et al. 2014). And this alone has massive implications for social policy and how to best reach young Black males in culturally relevant and sensitive ways to maximize lives saved and years of life saved. This may be a true and necessary factor in knowing the true deaths of suicidal behaviour and intent.

Misclassifications may be contributing to inaccurate depictions of the suicide statistics of young Black males. This would function as a root cause of the suicide crisis because poor and inadequate data prevent community and government interventions. If a problem is not clearly identified in an affected community, it cannot be fixed. Misclassifications, then, lead to more boys and adolescents falling through the cracks, allowing more preventable deaths to occur and preventing other root causes from being elucidated as more and more children die.

Endemic Violence and Cycles of Violence

The *Rules of Contagion*, a book discussing epidemics and contagion in non-traditional and traditional understandings, makes salient points about the role of endemic violence and firearm use in the development of homicidal and suicidal behaviour. It reads:

> "The WHO study was the result of Watts and her colleagues applying public health ideas to the issue of domestic violence. 'A lot of previous research treated it as a police issue or focused on psychological drivers of violence,' she said. 'Public health people ask, "What's the big picture? What does the evidence say about individual, relationship and community risk factors?"' Some have suggested that domestic violence is completely context or culture specific, but this isn't necessarily the case. "'There are some really common elements that consistently come out,' Watts said, 'like exposure to violence in childhood.'" (Kucharski 2020:121)

This points out that exposure to violence or other traumatic events increases the chances of another tragic event involving violence occurring again. We also know that young Black males

are likely to face significantly more adversity than their white counterparts, including exposure to violence in childhood, exposure to abuse in childhood, living in high poverty neighbourhoods with elevated crime rates, and potential violence or conflict in the home or school (Baker 1990; Burr et al. 1999; Crosby and Molock 2006; Currie 2020; Gibbs 1988; King et al. 2020; Perkins 2014; Shain 2019; Wadsworth et al. 2014). Black families are much more likely to live in high-minority and high-poverty areas compared to their white counterparts. These communities often face endemic violence, such as the Section 8 housing – government controlled housing for incredibly impoverished people – that spans across the United States. Violence in these communities may be just another part of day to day life. As Cure Violence has demonstrated in their work and action, exposure to violence begets more violence. If someone experiences a violent and traumatic event, they are more likely to gravitate back towards that experience and potentially become a perpetrator themselves. This is the case with retaliatory homicide, as discussed before in the preceding chapters. This occurs in educational environments as well. Research has demonstrated that those who are bullied in schools are much more likely to become bullies themselves compared to someone who has not experienced bullying (Lamb, Pepler, and Craig 2009). Violence on both large and small scales creates a circular, cyclical pattern of abuse, pain, and even death.

Violence of this scale allows for impressionable young Black males to have easy access to lethal means, as neighbourhoods with high crime rates may have more illegal weapons – often firearms – cycling through their communities. This violence also means that cycles of violence and abuse may contribute more to the suicide crisis among young Black males, as bullies, victims, and bully-victims – those who become perpetrators after previously having been victims – continue

to have poor emotional health and may act upon negative emotions with suicidal and parasuicidal behaviours.

Structural and Institutional Factors

The structural harms that Black Americans have endured may also be a contributing factor to new deaths of despair. Just as is the case with violence and virulent epidemics, it is entirely possible that there is some degree of a lag between tragic hardships facing a community and the tendency of young Black males to attempt and complete suicide (Gibbs 1988; Kucharski 2020; Wadsworth et al. 2014). The Black community endured extensive policing, the crack-cocaine epidemic, the AIDS epidemic, and deindustrialization to extremes compared to other American racial groups. Entire communities were decimated through substance abuse. Just as we see with the opioid crisis, families were disrupted and could become dysfunctional with relative ease. Those who had family members involved in the drug world could see their loved ones perish due to complications from AIDS – itself very taboo because of associations with homosexuality and substance abuse – and they also saw them killed and imprisoned at disproportionate rates. This upset the balance in the home for many children, which may have primed them to more violent acts, leading today to a collection of suicides in young Black males. Families were more likely to be broken, they were more likely to be exposed to traumatizing events such as shootings or deals gone wrong, and they were more likely to see tragic death more broadly.

This may also be true of today when we look at the numbers. The last two decades have shown the many murders of young Black men and boys by the police. Watching few if any perpetrators

be indicted has likely had some effect on the well-being of young Black males being constantly exposed to the tragic deaths of those in their age group. This, in turn, may lead to feelings of anomie that precede suicidal behaviour. Black children and adolescents may feel that their lives lack value in a broader social context, leading them to depressive and impulsive behaviours that are highly self-destructive with higher rates of mortality, such as dropping out of school, which may lead them to dead end jobs that further devalue their lives and quality of life. Unfortunately, literature on the subject is sparse and it is difficult to show causation rather than correlation when it comes to events or situations that have negatively impacted the psyches of young Black males, leading to suicidal and homicidal behaviours.

Additionally, firearms were more easily dispersed during this period of state-sponsored violent crime and intervention. The insertion of firearms in the Black community during the period of the War on Drugs and the succeeding crack-cocaine epidemic has led to a large black market of lethal weapons (Currie 2020; Kubrin and Wadsworth 2009). Many young people have found their way to proximity with firearms, whether in the home or through access through other channels, such as friend groups or schoolmates (Currie 2020; Drexler n.d.; Kubrin and Wadsworth 2009; Perkins 2014). This proximity alone is enough to encourage lethal suicide, as it is a quick and easy means to an end that these youths would know having grown up in high-poverty areas with high rates of violent crime.

There are also difficulties in measuring health. Many measures of health are subjective and may be too vague in surveys, a broad use of investigation to understand social trends, which in turn will lead to skewed numbers of expressions of distress in relevant populations. Death data may

be incomplete when forwarded to government entities, further hurting action against suicide and homicide in young Black males. Screenings may lack culturally relevant and appropriate explanations of mental illness, making diagnosis or analysis of vulnerable populations unnecessarily difficult (Baker 1990; Gibbs 1988; King et al. 2020; Perkins 2014; Riley et al. 2021; Siegel et al. 2016; Valois et al. 2015; Wadsworth et al. 2014).

These structural issues, as the other root causes have posited, may be a leading cause of the increase in suicides. Past structural inequalities do not disappear – they tend to follow from generation to generation. Social disruption in one's parents' or grandparents' lives trickles down to the lives of current generations. Wealth pathways are disrupted and hinder access to necessary interventions for suicide, such as available health resources, educational opportunities, and access to lethal means, such as the insertion of legal and illegal firearms into high-minority communities.

Conclusion

Price and Khubchandani's (2019) paper was key to address how comparing white and Black suicide rates, or white rates with rates for people of color more broadly, may struggle to paint an appropriate picture on suicide statistics and could be leading to the obscuration of suicide data. Comparing to white populations ignores how there are key differences and differing risk factors in upbringing and cultural influence which make certain spheres of life fundamentally different in Black youths versus white youths (Crosby and Molock 2006; King et al. 2020; Perkins 2014; Price and Khubchandani 2019; Siegel et al. 2016; Wadsworth et al. 2014). We know that mental

illness plays a different role depending on cultural upbringing – for example, Black Americans are more likely to describe somatic symptoms than white Americans when it comes to the illness of depression (Baker 1990; Crosby and Molock 2006; Gibbs 1988; Perkins 2014; Riley et al. 2021; Siegel et al. 2016; Wadsworth et al. 2014). Black youths are also more likely to stigmatize their mental health conditions or impulsive ideations and suicidal actions because of the taboo status of suicide in the Black community, compounded upon the taboo of mental illness and beliefs in its validity in Black communities (ASPARD 2016; Auerbach et al. 2018; Crosby and Molock 2006; Gibbs 1988; King et al. 2020; Perkins 2014; Riley et al. 2021; Siegel et al. 2016; Wadsworth et al. 2014). All of this to say, addressing the rates of suicide between decades will also be lacking in certain statistics which may better inform how to handle this suicide crisis.

Risk factors in suicide among Black youths vary considerably and are, at times, contested in the scientific community and in Black communities as well. Price and Khubchandani (2019) emphasize that, similar with other attempters, the best indication for a suicide attempt is a previous attempt. Other risk factors have been said to include proximity to violence and crime, access to firearms, substance abuse, risky sex, involvement in illegal activity, poor familial composition and home life, underlying mental illness, social isolation or lack of social integration, perceived discrimination, multiple adverse chilhood experiences, inaccess to care, major life shifts such as job loss or relationship strife, and geographic location may all influence suicidal behaviour (ASPARD 2016; Cash and Bridge 2009; Christoffel 2002; Crosby and Molock 2006; Fingerhut and Shain 2019; Gibbs 1988; King et al. 2020; Kubrin and Wadsworth 2009; Perkins 2014; Price and Khubchandani 2019; Riley et al 2021; Valois et al. 2015; Wadsworth et al. 2014).

It is critical that suicides are not a phenomenon that may be broadly explained and generalized to all varieties and groupings of humans. To once again quote Durkheim's work on suicide, "The life of an artist, a scholar, a lawyer, an officer, a judge has no resemblance whatever to that of a farmer. It is practically certain, then, that the social causes for suicide are not the same for both" (Durkheim 1966:149-150).

CHAPTER THREE: Policy Implications

With root causes identified, we can move towards discovering solutions to ameliorate the symptoms of root causes or, ideally, disrupt and vanquish these root causes permanently. Some of the main methods of abating this crisis involve limiting access to lethal means – including gun control and legislation, introducing surveillance technologies to prevent suicide, improving healthcare access, and strengthening social institutions. Mobilizing a combination of these strategies may produce the most beneficial effect, hopefully decreasing the incidence of suicide in young Black males in the United States.

Limiting Access to Multiple Lethal Means

The question now revolves around how we can look at these deaths and understand what is causing them and what to do about it. Durkheim again discusses the importance of lethal means in completed suicides:

> "The causes impelling a man to kill himself are therefore not those determining him to do so in one way rather than in another. The motives which set his choice are of a totally different sort. First, the totality of customs and usages of all kinds, placing one instrument of death rather than another at his disposal. Always following the line of least resistance so long as no opposing factor intervenes, he tends to employ the means of destruction lying nearest to his hand and made familiar to him by daily use. That, for example, is why suicides by throwing one's self from a high place are oftener committed in great cities than in the country: the buildings are higher" (Durkheim 1966:292).

Demonstrated here is the necessity of controlling lethal means. Controlling lethal means is an easy way, all things considered, of allowing for a temporary – or permanent – reduction in suicides and homicides in young Black males. Durkheim's (1966) discussion here was in context to how suicides and use of means would vary from region to region. In the United Kingdom, many houses had gas lines that could very easily produce significant, deadly amounts of carbon monoxide. This is especially dangerous because carbon monoxide is invisible and binds to blood cells, sticking firmly and preventing the body from absorbing oxygen. The body is effectively suffocated in incredibly short time periods, and medical rehabilitation requires pressure machines to "shake off" the carbon monoxide and allow cells to properly transport oxygen again. To give an example of a high profile death that contributed to the government intervention of replacing machinery to prevent the leakage of carbon monoxide, Sylvia Plath, a well-known poet, died by suicide by sealing her kitchen and putting her face in the opening of her oven. She died of carbon monoxide poisoning. In response to her death, among others, the United Kingdom found ways to minimize the amount of carbon monoxide emitted by these gas and coal lines. Suicides by use of carbon monoxide fell dramatically (Kreitman 1976). Controlling lethal means lowered the incidence of death by suicide using carbon monoxide.

Another example with carbon monoxide was the shift of car engines to produce less carbon monoxide, as people would turn on their cars in their garages, seal any windows and doors to prevent leakage, and would die in their garages as the cars ran, their bodies overtaken by the carbon monoxide disrupting their homeostasis. Again, legislation, this time in the United States, required manufacturers to make their cars safer and make poisoning by carbon monoxide much more difficult. Deaths by carbon monoxide poisoning fell dramatically (Mott et al. 2002).

Unfortunately, the most common method of suicide is death by firearm, whether by suicide, homicide, or voluntary movement into a threatening situation with the consequence of death in a shooting (Baker 1990; Currie 2020; Drexler n.d.; Durkheim 1966; Gibbs 1988; Kubrin and Wadsworth 2009; Levine et al. 2012; Perkins 2014; Riddell et al. 2018; Valois et al. 2015; Wadsworth et al. 2014). This is unfortunate largely because of how politicized the issue of firearms and the right to bear arms has become in this country. In fact, the CDC has been effectively banned from any research regarding firearms through a specific act incurred by congress and lobbied by the NRA, disallowing the CDC to conduct research on anything "promoting or restricting the use of firearms in the United States of America" (Currie 2020; Kucharski 2020; Levine et al. 2012). This means that, by the time of the act's establishment, named the Dickey Amendment, all research into firearms and firearm safety was abandoned (Currie 2020; Kucharski 2020; Levine et al. 2012). There was no money for large scale studies to be done by health departments, and there was and still is a fear of reaction to published studies showing the strong correlation between firearm possession and violent deaths, including both homicide and suicide, some of the leading cause for death in young Black males under the age of 25 (Currie 2020; Drexler n.d.; Gibbs 1988; Joe 2006b; Joe et al. 2007; Kubrin and Wadsworth 2009; Wadsworth et al. 2014).

What is most tragic about the Dickey Amendment is that Dickey himself, the politician for whom the act was named, eventually changed his mind about the importance of gun research and social policy (Kucharski 2020). He was able to speak on how politics should not hinder so many important public health measures, especially a public health issue that affects the preventable

deaths incurred by homicide, suicide, and accidental shootings, such as those seen when children get access to firearms and unintentionally kill or maim those around them (Kucharski 2020). Gun research will make guns safer and will better inform social policies which can moderate them and not only make them more mechanically safe, but make it harder for guns to get in the wrong hands, namely those who would bring it to illegal markets or those who use guns with the intent to harm and/or kill – the self or otherwise.

The few CDC studies and other studies released around the same time also demonstrated that reducing access to lethal means is one of the best ways to combat suicide deaths (Drexler n.d.; Kubrin and Wadsworth 2009; Riddell et al. 2018; Valois et al. 2015). Suicide is an incredibly impulsive decision the majority of the time (Auerbach et al. 2018; Drexler n.d.; Kubrin and Wadsworth 2009). Reducing the ease of access to lethal means or at least making it something that is less consequential in terms of attempts can prevent these deaths. Contrary to typical beliefs, completed suicides and many attempts are not drawn out occurrences and are in fact snapshot decisions (Drexler n.d.). Because men are more likely to use lethal means such as firearms, it is integral that the most lethal means be confiscated through social policy (Drexler n.d.; Fingerhut and Christoffel 2002; Kubrin and Wadsworth 2009; Levine et al. 2012; Valois et al. 2015). Most people who attempt don't necessarily want to die - they are looking to end some level of pain or suffering that they are experiencing (Gibbs 1988; Kubrin and Wadsworth 2009).

When people have to undergo extra effort, as seen with the decline in suicides of carbon monoxide poisoning, they are less likely to kill themselves because the intense emotions and impulses associated with the act of suicide ebb away before the act can be committed. In the UK,

when paracetamol was sold in packs rather than in a bottle, people were less likely to ingest all of the pills because the extra effort forced them to reevaluate their decision and choose to get help or choose against committing the act (Kucharski 2020). Black men and boys don't often have this same opportunity because, like other men of different races, they choose the most lethal means available to them at the time (Drexler n.d.; Valois et al. 2015). Men are more likely to choose the most lethal and violent means available to them. Women and girls are much more likely to choose means that are reversible. Suicide attempts are more common in women, but the rates of actual, incurred death are much lower in comparison to men, who are more likely to complete suicide after an attempt. This is because women tend to use lethal means such as overdosing on pills (Valois et al. 2015). Overdoses can be lethal in very short time frames, but they are more likely to be discovered and treated in time to prevent death, even if severe, permanent harm results from the overdose. Men choose more violent and deadly methods when attempting suicide, namely firearms and hanging (Valois et al. 2015).

Suicidal people, however, don't suddenly defect to other means when one is taken away. They may choose other means, but if the most lethal means are avoided, there is a higher chance for survival in the event of an attempt (Drexler n.d.; Riddell et al. 2018; Valois et al. 2015). This may be seen in the cases of carbon monoxide poisoning and the policies which removed it as a viable option for suicide. The removal of this mean didn't suddenly create spikes in other methods of suicide such as hanging or overdoses. Similarly, when firearms are removed from the equation, such as states in the Northeast, firearm homicides and suicides go down – as do the numbers of homicides and suicides broadly. Firearm suicides don't immediately shift to be non-firearm suicides – the number of suicides simply drops as fewer people have access to the

means and are more likely to ride the wave out of their intense emotions (Currie 2020; Drexler n.d.; Joe 2006b; Joe et al. 2007; Kucharski 2020).

Gun Control and Legislation

Epidemics are abated and evaded when there is an appropriate amount of research documenting the root causes and strategic interventions, when there is a clear model of a strategic brief and charts showing how to properly actualize these interventions, and when policy, reason, and compassion champion above the politics preventing positive change (Currie 2020). And we know this information to be absolutely true. It can be seen with other epidemics. Control of the epidemic of COVID-19 has failed in many respects because these three goals haven't been fully realized. If even one element of these three things is missing, or if one does not quite meet the mark required for change, the epidemic will continue to affect or take the lives of individuals. In the United States, we are having an epidemic of gun violence. And, what's worse, this gun violence and the worst instances of gun violence are highly connected to suicides rather than homicides. Mass shootings comprise a very small number of the deaths incurred through gun violence – in 2016, mass shootings comprised 3 percent of US gun homicides (Currie 2020). In fact, the majority of gun deaths are from suicides, not homicides (Currie 2020; Riddell et al. 2018). Firearms are the dominant choice of lethal means in suicides for men across the board, but especially for Black men (Crosby and Molock 2006; Currie 2020; Drexler n.d.; Fingerhut and Christoffel 2002; Joe 2006b; Joe et al. 2007; Kubrin and Wadsworth 2009; Levine et al. 2012; Riddell et al. 2018; Riley et al. 2021; Wadsworth et al. 2014). In the under 25 population of suicides among young Black males, firearms inched out suffocation as the dominant method.

Removing firearms from the hands of children may be one of the fastest means of slowing or ending the crisis of Black suicide. Thousands die of gun violence every year - all of these deaths could have been prevented with proper gun control. And the majority of these deaths are Black Americans – young Black males (Currie 2020; Drexler n.d.; Levine et al. 2012).

These studies raise hope that decreasing homicides will also decrease suicides. Both would be responsive to policy affecting firearm usage and control, and with various community and government organizations intervening in situations where violence is present, violence in a community could be driven down. This is where organizations such as 'Ceasefire' or 'Cure Violence' come in. These organizations directly tackle issues of gun violence in the community. One of the biggest ways of combating violence that they attempt is strategizing to prevent retaliatory action (Currie 2020). In theory, a young man would be injured in the crossfire or in some violent event in which he was participating. The man is brought to medical services and given care – at this point, social workers or other professionals trained in culturally sensitive techniques would attempt to prevent retaliatory action. This, in turn, would prevent another shooting which would lead to preventable deaths. And because violence begets violence, the ending of one retaliatory action prevents a much larger chain reaction of the deaths of young – often Black – men and boys (Currie 2020; Perkins 2014).

Some of the literature surrounding this firearm use suggests that there are both legal and illegal means by which young Black males receive access to firearms. This includes the black market and the purchasing of guns at licensed stores. This leads back to the incredible levels of violence that occurred in large urban areas, from Compton, to Chicago, to Camden, and beyond (Currie

2020; Perkins 2014). Youths find access to firearms either within the home or from the people they surround themselves with. Regulating guns that are already on the streets will prove to be a difficult and stressful task. Some of these guns may not be registered – many are and will continue to be involved in illegal activities, those of which may only be upended through legal action, itself something that could result in the deaths of many young Black men through murders by law enforcement. As such, one of the simpler solutions is trying to regulate firearms and firearm purchase before they fall into the hands of the consumer.

But again, more empirical research would be needed to inform this social policy, and it would be a struggle to fight for access at federal, state, or county levels. Many states with high rates of gun ownership would likely reject these new policy changes, even those of minimal difference, such as requiring gun owners to take gun safety courses before the purchase of a firearm. Another requirement, one that has worked swimmingly for other major public health issues, is providing more research on the mechanisms required to operate firearms. In the past, policymakers and public health officials would respond to crises by calling for more research. Seat Belt laws and car seat laws are a wonderful example. There were thousands of automobile accidents that resulted in preventable deaths until regulation made it so that seatbelts, airbags, and child safety protections were put in place before the construction of the vehicle, its purchase, and its use (Kucharski 2020). Automobile accidents, in turn, became far less lethal (Kucharski 2020). The same can and must be done for firearms. Gun control does not mean restricting all sales of firearms and taking away firearms that are legally owned. It does mean, however, that there must be safeguards to prevent guns from getting into the hands of impulsive young people who do not have the brain development necessary to recognize and prevent highly impulsive actions of

significant consequences and which are irreversible. This is necessary for the survival of Black youths who disproportionately make up firearm deaths in the country, especially among Black men (Crosby and Molock 2006; Currie 2020; Drexler n.d.; Gibbs 1988; Levine et al. 2012; Valois et al. 2015).

Surveillance Technologies

Surveillance technologies may also serve as an intervention to abate the suicide increase in young Black males. Surveillance, here, does not refer to what may be typically thought of when one hears the word "surveillance." Instead, surveillance technologies may include a more comprehensive, thorough, centralized way of reporting violent deaths to county, state, and federal health organizations. Other surveillance technologies include comprehensive screenings of youth in typical healthcare settings and in educational settings.

One surveillance technology to be proposed may be that of a better death reporting system. As medical examiners identified in Kisner's (2020) *New York Times* article on the incredible lack of pathologists in the United States, one of the best surveillance technologies for protecting public health is the system which manages death and death records in the U.S. Much of the death-reporting system relies on data provided by many different coroner and medical examiner offices (Lathrop 2011). Lathrop (2011) calls this current system a "patchwork quilt" of data delivery, which can be confusing and disorganized, preventing a systematic, effective collection of death data. With records so poorly organized and reported, it becomes more difficult to identify when and where a public health crisis may be occurring.

A critical cause for the "patchwork quilt" of death reporting that Lathrop (2011) described is the minimal number of qualified death-reporters. There is a shortage of forensic pathologists, medical examiners, and coroners in the United States (Kisner 2020). Forensic pathologists are key in raising the alarm on new patterns in strange deaths – forensic pathology was one of the primary alerts to the opioid crisis, after odd patterns of deaths were discovered in atypical cohorts in terms of overdoses and addictions (Case and Deaton 2020; Hanzlick 2006; Lathrop 2011). Autopsies that are necessary for undetermined deaths, violent deaths, and accidental deaths may be put on hold or done by those who lack the ability to properly determine the cause of death (Case and Deaton 2020; Hanzlick 2006; Lathrop 2011). With suicide already notoriously difficult to categorize correctly, it is imperative that more professional specialists with quality medical training serve populations where we have seen potential upticks in adolescent suicidality in young Black males (Gibbs 1988; King et al. 2020; Lathrop 2011; Valois et al. 2015).

The mere presence of more forensic pathologists could better guide us in where we need to be doing research to manage this crisis. For every death correctly identified, we have a better understanding of what the lethal means were, how this death occurred, who it was who died and who they were in their social context, and what it means in trends that are showing increasingly upward tendencies for suicide in young Black males. An increase in qualified death reporters means that more deaths may be properly classified and reported. If more deaths are correctly classified and reported to relevant government and community institutions and organizations,

there may be enough data – and correct data – to produce a much more accurate and comprehensive death surveillance system.

Another surveillance technology that may allow for quick and appropriate interventions for children and adolescents in crisis is a mental health screening system. King et al. (2021) discussed, in their research of suicide and suicidal behaviour in U.S. adolescents, that a computerized record-keeping surveillance system in schools and emergency departments may "catch" children and adolescents with suicidal tendencies before they attempt or complete a suicide.

Systems of this sort could function in schools as a sort of evaluation given to students at the beginning and/or end of academic terms. This could mean that students are evaluated on quarterly or semesterly bases. Students would be given mental and emotional health screenings that would aim to identify students undergoing significant emotional turmoil or exhibiting otherwise "at-risk" life factors, such as familial separation or recent deaths of loved ones. Identifying at-risk students would allow for professionals to intervene, such as healthcare professionals and physicians, guidance counselors, and social workers. By identifying and addressing factors damaging to emotional well-being, crisis counselors and responsible adults could provide support to a student in dire need of care. Screenings may also identify underlying mental health conditions and disorders, such as ADHD. Identifying ADHD, mood, and anxiety disorders may be critical to preventing suicidal and parasuicidal behaviours, as noticed in Ruch et al.'s (2021) study on suicide in elementary school-aged children. The presence of ADHD, as well as other mental health disorders, significantly increased the likelihood of a suicide attempt

in young children (Ruch et al. 2021). Not only could suicides be prevented by identifying and treating these conditions, other aspects of a youth's life could also be improved by identifying the conditions that precipitate suicide, such as improved school performance because of behavioural and medical therapies utilized to treat ADHD, anxiety, depression, and other similar disorders (Ruch et al. 2021).

Surveillance screenings of this sort may also be provided in primary care settings. This would also involve a youth's family or guardians in the management of suicidal behaviours or actions and emotions which may preclude suicidal behaviours. Asking the guardians and the child about emotional well-being and mental health in primary care settings allows for a physician to tell both the guardians and the child the best means of managing poor mental health. Guardians also become explicitly aware of the mental health of the child. This is incredibly critical in preventing youth suicide, as parental awareness of children's poor emotional health is often limited in Black families (Davis 1980). Informing parents in a health setting allows for surveillance in the home – one of the places where suicide decedents are most often found – and means that care and information may be immediately provided in the surveillance setting (Davis 1980; Ruch et al. 2021).

Improving Healthcare Access

One of the proposed root causes of suicide among young Black males is the lack of healthcare or accessible healthcare in the communities proximal to them. Improving access to healthcare may include both providing education in formal and informal settings on coping behaviours as well as

providing more competent and appropriate mental health physicians who specialize in child and adolescent care.

As adolescents are especially impulsive due to their underdeveloped abilities to make good judgment calls and manage impulsive thoughts and actions, which increases the concern of stressful life events leading to a potentially lethal consequence (Auerbach et al. 2018; Crosby and Molock 2006; Gibbs 1988; Joe 2006b; Joe et al. 2007; Kubrin and Wadsworth 2009; Wadsworth et al. 2014).

Coping behaviours are critical to managing this intense negative emotional affect, but these behaviours must often be learned before the time of the crisis, or there is little chance of a positive result mitigating the impulse for self-destructive behaviour. This is something controlled by emotional self-efficacy, or the perception of one's ability to overcome complex negative emotions. Additionally, there is a vicious cycle effect for those who cannot successfully emotionally cope. Those who can't cope are more likely to have negative emotional affect linger far after the initial event has occurred (Gibbs 1988; Valois et al. 2015; Wadsworth et al. 2014). These feelings interfere with the ability to perform everyday tasks, in turn damaging academic performance, harming self-esteem, and making the management of interpersonal relationships more difficult. When this happens, an adolescent is likely to dig deeper into feelings of negative emotional affect, itself revolving back to the aforementioned negative consequences, completing the circle.

Adolescents are more vulnerable to suicide when placed in positions that run counter to their perceptions of self. This is to say, adolescents who are placed in situations where high achievement is expected but where they underperform or predict their underperformance are more likely to experience serious negative emotional affect (Burr et al. 1999; Gibbs 1988; Perkins 2014; Valois et al. 2015; Wadsworth et al. 2014). This leads to emotional dysfunction and loss of control which, as mentioned, may develop a certain vicious cycle which increases suicidality until there is an acute event that heightens these negative feelings and leads to the follow through of a suicidal or other violent event with the means of self destruction (Burr et al 1999; Gibbs 1988; King et al. 2020; Perkins 2014; Valois et al. 2015; Wadsworth et al. 2014).

Teaching male Black youths coping behaviours may be a means of preventing a chain reaction of volatile emotion leading to suicide. Thankfully, coping behaviours can be easily diffused in primary care settings and in educational settings. Some coping mechanisms of promise originate from Dialectical Behavioural Therapy (DBT) which is taught to people with severe mental illness, such as major depression and bipolar disorder, to manage extreme waves of emotion common to those mental illnesses. Black youth, however, may benefit broadly from the teaching of these behaviours regardless of their official mental illness diagnoses or not. Some key coping behaviours – mainly those having to do with distress tolerance – allow the body to ride out the intense emotions in the moment, as most suicides occur within a short time frame (Kattimani et al. 2016). TIPP Skills, or skills involving Temperature, Intense Exercise, Paced Breathing, and Paired Muscle Relaxation, are effective in diminishing the body's reaction to intense emotion. Temperature skills involve changing touch senses in the body – when someone feels intense emotion, they can run their hands under cold water and splash cold water on their face to force

the body to calm down by reducing body temperature. Intense Exercise works to change the focus of the mind by changing the state of the body, quite literally exercising the intense emotion out of the body. Paced Breathing works to slow the heart rate and to produce mindfulness, diminishing the effects of extreme negative emotional affect. Paired Muscle Relaxation also deals with mindfulness, forcing someone to take control of their body as a mindfulness exercise and occupying the body with a new task to diminish the heightened state in a distressed person (DBT Self Help 2022). Other self-soothing techniques are equally important and effective and allow Black boys to regain agency in their everyday lives and allow them to regain control of their emotions. This may be critical for Black boys, as one of the root causes of their frustrations may lie in the fact that they feel they have no say in their past, present, or future.

Youths – especially those who come from backgrounds where they are more likely to experience pervasive negative emotional affect, such as young Black boys – need to be taught culturally relevant and appropriate coping skills to manage heightened impulsivity and negative emotions. Knowing how to cope with extreme stess, anxiety, and depression can reduce the risk of an attempt and a completion in suicide (Auerbach et al. 2018; Gibbs 1988; King et al. 2020; Valois et al. 2015).

Another dimension of improved healthcare access comes in the form of providing more childhood and adolescent psychiatrists and psychologists to underserved areas where Black male youth live. Mental health professionals must be given an incentive to specialize in the field of child and adolescent psychiatry and psychology to provide for the ever-increasing number of youths reporting hardship (McBain et al. 2019; Pediatrics Nationwide 2020; Riley et al. 2021).

The distribution of mental health professionals specializing in pediatric care is very uneven (McBain et al. 2019; Pediatrics Nationwide 2020). Many of these specialists only practice in high-wealth, high-density communities (McBain et al. 2019). It is good that there are so many available so that people have a range of providers to choose from to best suit the needs of their children. That being said, there need to be compelling reasons for practitioners to enter the field in impoverished and underserved areas that may lack child specialists within the entire county and those surrounding it (McBain et al. 2019; Pediatrics Nationwide 2020).

Just as with lethal means, access may be one of the biggest precipitating factors in abating suicide, though this exists as an inverse relationship to that of access and lethal means.

Strengthening Social Institutions

Because of the importance of social cohesion in maintaining social, emotional, and mental health, the development and restoration of certain social institutions may be one of the best ways to engage these young men in helpful or contemplative practices that allow them to make peace with emotional conflict and turmoil. As access is essential for young Black males to utilize these institutions, these groups and institutions must be free or covered in cost through government aid to reach the maximum population.

Notable institutions that have provided support for young Black males in the past include Black fraternal organizations that partner with local communities, YMCAs, Big Brother Big Sister, the Boys and Girls Club of America, and various youth drop-in centers and programs (Compton,

Thompson, and Kaslow 2004). These organizations provide social support and connection to other young Black males and to adult Black male figures who may be looked up to. They also provide activities for young Black males to engage in to direct their passions and energy toward, such as the sports which may be offered at YMCAs and other drop-in centers. The advertisement of these institutions should be proliferated by the community for the community, as people may be more receptive to interventions if they know the people who they are interacting with and it could make the process of fostering trust slightly less difficult. With this renewal of social institutions that make it their explicit goal to target social isolation in favor of new integration into various folds of our complex society, there is hope that some of the hopelessness and despair wracking the minds of young Black males may ebb away.

Conclusion

In sum, we must engage in as many preventative measures as possible, as well as investing in more robust health and death systems to better notice problems when they arise. If we prevent access to lethal means, we prevent death. And if we prevent the burden of severe negative emotional affect, we save lives.

CONCLUSION

This thesis has documented and addressed what is being called “a growing suicide crisis” occurring among young Black males. When did this newly coined “suicide epidemic” truly begin? Has this been seen before in research going back to nearly half a century ago? Who are the populations being most affected, and can we see where this is occurring? Why has it been happening? And, finally, what can we do to provide more evidence, plan interventions, and put them into action to save lives?

Aspects of these questions do remain unanswered. The dilemma of the call to action for this public health issue lies in when it was announced. The Surgeon General and the Black Congressional Caucus released a statement and brief sounding the alarm on a disturbing increase in suicides in the Black male population for individuals under the age of 25, itself an anomaly in terms of suicide and typical age cohorts. Peer-reviewed research takes months to produce and publish, and this has been further hindered by the COVID-19 pandemic. Reports of violent death to the CDC take time to trickle in, so information on the geographic positioning of these deaths remains sparse. How does one target the causes of death and symptoms of suffering when factors differ from region to region? Information is lacking on if this is a problem largely affecting rural, suburban, or urban areas, making it difficult to pinpoint the exact factors which may be exacerbating this growing epidemic. Durkheim’s (1966) work may only be useful and applied in a geographic context if there is adequate evidence suggesting that there are geographical differences both in type of geographic region as well as differences from state and county levels.

And what of the beginning – and hopefully the end – of these rising suicide numbers among young Black males? The data conflicts with itself. Some researchers have suggested that this is a new issue, one raising itself only in the last few years and the years closely preceding a call to action. Others still suggest that this has been a growing issue that began decades ago and which has persisted and gotten worse enough to be publicly acknowledged. Deciphering the correct statistics from year to year and decade to decade may give us clues as to what worsens or increases numbers of suicide and what may serve as a protective factor abating death. Again, research is sparse. My own research has shown that different researchers come up with different evidence. If the CDC and public health departments can shine a light upon when and where these deaths have been occurring, we will be another step closer to producing a strategic brief that addresses these questions and concerns in both the short and long term.

The key points of my work suggest that abating this crisis will require incredible political willpower and the unification of many organizations and actors to provide social cohesion and support to young Black males. The development of community solutions for community problems may be a way to target suicides at a much more local level, where the changes may be better maintained as actors in the community are the ones providing and provoking change. Because of this younger population, some of the best ways to target this issue in the short term revolved around providing more community spaces for individuals to feel valued and important. These spaces can take many forms. Organizations like Big Brother, Big Sister, The Boys and Girls Club of America, YMCA and JCC organizations, and after-school or drop-in programs may be adequate to provide social support. Creating gathering spaces for youths to spend time with one another in safe and productive environments may direct them away from violence and the

collection of negative thoughts that may come with isolation from communities. In the long term, however, there must be action by the local and federal government. There must be policy produced and uptaken to control access to lethal means. Reducing the access to firearms among young populations can make it difficult to act on impulse that would produce a permanent end, and as spoken of in chapter four, many suicidal acts are done in the heat of the moment. If we decrease access to lethal means, it will take more time for youths to find a way to execute a suicide, giving them time to change their decision and potentially giving family, friends, and emergency responders a chance to intervene.

This thesis has significant limitations that must be taken into consideration. For one, there was no primary-source research developed in the form of interviews or surveys. Surveying the deaths of young Black males is difficult for professionals and experts in the field, let alone undergraduate students. Additionally, research in the form of interviews cannot be provided by suicide decedents. Once people have died, you cannot ascertain what was going through their minds and what led to their decision to ultimately take their own lives. You can only rely on the statistical data developed and what people around them have noticed and can convey, such as the actions leading up to a suicide.

Another limitation of this thesis comes in the form of conflicting statistics and figures on when this crisis began, when it has worsened, and who it has most deeply affected. This is a problem because of medical examiners and forensic pathologists being in such short supply. Without the testaments of experts on what they're seeing, we simply cannot know the extent of the problem and how to best deal with it. Statistics provided by the NVDRS – the National Violent Death

Reporting System, conducted by the CDC – is limited. Separating both race and age from the data, as well as looking at time spans, does not add much to the discussion or understanding of child and adolescent suicide in the Black community. Quantitative data alone is not enough, especially when the quantitative data available is from a time period before a call to action alerting the public and experts of a growing public health crisis. There is a dearth of data on this issues, and without numbers and figures to reliably know when, where, and how suicides are occurring, producing reliable interventions is incredibly difficult.

Future research must delve deeper into this issue and it must be studied by a diverse group of researchers. Data must come from many different states and counties and there must be funding provided for this research. Incentivizing the collection of evidence may lead to more researchers investigating this topic, leading to a faster turnaround on peer-reviewed, evidence-based research. The more information that we have on a problem, the easier it will be to craft and implement interventions, and the more likely it is that these interventions will work and remain in place for years and generations to come.

Only with the cooperation of an extensive network of families, friends, communities, organizations, politicians, researchers, and policymakers can this public health crisis be brought to an end. As we exit the COVID-19 pandemic, we are given the opportunity to end another epidemic before it may develop into a catastrophe too large to address.

COVID-19 ADDENDUM

I would be remiss in failing to acknowledge the COVID-19 pandemic, the progress of current research, and the effect of a global pandemic on marginalized populations, especially Black people in the United States. Some of the data produced for this thesis was published in the last two years, in 2021 or 2022. These studies rely on data prior to the pandemic rather than during it. Because of this, we cannot be certain of what stressors may have been placed upon young Black males that may have exacerbated the already worrying trends in suicide attempts and completed suicides.

Future research must analyze suicides in young Black males prior to and during the COVID-19 pandemic. Information from the last three years may be vital in analyzing where social support must be provided to these boys and adolescents. The closures of schools, community centers, and health services meant that many spaces of social cohesion, congregation, and support vanished for these children. By figuring out where suicides have increased geographically and related to what social institutions were shuttered to children in these regions may aid policymakers and health professionals in providing more support to youths to abate the increase in suicides. We must utilize the tragedy of the pandemic to prevent the similarly tragic deaths of Black youth affected by it, and the best way to do that may be studying the mortality and morbidity patterns produced during the intense, isolating periods of the COVID-19 pandemic.

APPENDIX

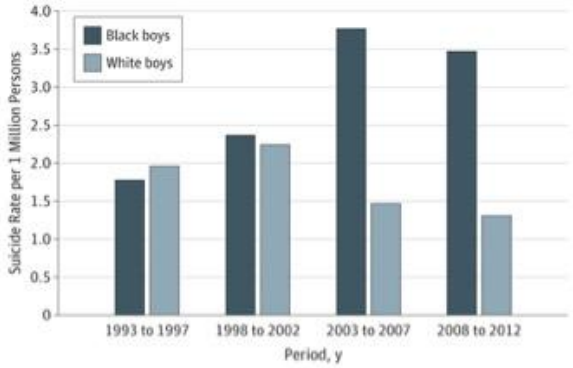

Figure Legend:

Suicide Rates Among White and Black Boys Aged 5 to 11 Years in the United States Between 1993 to 1997 and 2008 to 2012In black boys, the suicide rate increased between 1993 to 1997 and 2008 to 2012 (incidence rate ratio [IRR] = 1.26; 95% CI, 1.07-1.47), whereas suicide rates in white boys decreased during this period (IRR = 0.85; 95% CI, 0.78-0.93). In 1993 to 1997, the IRR of suicide between black and white boys was 0.91 (95% CI, 0.57-1.47). In 2008 to 2012, the IRR of suicide between black and white boys was 2.65 (95% CI, 1.77-3.96).

Figure 1. Source: Bridge, Jeffrey A., Lindsey Asti, Lisa M. Horowitz, Joel B. Greenhouse, Cynthia A. Fontanella, Arielle H. Sheftall, Kelly J. Kelleher, and John V. Campo. 2015. "Suicide Trends Among Elementary School-Aged Children in the United States from 1993 to 2012." *JAMA Pediatrics* 169(7):673-677.

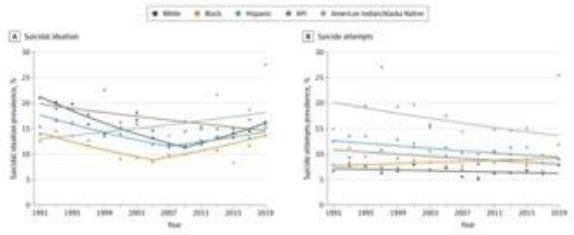

Figure Legend:

Trends in Suicidal Ideation and Suicide Attempts by Race/Ethnicity, 1991-2019API indicates non-Hispanic Asian or Pacific Islander and Native Hawaiian.

Figure 2. Source: Xiao, Yunyu, Julie Cerel, and J. John Mann. 2021. "Temporal Trends in Suicidal Ideation and Attempts Among US Adolescents by Sex and Race/Ethnicity, 1991-2019." *JAMA Network Open* 4(6):1-14.

GLOSSARY

suicide: "applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim [them]self, which [they] [know] will produce this result."

accidental death: an unnatural death that is caused by an accident such as a slip and fall, a traffic collision, or an accidental poisoning
adverse childhood experiences (ACEs): experiences which encompass physical and emotional abuse, neglect, and household dysfunction
altruistic suicide: a variety of suicide which arises when an individual becomes so invested or intertwined with an ingroup that their own fate must be determined by the group they belong to
anomic suicide/anomie: a variety of suicide that occurs when the individual is unable to complete tasks or goals which they feel necessary to function; it is also discussed as a suicide of unattainable goals and the despair which follows it
backfire effect: a phenomenon in which someone is told that their understanding of a concept is false which, rather than changing their understanding, further cements their preexisting belief on the topic in the face of facts disconfirming it
being "hard": a term with origins in African American Vernacular English (AAVE) which is meant to describe one's condition of being stoic or unmoving emotionally; may be used to describe one's strength "in the streets" or otherwise qualify someone's ability to be strong in the face of adversity
Camden, New Jersey: a major city in New Jersey that has some of the most severe violent crime in the state
Ceasefire: an organization that combats violence through prevention, intervention, and community mobilization in Chicago
Chicago, Illinois: a major city in Illinois which has experienced endemic violence and continues to have relatively high rates of violent crime in certain sub-neighbourhoods
Cognitive Behavioural Therapy (CBT): a psychosocial intervention consisting primarily of talk therapy as a means to reduce the severity of symptoms of mental illness
Compton, California: a specific neighbourhood in Southern California that has had endemic violence, especially so during the 1980s and 1990s
coping behaviours and mechanisms: means by which someone self soothes to resist self-destructive behaviours
Cure Violence: similar to Ceasefire, an organization that began in Chicago which seeks to end endemic violence in high-poverty neighbourhoods through intervention and prevention practices
death of despair: deaths which arise from conditions of hopelessness and despair, typically grouped into the three categories of overdoses, suicides, and alcohol-related diseases

Dialectical Behavioural Therapy (DBT): a psychosocial intervention consisting of tasks and behaviours meant to decrease severe negative emotional affect; it is often used for cases of severe mental illness as a means of managing symptoms, such as for schizophrenia, bipolar disorder, borderline personality disorder, and chronic depression or anxiety

Dickey Amendment: the Dickey Amendment is an act that was put forth into law in 1996; it prohibits the use of federal funds for investigation of firearms for anything that could "advocate or promote gun control"

egoistic suicide/egoism: also known as suicide of excessive individualism; refers to when an individual feels emotionally detached from the communities around them, leading to suicidal behaviours and tendencies

emotional affect: underlying feelings, emotions, or moods

emotional self-efficacy: one's beliefs of their ability to manage negative emotional affect when faced with adversity or complex and frustrating events

endemic violence: violence which is constantly present in a given community or society

forensic pathology: a form of pathology that is primarily concerned with determining the cause of death of a corpse

Great Black Migration: the movement of six million Black Americans from the rural South to the more urban Northeast, Midwest, and West which occurred between 1916 and 1970

HPA axis: responsible for the control or the sympathetic and parasympathetic nervous system which controls the fight-flight-freeze response

lethal means: quite literally, the means by which something is lethal; used to refer to methods of suicide that nearly guarantee completion of a suicide

migration theory: a theory associated with the Great Black Migration; it posits that the insertion into new, foreign communities uprooted the lives of many Black Americans in a way that affected self-perception

parasuicidal behaviour: a range of behaviours involving deliberate self-harm that may or may not be intended to result in death

perceived discrimination: refers to how an individual sees prejudice directed towards them or their ingroup; it must be stated as perceived discrimination because the subject experience must be highlighted

race concordance: the alignment of two people of the same race; in this thesis, used in the context of physician and patient being of the same race

social causes: issues or problems that affect or influence many individuals within a given society

social cohesion: what arises when bonds between individuals network them into social support systems

social contagion: the spread of behaviours, emotions, or conditions within a social network

social determinants: the conditions which people work, play, and live in that affect their health, quality of life, and risk outcomes

social disruption: the alteration, dysfunction, or breakdown of social life, typically in community settings

social integration theory: a theory in which minority groups come together to form strong bonds within a dominant culture that does not necessarily cater to or include them
social support: the perception and actuality that one is cared for and has assistance available from other people
stress inoculation: a phrase posited by researchers surrounding the inverse relationship between poverty and suicide; it is thought to come as a result of exposure to endemic violence that comes within high poverty communities
suicidality: the risk of suicide, including suicidal intent, ideation, attempts, and completions within its definition
suicidal ideation: having thoughts, ideas, or ruminations about the possibility of ending one's life
suicidal planning: moving towards actions surrounding suicidak ideation with intent to attempt
violent death: a death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community

REFERENCES

Aeschlimann, Elizabeth. 2019. “Some Thoughts on Compost: Erev Rosh Hashanah 5780.” New York: Vassar College.

Alexis, Kiersten. 2019. “Let Them Cry: Toxic Masculinity & Black Male Vulnerability.” *Medium*, July 8. Retrieved November 7, 2021 (https://medium.com/@akierstena/let-black-boys-cry-699752601f2).

APSARD. 2016. “Impulsivity Linked to Completed Suicides in Elementary School Aged Children.” Retrieved January 12, 2022 (https://apsard.org/impulsivity-linked-to-completed-suicides-in-elementary-school-aged-children/).

Assari, Shervin, and Cleopatra Howard Caldwell. 2017. “Mental Health Service Utilization among Black Youth; Psychosocial Determinants in a National Sample.” *Children (Basel)* 4(5):40. doi:10.3390/children4050040.

Assari, Shervin, Maryam Moghani Lankarani, and Cleopatra Howard Caldwell. 2017. “Discrimination Increases Suicidal Ideation in Black Adolescents Regardless of Ethnicity and Gender.” *Behavioural Sciences* 7(75):1-10.

Assari, Shervin, Ehsan Moaszen-Zadeh, Cleopatra Howard Caldwell, and Marc A. Zimmerman. 2017. “Racial Discrimination during Adolescence Predicts Mental Health Deterioration in Adulthood: Gender Differences among Blacks.” *Frontiers in Public Health* 5(104):1-10.

Auerbach, Randy P., Jeremy G. Stewart, and Sheri L. Johnson. 2017. “Impulsivity and Suicidality in Adolescent Inpatients.” *Journal of Abnormal Child Psychology* 45(1):91-103.

Baker, F. M. 1990. “Black Youth Suicide: Literature Review with a Focus on Prevention.” *JAMA* 82(7):495-507.

Belluck, Pam. 1998. “Black Youths’ Rate of Suicide Rising Sharply, Studies Find.” *The New York Times*, March 20, Retrieved January 12, 2022 (https://www.nytimes.com/1998/03/20/us/black-youths-rate-of-suicide-rising-sharply-studies-find.html?searchResultPosition=7).

Boyd, Jeffrey H., and Eve K. Moscicki. 1986. “Firearms and Youth Suicide.” *American Journal of Public Health* 76(10):1240-1242.

Bridge, Jeffrey A., Lindsey Asti, Lisa M. Horowitz, Joel B. Greenhouse, Cynthia A. Fontanella, Arielle H. Sheftall, Kelly J. Kelleher, and John V. Campo. 2015. “Suicide Trends Among Elementary School-Aged Children in the United States from 1993 to 2012.” *JAMA Pediatrics* 169(7):673-677.

Burr, Jeffrey A., John T. Hartman, and Donald W. Matteson. 1999. “Black Suicide in U.S. Metropolitan Areas: An Examination of the Racial Inequality and Social Integration-Regulation Hypothesis.” *Social Forces* 77(3):1049-1081.

Burstein, Brett, Holly Agostino, and Brian Greenfield. 2019. “Suicidal Attempts and Ideation Among Children and Asolescents in US Emergency Departments, 2007-2015.” *JAMA Pediatrics* 173(6):598-600.

Caron, Christina. 2021. “8-Year-Olds in Despair: The Mental Health Crisis Is Getting Younger.” *The New York Times*, June 28, Retrieved January 12, 2022 (https://www.nytimes.com/2021/06/28/well/mind/mental-health-kids-suicide.html?searchResultPosition=80).

Case, Anne, and Angus Deaton. 2020. *Deaths of Despair and the Future of American Capitalism*. New Jersey: Princeton University Press.

Cash, Scottye J., and Jeffrey A. Bridge. 2009. "Epidemiology of Youth Suicide and Suicidal Behavior." *Current Opinion in Pediatrics* 21(5):613-619.

Compton, Michael T., Nancy J. Thompson, and Nadine J. Kaslow. 2004. "Social environment factors associated with suicide attempt among low-income African Americans: The protective role of family relationships and social support." *Social Psychiatry and Psychiatric Epidemiology* 40:175-185.

Crosby, Alex, and Sherry Davis Molock. 2006. "Suicidal Behaviors in the African American Community." *Journal of Black Psychology* 32(3):1-9.

Currie, Elliott. 2020. *A Peculiar Indifference: The Neglected Toll of Violence on Black America*. New York: Metropolitan Books.

Cutler, David M., Edward L. Glaeser, and Karen E. Norberg. 2001. "Explaining the Rise in Youth Suicide," in *Risky Behavior among Youths: An Economic Analysis* by Johnathan Gruber. Chicago: University of Chicago Press.

Davis, Robert. 1980. "Suicide among Young Blacks: Trends and Perspectives." *Phylon* 41(3):223-229.

DBT Self Help. "TIPP: Changing Your Body Chemistry." Retrieved April 24, 2022 (https://dbtselfhelp.com/dbt-skills-list/distress-tolerance/tipp/).

Doyle, Kathryn. 2015. "Suicide rates rising among young black children in U.S." *Reuters*, May 19, Retrieved January 12, 2022 (https://www.reuters.com/article/us-pediatrics-suicide-race/suicide-rates-rising-among-young-black-children-in-u-s-idINKBN0O425520150519).

Drexler, Madeline. n.d. “Guns and Suicide: The Hidden Toll.” *Harvard Public Health Magazine*. Retrieved January 12, 2022 (https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide/).

Dunlap, Eloise, Andrew Golub, and Bruce D. Johnson. 2006. “The Severely-Distressed African American Family in the Crack Era: Empowerment is not Enough.” *Journal of sociology and social welfare* 33(1):115-139.

Durkheim, Émile, John A. Spaulding, and George Simpson. 1966. *Suicide: a study in sociology*.

Eckersley, Richard, and Keith Dear. 2002. “Cultural correlates of youth suicide.” *Social Science and Medicine* 55:1891-1904.

Eisenberg Center at Oregon Health and Science University. 2007. “Choosing Antidepressants for Adults: A Clinician’s Guide.” Retrieved April 11, 2022 (https://www.ncbi.nlm.nih.gov/books/NBK43419/table/clindep.t1/).

Eldridge, Alyssa, Jason Chen, Megan Furnari, Kristy Makowichuk, and Whitney E. Black. 2020. “Adopting a Peer-to-Peer Approach to Trainee Suicide Prevention.” *Academic Psychiatry* 45:306-307.

Ferguson, Ann Arnet. 2001. *Bad Boys: Public Schools in the Making of Black Masculinity.* Michigan: The University of Michigan Press.

Fingerhut, Lois A., and Katherine Kaufer Christoffel. 2002. “Firearm-Related Death and Injury among Children and Adolescents.” *Children, Youth, and Gun Violence* 12(2):24-37.

Fleegler, Eric W. 2021. “Our Limited Knowledge of Youth Suicide Risk and Firearm Access.” *JAMA Network Open* 4(10):1-3.

Gaines, Donna. 1990. *Teenage Wasteland: Suburbia’s Dead End Kids*. New York: Pantheon Books.

Garlow, Steven J., David Purselle, and Michael Heninger. 2005. “Ethnic Differences in Patterns of Suicide Across the Life Cycle.” *American Journal of Psychiatry* 162:319-323.

Gibbs, Jewelle Taylor. 1984. “Black Adolescents and Youth: An Endangered Species.” *American Journal of Orthopsychiatry* 54(1):6-21.

Gibbs, Jewelle Taylor. 1988. “Conceptual, Methodological, and Sociocultural Issues in Black Youth Suicide: Implications for Assessment and Early Intervention.” *Suicide and Life-Threatening Behavior* 18(1):73-89.

Gould, Madelyn S., Frank A. Morocco, Marjorie Kleinman, John Graham Thomas, Katherine Mostkoff, Jean Cote, and Mark Davies. 2005. “Evaluating Iatrogenic Risk of Youth Suicide Screening Programs.” *JAMA* 293(13):1635-1643.

Gould, Madelyn S. 2020. “Suicide Contagion Among Adolescents.” Presented at the *CO Safe Schools Summit Virtual Workshop*, October 3. Retrieved January 12, 2022 (https://cdpsdocs.state.co.us/safeschools/Resources/Virtual_Trainings/SSS_2020/Gould_Contagion_CO_Safe_Schools_Oct_2020.pdf).

Hammond, Wizdom Powell. 2012. “Taking It Like a Man: Masculine Role Norms as Moderators of the Racial Discrimination-Depressive Symptoms Association Among African American Men.” *American Journal of Public Health* 102(s2):S232-S241.

Hanzlick, Randy. 2006. “Medical Examiners, Coroners, and Public Health.” *Archives of Pathology and Laboratory Medicine* 130:1274-1282.

Hassamal, Sameer, Lori Keyser-Marcus, Ericka Crouse Breden, Kathrin Hobron, Atit Bhattachan, and Ananda Pandurangi. 2015. “A Brief Analysis of Suicide Methods and Trends in Virginia from 2003 to 2012.” *BioMed Research International* 1-12.

Healio. 2021. “Suicide rates differed significantly by race, ethnicity in past decade.” Retrieved January 12, 2022 (https://www.healio.com/news/psychiatry/20210602/suicide-rates-differed-significantly-by-race-ethnicity-in-past-decade).

Hill, Ryan M., Kimberly L. Gushanas, Lauren Alvis, Cody G. Dodd, Sherin Kurian, Johanna Saxena, Kirti Saxena, Julie B. Kaplow, Katrina Rufino, and Laurel Williams. 2021. “Geospatial identification of high youth suicide risk areas via electronic health records: Avenues for research and prevention efforts.” *Suicide and Life Threatening Behaviour* 51:255-262.

Hinton, Elizabeth, and DeAnza Cook. 2021. “The Mass Criminalization of Black Americans: A Historical Overview.” *Annual Review of Criminology* 4(1):261-286.

Hoffmann, Jennifer A., Caitlin A. Farrell, Michael C. Monteaux, Eric W. Fleegler, and Lois K. Lee. 2020. “Association of Pediatric Suicide With County-Level Poverty in the United States, 2007-2016.” *JAMA Pediatrics* 174(3):287-294.

Holden, Kisha B., Brian S. McGregor, Starla H. Blanks, and Carlos Mahaffy. 2012. “Psychosocial, socio-cultural, and environmental influences on mental health help-seeking among African-American men.” *Journal of Men’s Health* 9(2):63-69.

Horowitz, Juliana Menasce. 2019. “Americans’ views on masculinity differ by party, gender and race.” *Pew Research Center*, January 23. Retrieved November 7, 2021 (https://www.pewresearch.org/fact-tank/2019/01/23/americans-views-on-masculinity-differ-by-party-gender-and-race/).

Jackson, Brandon A. 2018. “Beyond the cool pose: Black men and emotion management strategies.” *Sociology Compass* 12:1-14.

Joe, Sean. 2006a. "Explaining Changes in the Patterns of Black Suicide in the United States from 1981 to 2002: An Age, Cohort, and Period Analysis." *Journal of Black Psychology* 32(3):262-284.

Joe, Sean. 2006b. "Implications of National Suicide Trends for Social Work Practice with Black Youth." *Child and Adolescent Social Work Journal* 23(4):458-471.

Joe, Sean, and Mark S. Kaplan. 2002. "Firearm-Related Suicide Among Young African-American Males." *Psychiatric Services* 53(3):332-334.

Joe, Sean, Steven C. Marcus, and Mark S. Kaplan. 2007. "Racial Differences in the Characteristics of Firearm Suicide Decedents in the United States." *American Journal of Orthopsychiatry* 77(1):124-130.

Kaiser Family Foundation. 2018. "Medicaid Benefits: Prescription Drugs." Retrieved April 11, 2022 (https://www.kff.org/medicaid/state-indicator/prescription-drugs/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D).

Kattimani, Shivanand, Siddharth Sarkar, Vikas Menon, Avin Muthuramalingam, and Premkumar Nancy. 2016. "Duration of suicide process among suicide attempters and characteristics of those providing window of opportunity for intervention." *Journal of Neurosciences in Rural Practice* 7(4):566-570.

Kesselheim, Aaron S., Jerry Avorn, and Ameet Sarpatwari. 2016. "The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform." *JAMA Network* 316(8):858-871.

King, Cheryl A., David Brent, Jacqueline Grupp-Phelan, T. Charles Casper, J. Michael Dean, Lauren S. Chernick, Joel A. Fein, Melinda Mahabee-Gittens, Shilpa J. Patel, Rakesh D.

Mistry, Susan Duffy, Marlene Melzer-Lange, Alexander Rogers, Daniel M. Cohen, Allison Keller, Rohit Shenoi, Robert W. Hickey, Margaret Rea, Mary Cwik, Kent Page, Taylor C. McGuire, Jiebiao Wang, and Robert Gibbons. 2021. "Prospective Development and Validation of the Computerized Adaptive Screen for Suicidal Youth." *JAMA Psychiatry* 78(5):540-549.

King, Tania L., Marissa Shields, Victor Sojo, Galina Daraganova, Dianne Currier, Adrienne O'Neil, Kylie King, and Allison Milner. 2020. "Expressions of masculinity and associations with suicidal ideation among young males." *BMC Psychiatry* 20:228.

Kisner, Jordan. 2020. "Piled Bodies, Overflowing Morgues: Inside America's Autopsy Crisis." *The New York Times*, February 25, Retrieved January 12, 2022 (https://www.nytimes.com/2020/02/25/magazine/piled-bodies-overflowing-morgues-inside-americas-autopsy-crisis.html).

Kozol, Jonathan. 2005. *The Shame of the Nation: The Restoration of Apartheid Schooling in America*. New York: Random House.

Kreitman, Norman. 1976. "The coal gas story: United Kingdom suicide rates, 1960-71." *British Journal of Preventive and Social Medicine* 30:86-93.

Kubrin, Charis E. 2009. "Explaining Suicide Among Blacks and Whites: How Socioeconomic Factors and Gun Availability Affect Race-Specific Suicide Rates." *Social Science Quarterly* 90(5):1203-1227.

Kucharski, Adam. 2020. *The Rules of Contagion*. New York: Hachette Book Group.

Lamar, Kendrick. 2012. "Sing About Me, I'm Dying of Thirst." *Top Dawg Entertainment*.

Lamb, Jennifer, Debra J. Pepler, and Wendy Craig. 2009. "Approach to bullying and victimization." *Canadian Family Physician* 55(4):356-360.

Lathrop, Sarah L. 2011. “Forensic Pathology and Epidemiology, Public Health and Population-Based Research.” *American Forensic Pathology International* 1(3):282-287.

Lee, Christina Seowoo, and Y. Joel Wong. 2020. “Racial/Ethnic and Gender Differences in Antecedents of Youth Suicide.” *Cultural Diversity and Ethnic Minority Psychology* 26(4):532-543.

Levine, Robert S., Irwin Goldzweig, Barbara Kilbourne, and Paul Juarez. 2012. “Firearms, Youth Homicide, and Public Health.” *Journal of Health Care for the Poor and Underserved* 23(1):7-19.

Lindsey, Michael A. 2019. “Black Youth Suicide Rates Rising, Defying Historic Trends: Report.” *NYU*, December 18, Retrieved January 12, 2022 (https://www.nyu.edu/about/news-publications/news/2019/december/BlackYouthSuicideRatesRising.html).

Lindsey, Michael A., Danica R. Brown, and Michael Cunningham. 2017. “Boys Do(n’t) Cry: Addressing the Unmet Mental Health Needs of African American Boys.” *American Journal of Orthopsychiatry* 87(4):377-383.

Lindsey, Michael A., Arielle H. Sheftall, Yunyu Xiao, and Sean Joe. 2019. “Trends of Suicidal Behaviors Among High School Students in the United States: 1991-2017.” *Pediatrics* 144(5): e20191187. https://doi.org/10.1542/peds.2019-1187.

McBain, Ryan K., Aaron Kofner, Bradley D. Stein, Jonathan H. Cantor, William B. Vogt, and Hao Yu. 2019. “Growth and Distribution of Child Psychiatrists in the United States: 2007-2016.” *Pediatrics* 144(6):1-10.

McLeod, Saul. 2017. “Attachment Theory.” *Simply Psychology*, February 5, Retrieved January 20, 2022 (https://www.simplypsychology.org/attachment.html).

McLoyd, Vonnie C. 1990. “The Impact of Economic Hardship on Black Families and Children: Psychological Distress, Parenting, and Socioemotional Development.” *Child Development* 61(2):311-346.

Mincey, Krista, Moya Alfonso, Amy Hackney, and John Luque. 2015. “The Influence of Masculinity on Coping in Undergraduate Black Men.” *Journal of Men’s Studies* 23(3):315-330.

Moody, Myles. 2016. “From Under-Diagnoses to Over-Representation: Black Children, ADHD, and the School-To-Prison Pipeline.” *Journal of African American Studies* 20:152-163.

Motley, Robert, and Andrae Banks. 2018. “Black Males, Trauma, and Mental Health Service Use: A Systematic Review.” *Perspectives on social work: the journal of the doctoral students of the University of Houston Graduate School of Social Work* 14(1):4-19.

Mott, Joshua A., Mitchell I. Wolfe, Clinton J. Alverson, Steven C. Macdonald, Chad R. Bailey, Lauren B. Ball, Jeanne E. Moorman, Joseph H. Somers, David M. Mannino, and Stephen C. Redd. 2002. “National Vehicle Emissions Policies and Practices and Declining US Carbon Monoxide-Related Mortality.” *JAMA Network* 288(8):988-995.

National Institute of Mental Health. 2021. “Suicide.” Retrieved January 12, 2022 (https://www.nimh.nih.gov/health/statistics/suicide).

NPR. 2021. “Study Shows Pandemic Tied to Spike in Suicide Among Black People.” *All Things Considered*, April 10, Retrieved January 12, 2022 (https://www.npr.org/2021/04/10/986125468/study-shows-pandemic-tied-to-spike-in-suicide-among-black-people).

Pediatrics Nationwide. 2020. “Beyond a Bigger Workforce: Addressing the Shortage of Child and Adolescent Psychiatrists.” Retrieved January 12, 2022

(https://pediatricsnationwide.org/2020/04/10/beyond-a-bigger-workforce-addressing-the-shortage-of-child-and-adolescent-psychiatrists/).

Perkins, Danielle EK. 2014. "Challenges to Traditional Clinical Definitions of Depression in Young Black Men." *American Journal of Men's Health* 8(1):74-81.

Price, James H., Joseph A. Dake, and Ruthie Kucharewski. 2001. "Assets as Predictors of Suicide Attempts in African American Inner-city Youths." *American Journal of Health Behaviour* 25(4):367-375.

Price, James H., and Jagdish Khubchandani. 2019. "The Changing Characteristics of African-American Adolescent Suicides, 2001-2017." *Journal of Community Health* 44:756-763.

Ramchand, Rajeev, Joshua A. Gordon, and Jane L. Pearson. 2021. "Trends in Suicide Rates and Ethnicity in the United States." *JAMA Network Open* 4(5):1-4.

Read, Zoe. 2020. "Stigma, cost and lack of access mean fewer mental health resources for Black men." *Whyy*, October 28. Retrieved November 7, 2021 (https://whyy.org/articles/stigma-cost-and-lack-of-access-mean-fewer-mental-health-resources-for-black-men/).

Riddell, Corinne A., Sam Harper, Magdalena Cerda, and Jay S. Kaufman. 2018. "Comparison of Rates of Firearm and Nonfirearm Homicide and Suicide in Black and White Non-Hispanic Men, by U.S. State." *Annals of Internal Medicine* 168:712-720.

Riley, Tennisha, Lauren O'Reilly, and Sydney Adams. 2021. "Addressing Suicide Among Black Youths: A Call to Action Within and Outside Clinical Practice." *JAMA Pediatrics* 175(9):895-897.

Robinson, Michael A., Sharon Jones-Eversley, Sharon E. Moore, Joseph Ravenell, and A. Christson Adedoyin. 2018. “Black Male Mental Health and the Black Church: Advancing a Collaborative Partnership and Research Agenda.” *Journal of Religious Health* 57:1095-1107.

Rockett, Ian R. H., Julie B. Samora, and Jeffrey H. Coben. 2006. “The black-white suicide paradox: Possible effects of misclassification.” *Social Science and Medicine* 63:2165-2175.

Ruch, Donna A., Kendra M. Heck, Arielle H. Sheftall, Cynthia A. Fontanella, Jack Stevens, Motao Zhu, Lisa M. Horowitz, John V. Campo, and Jeffrey A. Bridge. 2021. “Characteristics and Precipitating Circumstances of Suicide Among Children Aged 5 to 11 Years in the United States, 2013-2017.” *JAMA Network Open* 7:1-12.

Seidler, Zac E., Simon M. Rice, Jo River, John L. Oliffe, and Haryana M. Dhillon. 2018. “Men’s Mental Health Services: The Case for a Masculinities Model.” *Journal of Men’s Studies* 26(1):92-104.

Shain, Benjamin N. 2019. “Increases in Rates of Suicide and Suicide Attempts Among Black Adolescents.” *Pediatrics* 144(5):1-2.

Sheftall, Arielle H., Lindsey Astia, Lisa M. Horowitz, Adrienne Felts, Cynthia A. Fontanella, John V. Campo, and Jeffrey A. Bridge. 2016. “Suicide in Elementary School-Aged Children and Early Adolescents.” *Pediatrics* 138(4):1-10.

Sheftall, Arielle H., and Adam Bryant Miller. 2021. “Setting a Ground Zero Research Agenda for Preventing Black Youth Suicide.” *JAMA Pediatrics* 175(9):890-892.

Shen, Megan Johnson, Emily B. Peterson, Rosario Costas-Muniz, Migda Hunter-Hernandez, Sarah T. Jewell, Konstantina Matsoukas, and Carma L. Bylund. 2018. “The Effects of

Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature." *Journal of Racial and Ethnic Health Disparities* 5(1):117-140.

Siegel, Carole E., Eugene M. Laska, Joseph A. Wanderling, Jennifer C. Hernandez, and Rachel B. Levenson. 2016. "Prevalence and Diagnosis Rates of Childhood ADHD Among Racial-Ethnic Groups in a Public Mental Health System." *Psychiatric Services* 67(2):199-205.

Smith, Dena T., Dawne M. Mouzon, and Marta Elliott. 2018. "Reviewing the Assumptions About Men's Mental Health: An Exploration of the Gender Binary." *American Journal of Men's Health* 12(1):78-89.

Spates, Kamesha, and Brittany C. Slatton. 2021. "Repertoire of Resilience: Black Women's Social Resistance to Suicide." *Social Problems* 00:1-15. doi: 10.1093/socpro/spab072.

Stevens, Jack, Wei Wang, Ling Fan, Michael C. Edwards, John V. Campo, and William Gardner. 2009. "Parental Attitudes Toward Children's Use of Antidepressants and Psychotherapy." *Journal of Child and Adolescent Psychopharmacology* 19(3):289-296.

Stroud, Angela. 2012. "Good Guys with Guns: Hegemonic Masculinity and Concealed Handguns." *Gender and Society* 26(2):216-238. http://www.jstor.org/stable/23212214.

Sullivan, Erin M., Joseph L. Annest, Thomas R. Simon, Feijun Luo, and Linda L. Dahlberg. 2015. "Suicide Trends Among Persons Aged 10-24 years." *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report* 64(8):201-232.

The Congressional Black Caucus. 2019. "Ring the Alarm: The Crisis of Black Youth Suicide in America." Retrieved January 12, 2022 (https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf).

Utsey, Shawn O., Joshua N. Hook, and Pia Stanard. 2006. "A Re-Examation of Cultural Factors that Mitigate Risk and Promote Resilience in Relation to African American Suicide: A Review of the Literature and Recommendations for Future Research." *Death Studies* 31:399-416.

Valois, Robert F., Keith J. Zullig, and Amy A. Hunter. 2015. "Association Between Adolescent Suicide Ideation, Suicide Attempts and Emotional Self-Efficacy." *Journal of Child and Family Studies* 24:237-248.

Wadsworth, Tim, Charis E. Kubrin, and Jerald R. Herting. 2014. "Investigating the Rise (and Fall) of Young Black Male Suicide in the United States, 1982-2001." *Journal of African American Studies* 18(1):1-15.

Walker, Kristi, Kristen Bialik, and Patrick Van Kessel. 2018. "strong men, caring women: How Americans describe what society values (and doesn't) in each gender." *Pew Research Center*, July 24. Retrieved November 7, 2021 (https://www.pewresearch.org/social-trends/interactives/strong-men-caring-women/).

Ward, Earlise, Jacqueline C. Wiltshire, Michelle A. Detry, and Dr. R.L. Brown. 2013. "African American Men and Women's Attitude Toward Mental Illness, Perceptions of Stigma, and Preferred Coping Behaviors." *Nursing research* 62(3):185-194. doi:10.1097/NNR.0b013e31827bf533.

Wester, Stephen R. 2008. "Male Gender Role Conflict and Multiculturalism: Implications for Counseling Psychology." *The Counseling Psychologist* 36(2):294-324.

Xiao, Yunyu, Julie Cerel, and J. John Mann. 2021. "Temporal Trends in Suicidal Ideation and Attempts Among US Adolescents by Sex and Race/Ethnicity, 1991-2019." *JAMA Network Open* 4(6):1-14.