

Equity in Youth Suicide Prevention: Addressing Racial & Ethnic Disparities

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Keynote for the Youth Suicide Prevention Summer Webinar Series
Hosted by
Children's Hospital Association & Nationwide Children's Hospital
Ohio Children's Hospital Association & Ohio Youth Suicide Prevention Collaborative
June 3, 2026, Noon – 1:30 pm EST

Disclosures

The presenter has no conflicts of interest to disclose.

While suicide occurs across all populations and diverse groups, this presentation will focus primarily on African Americans with occasional reference to other Cultural factors.



Trigger Warning!

IF YOU EXPERIENCE ANY DISTRESS
AS WE DISCUSS SUICIDE, PLEASE
ACCESS HELP.

PLEASE **CALL** OR **TEXT** THE
NATIONAL SUICIDE PREVENTION
LIFELINE AT 988

OR CONTACT THE CRISIS TEXT LINE
BY TEXTING 4HOPE TO 741741

CRISIS TEXT LINE |

Text 4HOPE to 741741

A free, 24/7 text line for people in crisis.

TAKE A BREAK, GET FRESH AIR,
MEDITATE, DEEP BREATHING

OBJECTIVES



Describe racial and ethnic disparities in youth suicidal ideation, attempts, and suicide mortality.



Explain how structural racism, social determinants of health, and/or systemic barriers contribute to inequities in suicide risk and care.



Identify strategies to promote equity in screening, assessment, engagement, and treatment of suicidal youth.



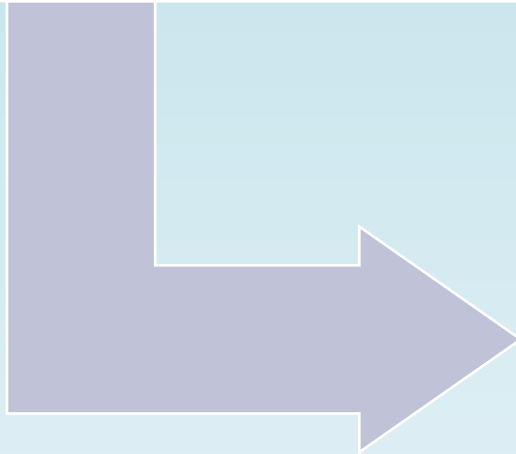
Apply equity-informed approaches to program design, quality improvement, and evaluation in pediatric suicide prevention.



Race is a
four-letter
word!!!?

DBT
Assumption

*People are
doing the
best they
can.*



Our
Assumption

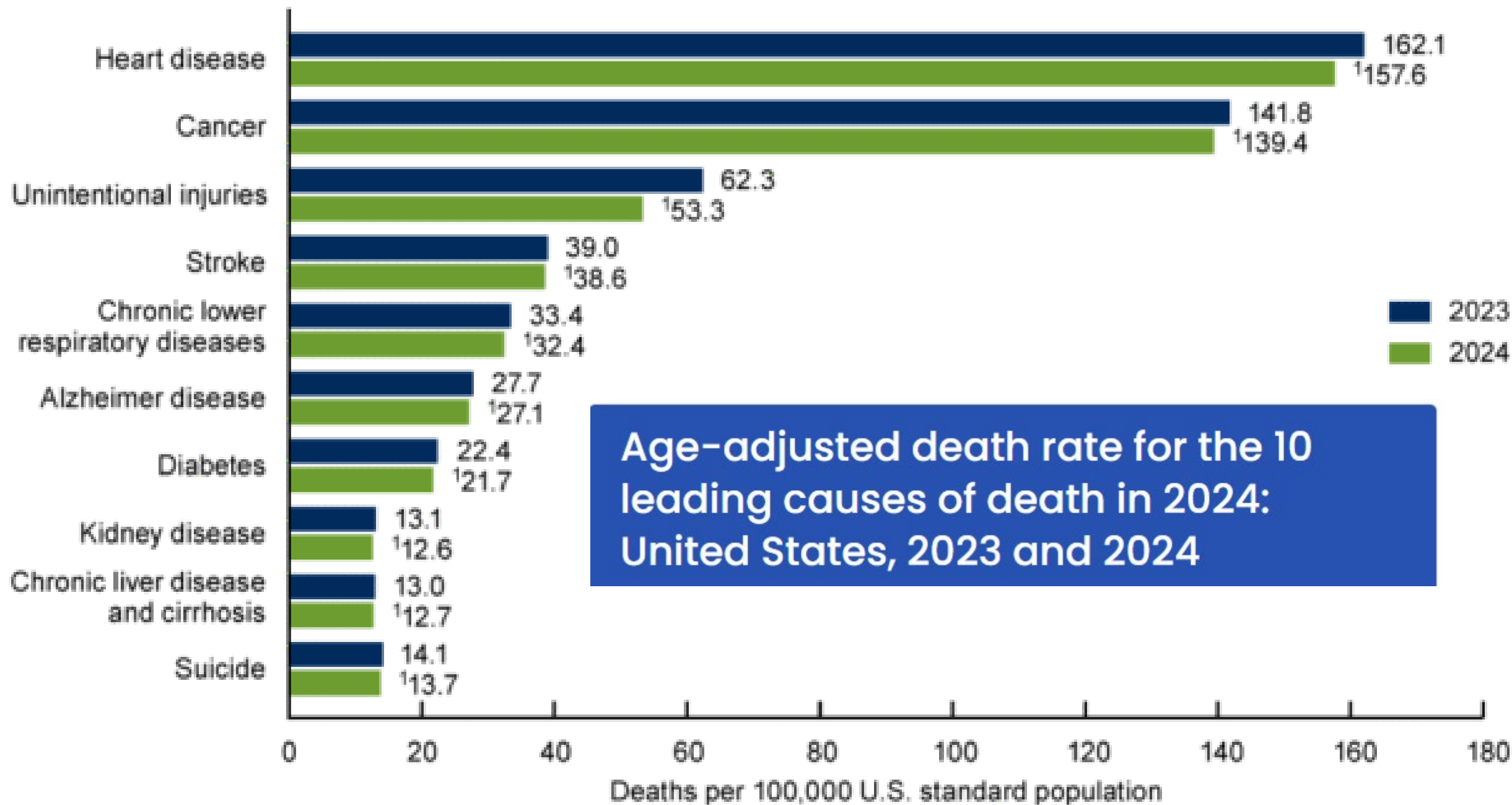
*No one in this
virtual room
is a
RACIST.*

Scope of the Problem: Suicide Trends in Black Communities



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Data from the National Vital Statistics System

2018
14.2 per
100,000

2019
13.9 per
100,00

2020
13.5 per
100,000

2021
14.1 per
100,000

2022
14.2 per
100,000

2023
14.1 per
100,000

2024
13.7 per
100,000

Highest - Alaska 30.0
Wyoming 28.8
Lowest - Wash. D.C. 6.3
New Jersey 7.2
New York 8.6

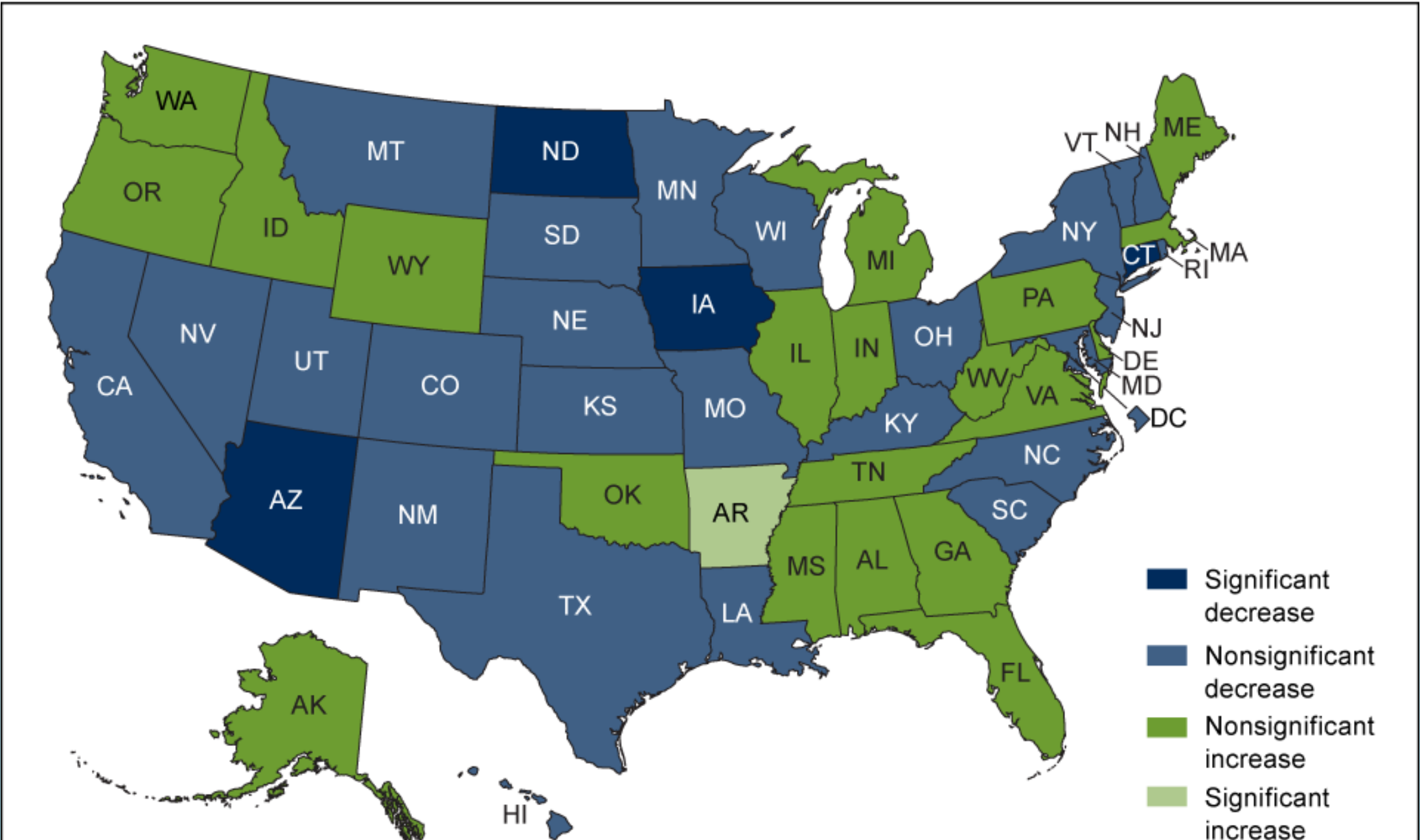
Death ratio male - female 4:1
Attempt ratio female - male 3:1

Garnett MF, Curtin SC. Suicide mortality in the United States, 2002–2022. NCHS Data Brief, no 509. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/160504>
Drapeau, C. W., & McIntosh, J. L. (2026). U.S.A. suicide: 2024 Official final data. Washington, DC: National Council for Suicide Prevention (NCSP), dated February 18, 2026, downloaded from [\[https://www.thencsp.org/suicidestatistics\]](https://www.thencsp.org/suicidestatistics).

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Figure 4. Change in age-adjusted suicide rate, by state: United States, 2022 to 2023



USA TODAY

More young children are killing themselves: The COVID-19 pandemic is making the problem worse

f **Bill Keveney, USA TODAY**
December 8, 2021 · 11 min read

Trigger warning: This story describes self-harm and suicide. If you are at risk, please stop here and contact the National Suicide Prevention Lifeline for support at 800-273-8255.

When **Isabella "Izzy" Tichenor** died by suicide last month, what shocked many, including her mother, was her tender age. She was 10.

Many people have long been aware that teenagers can be subject to suicidal thoughts and attempts, but such thinking is increasingly affecting young children.

22, 7:26 PM Black Youth Suicide Rates Rising, Defying Historic Trends: Report

NEWS RELEASE

Black Youth Suicide Rates Rising, Defying Historic Trends: Report

Dec 18, 2019
Modified Dec 18, 2019
Posted in [Education and Social Sciences](#)
Tagged [Silver School of Social Work](#),
[Research News](#)



Home / News / Health News / Suicide Rates Have Risen Stea...

Suicide Rates Have Risen Steadily for Black Girls and Women

By [HealthDay](#) | Dec. 8, 2023 |

THE CONVERSATION
Academic rigor, journalistic flair



Research suggests that suicides by racial and ethnic minorities are undercounted. Joseph Sohm/sh

Suicide isn't just a 'white people thing'

Published: February 7, 2018 6:28am EST

Dr. Kimya Nuru Dennis

Turning Discovery Into Health

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NEWS RELEASES

Wednesday, February 2, 2022

Suicides by drug overdose increased among young people, elderly people, and Black women, despite overall downward trend

npr

MENTAL HEALTH

< Study Shows Pandemic Tied To Spike In Suicide Among Black People

April 10, 2021 · 5:03 PM ET

SCIENTIFIC AMERICAN

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PUBLIC HEALTH

Suicide Rates Rise in a Generation of Black Youth

Multiple causes underlie a disturbing trend. The increase for girls is more than double that for boys

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High Rate of Suicidal Thoughts Among Black Men in Rural America: Study

By HealthDay | March 28, 2024, at 6:53 a.m.

Health

'I have fought against depression...but it's won': Suicide rates rise among Black women

Pew

TOPICSPROJECTSFEATURESABOUTGET INVOLVEDSEARCH

Black Adolescent Suicide Rate Reveals Urgent Need to Address Mental Health Care Barriers

Cultural competency in health care, expanded use of screening tools, and more research on risk factors could help address increase among this demographic group

ARTICLE | April 22, 2024 | By: Farzana Akkas & Allison Corr | Read time: 3 min

Projects: Suicide Risk Reduction

GRAND RAPIDS

CDC: Suicide rates climbing among Black youth

by: Byron Tollefson
Posted: Sep 24, 2024 10:00 PM EDT
Updated: Sep 24, 2024 10:00 PM EDT

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Live

PBS NEWS HOUR

More young, Black Americans taking their lives amid lack of resources, study finds

Jul 24, 2024 6:25 PM EDT

July 2018

Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015

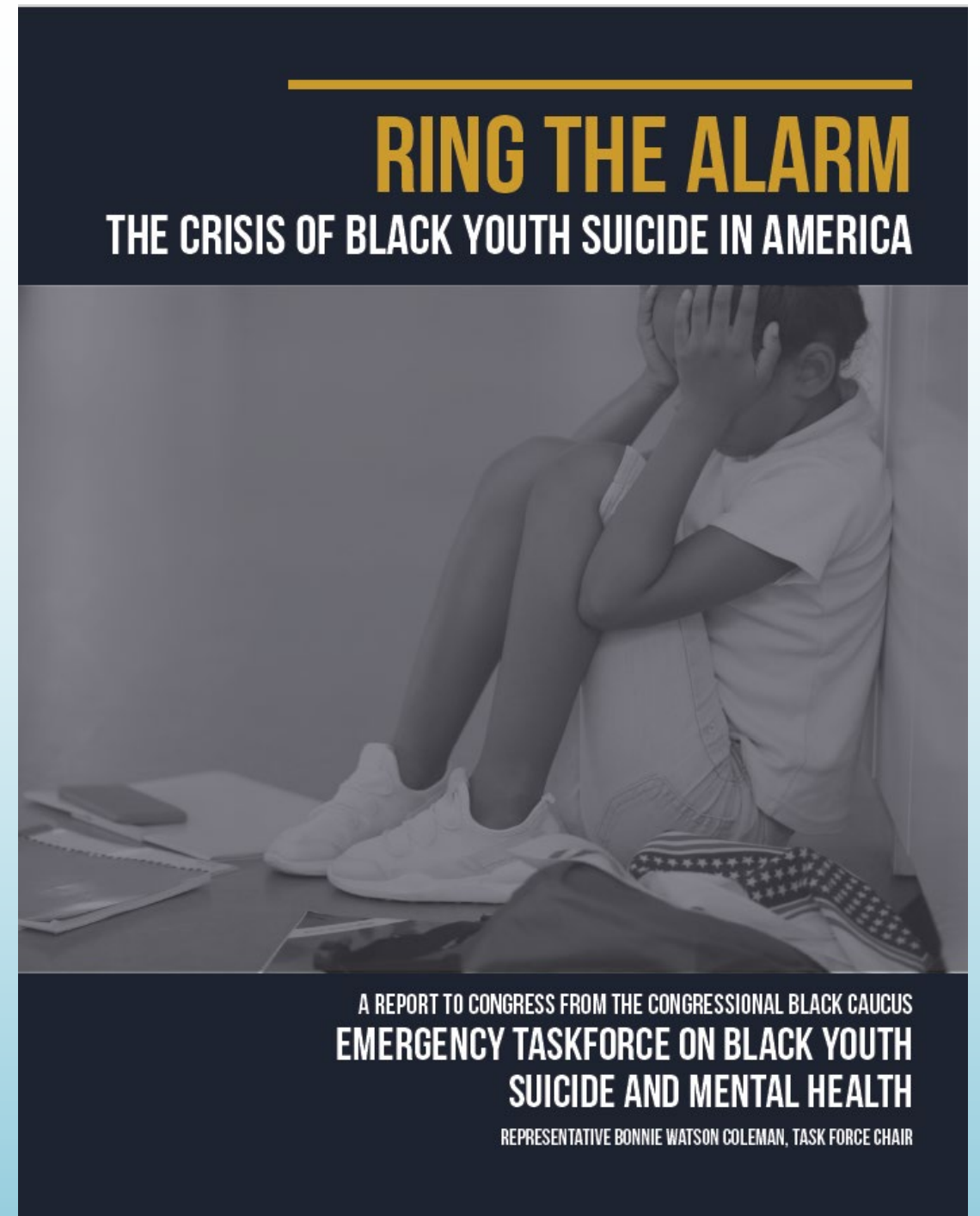
Jeffrey A. Bridge, PhD^{1,2,3}; Lisa M. Horowitz, PhD, MPH⁴; Cynthia A. Fontanella, PhD²; et al

» [Author Affiliations](#) | [Article Information](#)

JAMA Pediatr. 2018;172(7):697-699. doi:10.1001/jamapediatrics.2018.0399

Congressional Black Caucus.
(2019). *Ring the alarm: The
crisis of Black youth suicide
in America.*

<https://watsoncoleman.house.gov/uploadedfiles/full-taskforce-report.pdf>



African American Youth Suicide:
Report to Congress



U.S. Department of Health & Human
Services
October 2020

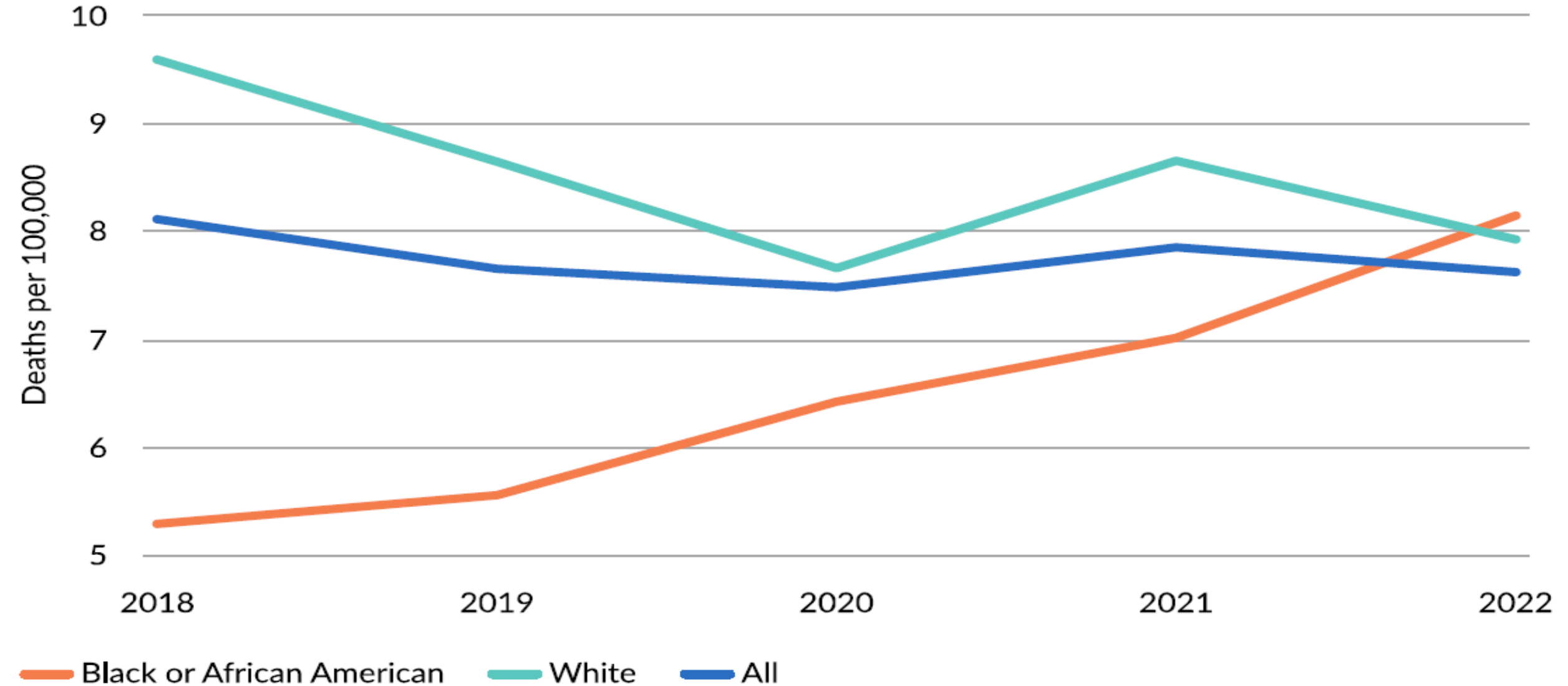
“Congress requested the Department of Health and Human Services (HHS) to submit a report examining reasons for why Black children aged 5 to 12 are dying by suicide at nearly twice the rate of their White counterparts (p.4).”

*“African American Children and Suicide.—The Committee is concerned that the suicide rate among children aged 10 to 17 increased by 70 percent between 2006 and 2016. The Committee is also concerned that **African American children aged 5 to 12 are dying by suicide at nearly twice the rate of their white counterparts. (p. 4).”***

Black Adolescent Suicides Increased From 2018-2022

Rate surpasses that of White peers

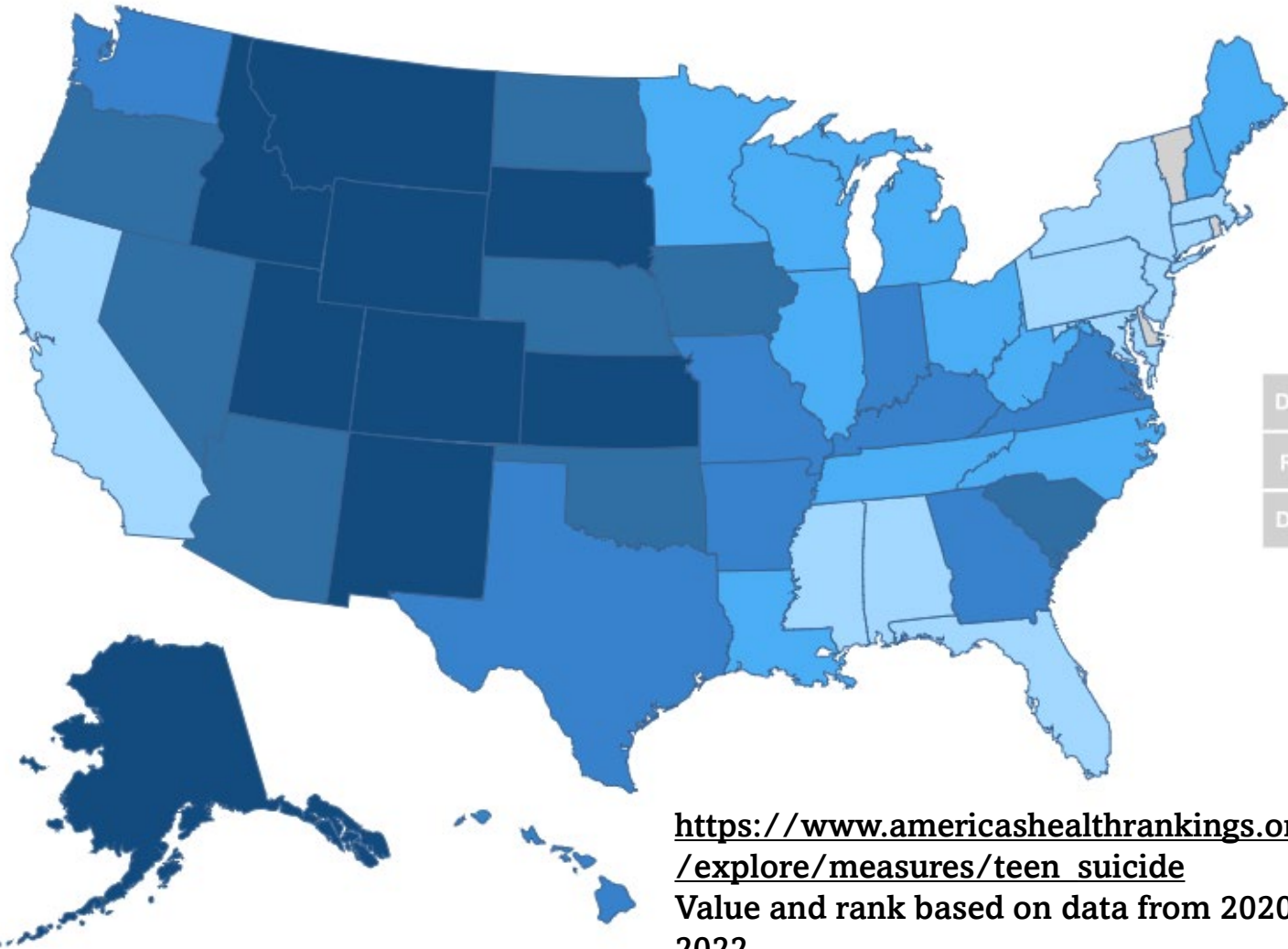
Source: CDC WONDER database
© 2024 The Pew Charitable
Trusts



Akkas & Corr , 2024)

Teen Suicide

Number of deaths by suicide per 100,000 adolescents ages 15-19



https://www.americashealthrankings.org/explore/measures/teen_suicide
Value and rank based on data from 2020-2022

Data from CDC WONDER, Multiple Cause of Death Files, 2020-2022



Number of deaths by suicide per 100,000 adolescents ages 15-19

2021	2022	2023	Location
10.6	10.5	10.2	US (All)
10.0	9.6	10.4	Ohio
10.0	8.7	9.7	Ohio White Teens
12.5	15.5	16.4	Ohio Black teens

The Perfect Storm

Suicidality is fluid. Suicide is not linear.

It occurs in the context of a complex set of factors

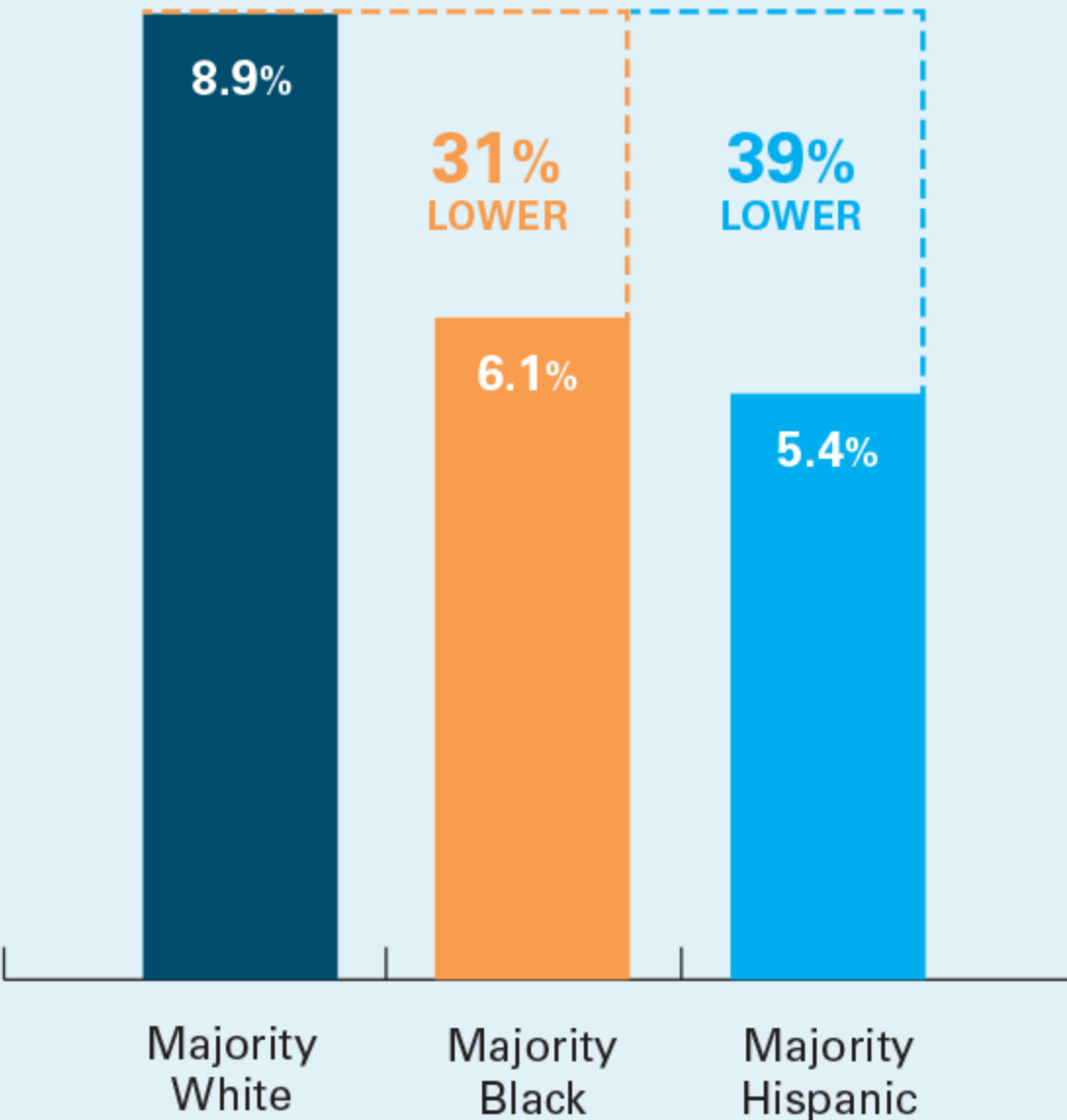
Genetics – ACEs – Developmental History
– Psychiatric Illness – Substance Use –
Mental Anguish – Cognitive Constriction

Stigma in the Black Community

12-month study– urban, midwestern, disadvantaged AA (Alang, 2016)

Depression = sign of weakness rather than a health problem

Associated emotions like sadness and hopelessness were inconsistent with notions of strength



Prevalence of Diagnosed Major Depression by Race/Ethnicity Communities in 2020

54% of Black respondents and 47% of Hispanic respondents reported that individuals with mental health conditions in their communities “are looked down upon.”

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Healthy Minds Study

153,635 College
Students

Stigma

Past year suicide
attempt

Black Adolescents

Highest rates of stigma towards
receiving mental health treatment

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Impact of Racism

Historical Impact of Racism

**Removal of American Indians from ancestral lands via
Removal Act of 1830**

Chinese Exclusion Act (1882)

Internment of Japanese Americans (1942-1946)

Enslavement of African Americans (1619 – 1863/1865)

**Ongoing oppression of AA (systemic racism)- Black codes,
Voting Rights Laws, Sharecropping, Jim Crow, Red Lining,
Incarceration**



“Emerging literature has suggested that even watching news accounts of violence on TV can contribute to traumatization...”

(pp. 245-246, Williams et al., 2018)

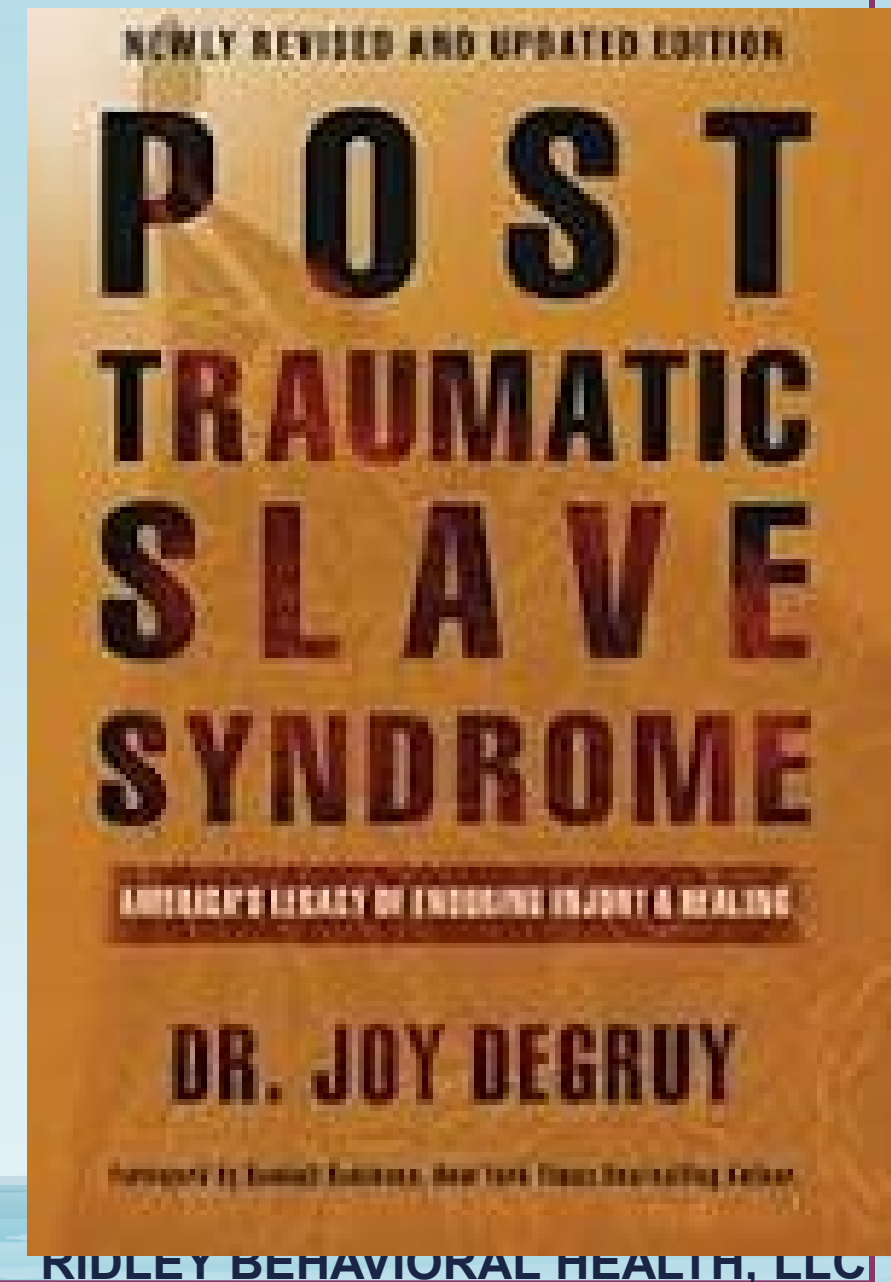
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Post Traumatic Slave Syndrome (PTSS)

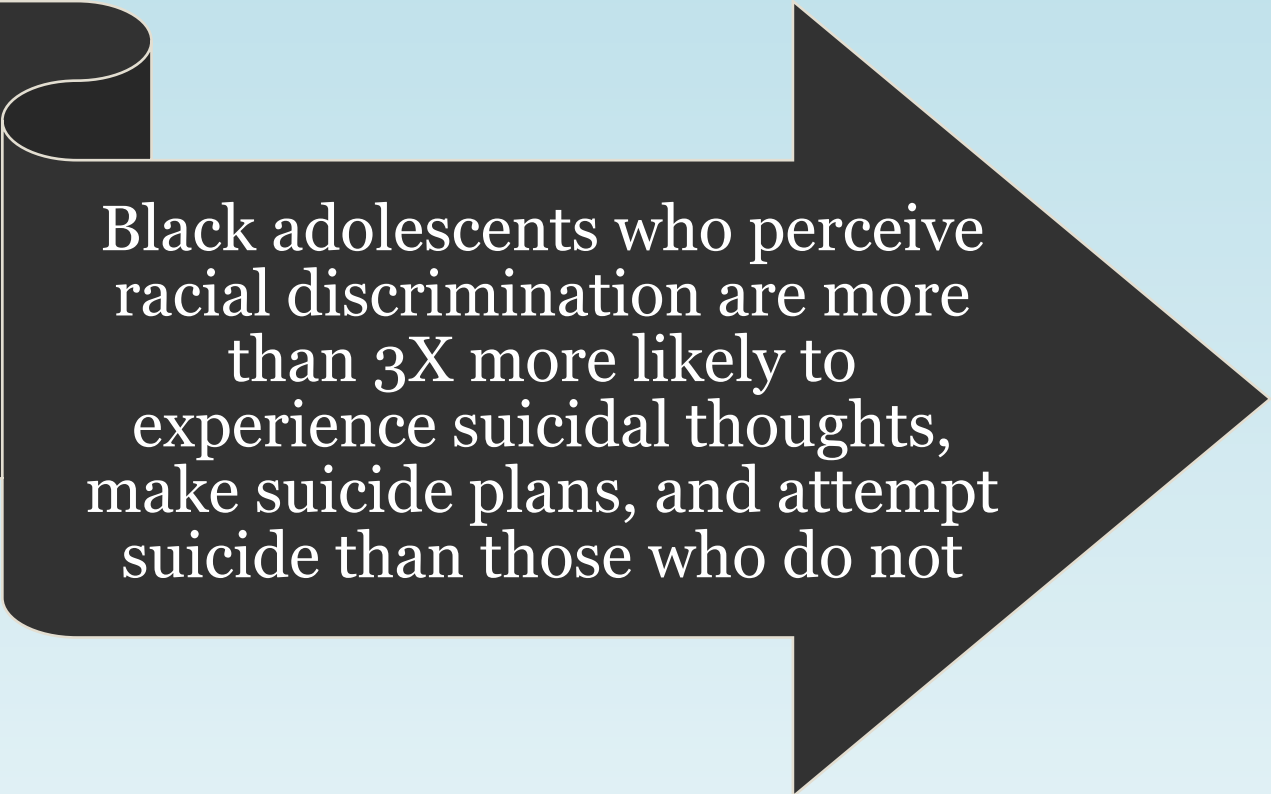
Dr. Joy DeGruy (2017)

Definition: “a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism...a belief (real or imagined) that the benefits of the society in which they live are not accessible to them.” (p. 105)





Feeling discriminated
against can occur as young
as six years of age for Black
youth



Black adolescents who perceive
racial discrimination are more
than 3X more likely to
experience suicidal thoughts,
make suicide plans, and attempt
suicide than those who do not



Discrimination

No discrimination

17x - moderate to severe
depressive symptoms

10x - suicidal ideation

Individuals who experienced the greatest discrimination showed the highest levels of depressive symptoms & suicidal ideation

January 18, 2021

APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry

Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.

OCTOBER 2021

The American Psychological Association failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and thereby falling short on its mission to serve. APA is profoundly sorry, accepts the actions and inactions of APA itself, and individual psychologists who have harmed the organization and field.

term impact of our failures as an association, a discipline, and as individual psychologists.

We know too well that history can repeat itself, that the past informs the present, and that many harms will continue to be perpetuated absent purposeful intervention. In offering an apology for these harms, APA acknowledges that recognition and apology only ring true when accompanied by action; by not only



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News Releases



NASW apologizes for racist practices in American social work

Jun 17, 2021

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The Impact of Racism on Child and Adolescent Health

Racism is a core social determinant of health that is a **driver** of health inequities

The impact of racism has been linked to birth disparities and mental health problems in children and adolescents

To identify, address, and manage the impacts of racism on child health, it is critical that pediatricians understand 3 key levels through which racism operates: (1) institutional, (2) personally mediated (implicit & explicit bias), and (3) internalized.

<https://publications.aap.org/pediatrics/article/144/2/e20191765/38466/The-Impact-of-Racism-on-Child-and-Adolescent?autologincheck=redirected#ref-3>

Racism is a core social determinant of health that is a driver of health inequities

“Internalized negative stereotypes related to race can unconsciously erode self-perception and capacity and may later play out in the form of stereotype threat or the fear of confirming a negative stereotype of one’s race – which can undermine academic and vocational attainment.”

ARTICLES

Child Maltreatment Exposure and Death in Young Adults
L. Segal et al

Early Physical Abuse and Adult Outcomes *J. E. Lansford et al*

COVID-19 Transmission in Child Care *W. S. Gilliam et al*

Symptoms and Transmission of SARS-CoV-2 in Children
R. L. Laws et al

IBI in Afebrile Infants Diagnosed With AOM *S. H. McLaren et al*

Suspected Nonfatal Drug-Related Overdoses *D. R. Roehler et al*

Three-Year Outcomes After Brief Treatment for Substance Use *S. Parthasarathy et al*

Prenatal Opioid Exposure in Administrative Data
A. Camden et al

Site-Level Variation in the Care of Infants With NOWS
L. W. Young et al

Evaluating Definitions for NAS *K. M. Doherty et al*

Sensor-Based Electronic Monitoring for Asthma
R. S. Gupta et al

Validation of the Developmental Check-In Tool
J. F. Harris et al

Urinalysis Interval Likelihood Ratios in Young Children
T. Liang et al

Three-Year Immunogenicity of 2 vs 3 Doses of 9vHPV Vaccine
J. Bornstein et al

Addressing Trafficking in the ED *G. Wallace et al*

Improving Toddlers' Eating Habits and Self-regulation
R. L. Nix et al

Diarrheal Deaths After Rotavirus Vaccine Introduction
A. Paternina-Caicedo et al

Child Development Fund Program and Poverty Reduction
K. L. Chan et al

Enteral Vitamin A for Bronchopulmonary Dysplasia
A. A. Rakshasbhuvankar et al

PEDIATRICS PERSPECTIVES

Torture of Migrant Children on US Southern Border
C. Oberg et al

COVID-19 and Pediatric Payment Models *M. A. Lee et al*

RESEARCH BRIEFS

Statewide Disparities in SARS-CoV-2 Positivity *K. Inagaki et al*

COMMENTARIES

Bench Research, Human Milk, and SARS-CoV-2 *L. Furman, L. Noble*

REVIEW ARTICLES

Effects of Probiotics in Preterm Infants *C. Chi et al*

STATE OF THE ART REVIEW

Peer Victimization and Physical Health *H. L. Schacter*

SPECIAL ARTICLES

Racism as a Root Cause Approach *Z. Malawa et al*

ETHICS ROUNDS

Disagreement to Surgical Intervention in Trisomy 18
M. Kochan et al

QUALITY REPORTS

Increasing Physician Reporting of Diagnostic Errors
T. L. Marshall et al

DIAGNOSTIC DILEMMAS

Cough and Fever in the Era of COVID-19 *K. R. Anderson et al*

CASE REPORTS

A Curious Case of Group C *C. E. Pitstick et al*

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Antibiotic Stewardship in Pediatrics *J. S. Gerber et al, Committee on Infectious Diseases, Pediatric Infectious Diseases Society*

SUPPLEMENT 1—accompanies this issue online

2020 ILCOR Pediatric Consensus on Science and Treatment Recommendations and AHA Guidelines S1

SUPPLEMENT 2—accompanies this issue

Principles of Care for Young Adults With Substance Use Disorders *Michael Silverstein, Editor S195*

Prevention of the downstream outcome of death by suicide in Black children and youth cannot be achieved without actively addressing the upstream risk factors such as healthcare disparities, and social determinants of health including racism.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OCTOBER 2020

Mental Health Impact - Racial Trauma

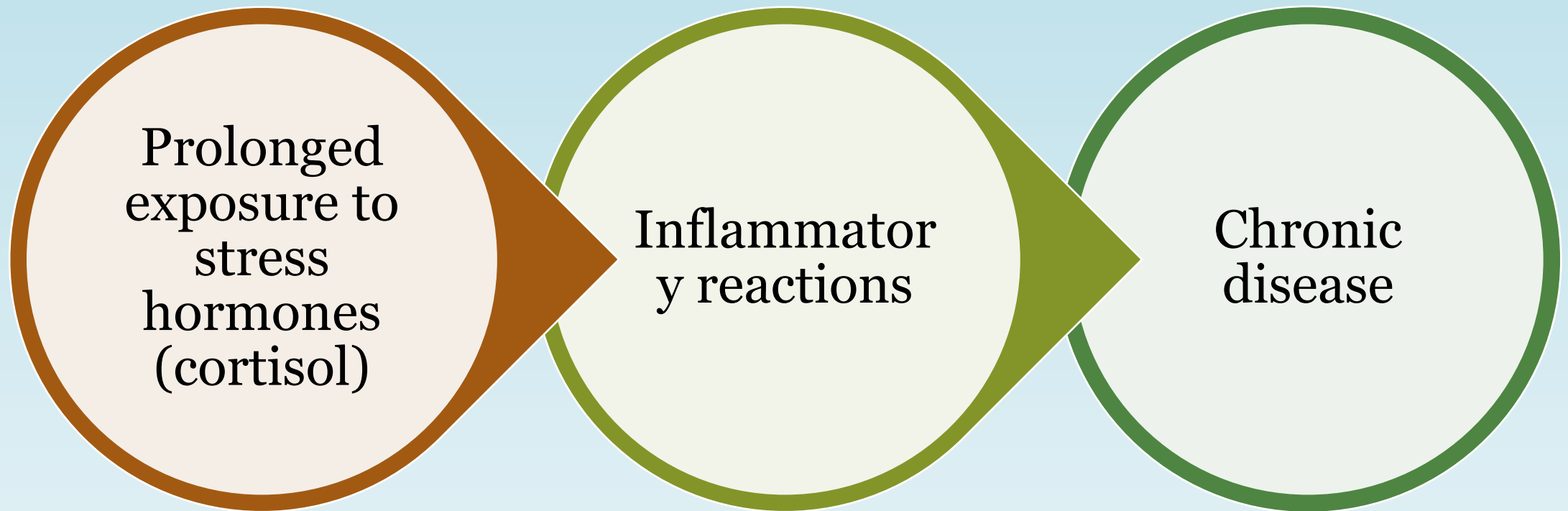
Symptoms: paranoia, avoidance of dominant group members, somatic (medical/physical) complaints, excessive worries about loved ones

Generalized anxiety disorder- chronic anxiety, worry, & muscle tension

Poor sleep, appetite disturbance, **irritability**, fatigue, panic or anxiety attacks, chest pains

Fear and hypervigilance, headaches, insomnia, body aches, memory difficulty, self-blame, confusion, shame, and guilt after experiencing racism

PATH OF CHRONIC RACIAL STRESS



ACEs

ADVERSE CHILDHOOD EVENTS

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.

Chronic Health Conditions

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

Health Risk Behaviors

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior

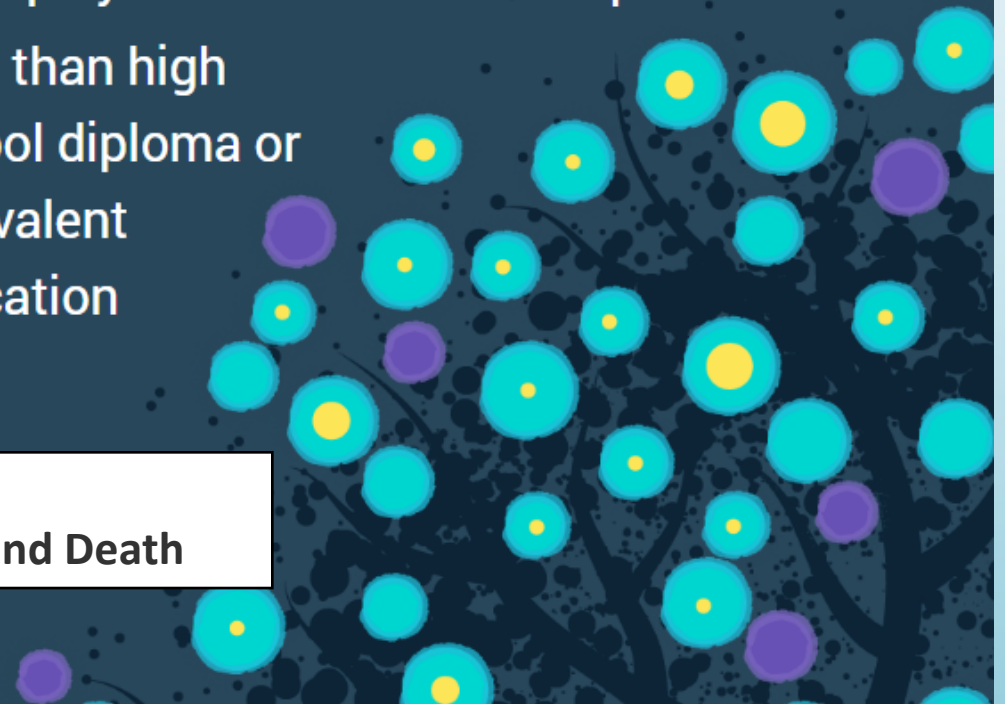
Social Outcomes

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Mental Health Conditions

- Depression
- Suicide or attempted suicide

ACEs Can Increase Risk
for Poor Social Outcomes, Disease, and Death



Cultural Barriers

Cultural Mistrust

**Professional, aloof
demeanor – lack of
warmth**

**History of
Mistreatment by
Majority Culture**

**Fear of being
misjudged or
judged/ fear of
prejudice**

**Rejection of
medication –
chemicals/artificial**

**Desire for natural
methods**

**Belief that God will
heal – lack of faith if
treated**

**Feeling invalidated
or disrespected**

Privacy is valued

**Too old to
understand**

**Fear of being seen
as weak - Stigma**

Risk Factors for Suicide in AA

Mood or Anxiety Disorder

Divorce or Widowed

Family Conflict

Acculturation/Assimilation

Racism & Discrimination

Hopelessness linked to racism

Less access to treatment

Poorer quality of care

Being under age 35

Firearm in the home

Hx of violence

Hx of Trauma of any kind

Stigma & Myths

Higher SES for AA women

SUD, Cocaine & Cannabis

Suicide & AA Youth

Rising suicide rate among 5-12y/o AA boys & girls

Approx. 2x higher for black children compared with white children

Comparison:
5 to 11 vs. 12 to 14

more commonly male, black (and) died by hanging, strangulation, suffocation.

more likely - relationship problem with a family member or friend

less likely - problem with a boyfriend or girlfriend or leave a suicide note

More likely ADD or ADHD than depression – the opposite of those 12 to 14.

AA Protective Factors

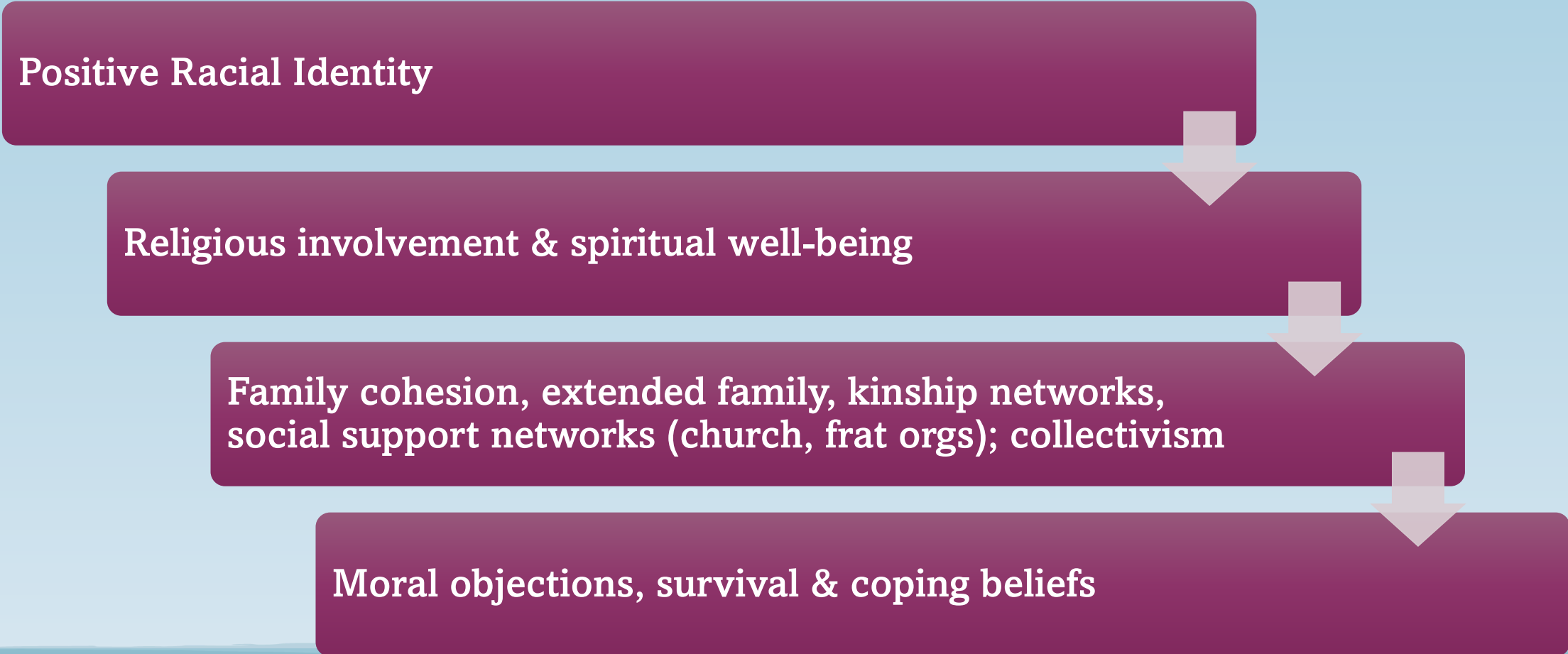
Effective mental
health care

Connectedness to
individuals, family,
community, and
social institutions

Contacts with
caregivers; Problem-
solving skills

AA Protective Factors

Positive Racial Identity



```
graph TD; A[Positive Racial Identity] --> B[Religious involvement & spiritual well-being]; B --> C[Family cohesion, extended family, kinship networks, social support networks (church, frat orgs); collectivism]; C --> D[Moral objections, survival & coping beliefs];
```

Religious involvement & spiritual well-being

Family cohesion, extended family, kinship networks,
social support networks (church, frat orgs); collectivism

Moral objections, survival & coping beliefs

ASSESSMENT

Suicide Communications Are Often Not Made to Behavioral Health Professionals

**In one psychological
autopsy study, only
18% told professionals
of intentions**



**Multiple studies have
shown that AA are
more likely to disclose
to pastors or religious
leaders, family or
friends**

Busch et al., 2003; Lewis, 2007

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Research has shown certain diverse groups of individuals may:

- AA were far less likely to self-disclose SI than white clients (Morrison & Downey, 2000).
- Hide Suicidal Ideation (Anderson et al., 2015)
- Not answer questions about suicide (Chu et al., 2018)
- Reluctance due to knowledge that providers can take measures against a patient's will

RELUCTANCE TO
DISCLOSE

Cultural Mistrust

Stigma – Weak, Crazy

Religious Stigma – not spiritual enough

Denial – Myths: Blacks don't...

Rejection

Burden others

Don't want Hospitalization

Don't want to be stopped

Solutions

Address power differential

- Foster safety, collaboration, partnership in suicide risk assessment
- Utilize Trauma-Informed Care Approach with all

What are the Black children and youth experiencing when they walk in this building and into my space?

Consider mitigation of suicide risk at both individual & population levels

- Consider systemic factors that may lead to disparities & inequities in suicide risk

What might have happened to them or people that look them?

Cultural Humility in Interviewing & Assessment

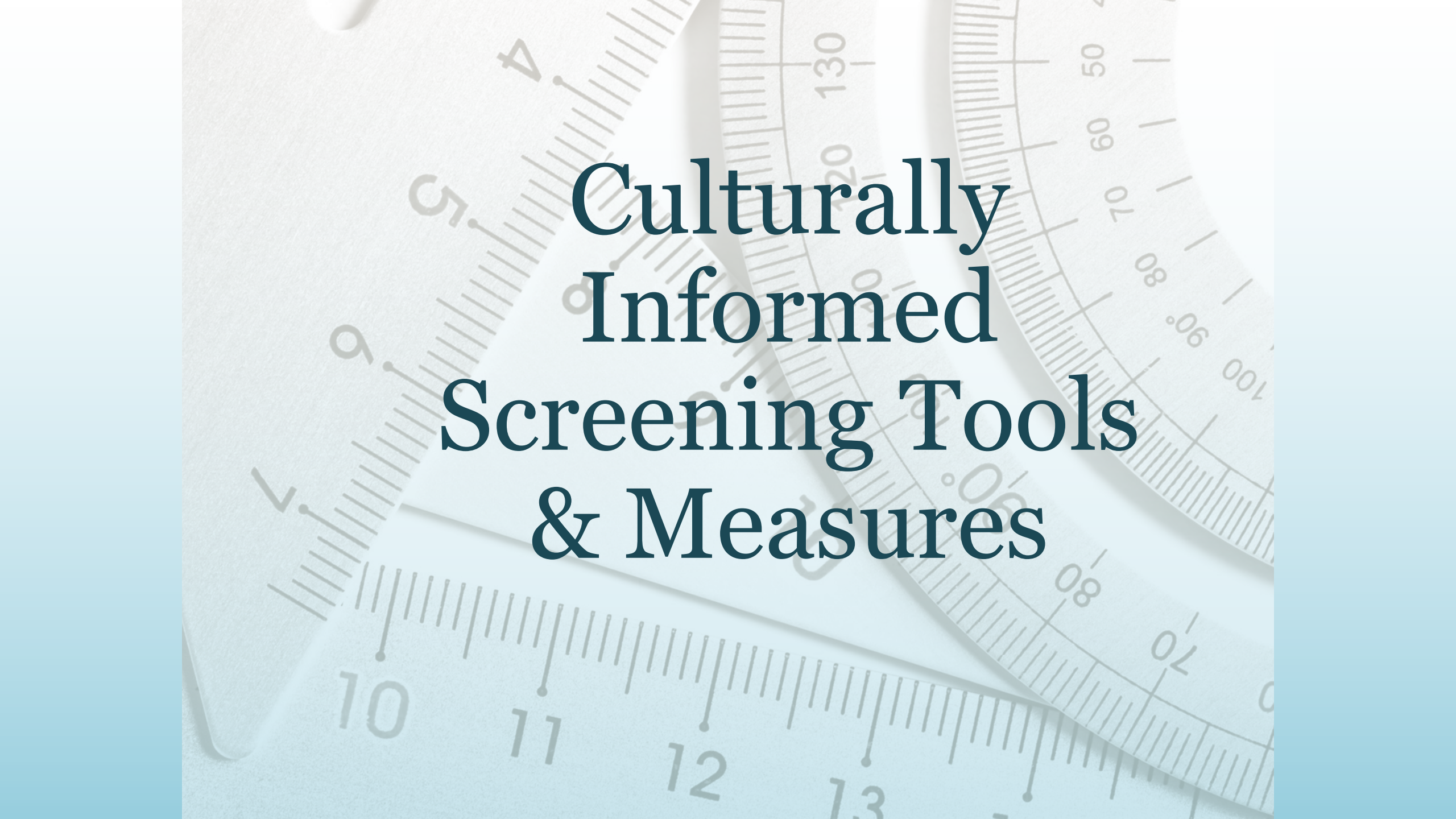
- Cultural Competence – clinical need to deliver care that effectively meets social, cultural, linguistic needs of diverse clients
- Recognizes that White or ‘Majority’ background has been the default normal
- Responsibility to educate self on different backgrounds & cultural perspectives

CULTURAL COMPETENCE FRAMEWORK

- Discrete groups based on race
- Decontextualized
- Two dimensional/static view

VS.

- Intersectionality of multiple cultural identities held by individuals
- Multidimensional, dynamic
- Considers environmental, historical, societal, other factors
- Recognizes power differential

The background of the slide features a light blue gradient. Overlaid on this are several measuring tools: a large protractor with degree markings (0, 20, 40, 60, 80, 100, 120, 130, 140, 150, 160, 170, 180) and a ruler with numerical markings (10, 11, 12, 13). The text is centered over the protractor.

Culturally Informed Screening Tools & Measures

Joyce Chu & colleagues: Cultural Theory and Model of Suicide

1. Cultural sanctions (the acceptability of suicide in one's culture)
2. Cultural idioms of suicidal distress (e.g., shame, aggressive behavior)
3. Minority stress (e.g., acculturative stress, discrimination, internalized stigma)
4. Social discord (e.g., family conflict, community connectedness)

Recommended Approach for a Culturally Responsive Suicide Risk Assessment

(pg. 847, Molock et al., 2023)

1. Societal Context:

- Stigma: Design and order assessment items to enhance rapport and likelihood of disclosure
- Acculturation - Assess acculturation level and heritage-culture retention; Identify acculturation gaps between youth and their caregivers; Assess cultural norms and expectations about mental health and suicide
- Racism and Discrimination: Assess experiences of racism and discrimination (across contexts and systems), both in person and online

2. Institutional Context: Health Care & Community Infrastructure

- Assess available mental health and crisis support resources
- Assess other forms of mental and social support (faith communities, community-based organizations)
- Assess access to lethal means with attention to context
- Discuss recommended resources and crisis services that are accessible (e.g., transportation, language) and viewed as viable options for the individual within their community
- Consider contributing to community outreach and capacity-building activities

3. Neighborhood Context: Community Violence

- Assess degree and frequency of exposure to **violence** across contexts (neighborhood, school)
- Assess neighborhood resources (e.g., social cohesion, trusted organizations, safe outdoor spaces) and challenges (e.g., safety, substandard housing conditions, accessibility, interpersonal conflict)

4. Family Context:

Family History & Values: Inquire about culturally relevant family dynamics and parenting practices (e.g., familismo) and intergenerational considerations (e.g., family trauma from structural racism)

Racial/Ethnic Socialization:

- Assess degree of family racial socialization messages and strategies (by parent/guardian)
- Consider youth age and developmental stage when interpreting responses

Measure	Description	Black Populations	Free
Ask Suicide-Screening Questionnaires (ASQ; Horowitz et al., 2023)	Set of four brief suicide interview screening questions that takes 20 seconds to administer intended for nonpsychiatric clinicians – positive screen is yes to any of the 4 items.	valid for screening Black youth at risk for suicide	Yes
Columbia Suicide Severity Rating Scale (C-SSRS; Shaffer et al.,2004; Posner et al., 2011)	Standard interview screener consists of 2 to 6 core questions, with the exact number asked depending on the patient's previous responses, allows for integration of information from other sources (eg, family and friends, healthcare professionals, hospital records, or coroner’s report). Has clinical subscales that focus on ideation intensity and lethality.	Normed with less than 30% nonWhite	Yes
Beck Scale for Suicide Ideation (BSI or BSS; Beck et al., 1988;Steer et al., 1993)	19 item self-report measure of suicidal thnking each itemrated on a 3-point scale from 0 to 2, with higher numbers indicating greater severity of suicidal intent	High reliability - Black population	No
Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001)	4-item self-report instrument designed to assess suicide-related thoughts and behaviors including lifetime suicide ideation and/or suicide attempts; frequency of suicide ideation over the past 12 months; threat of suicide attempt; and self-reported likelihood of suicide-related behavior in the future	high reliability among Black college student samples	Yes
Reasons for Living Inventory for Young Adults (RFL-YA; Gutierrez et al., 2002); Reasons for Living Inventory for Young Adults (RFL-YA-II; Pirani et al., 2020)	32-item self-report measure - five subscales: Family Relations, Coping Beliefs, Peer Relations, Future expectations, and Positive Self-Evaluation. Each item rated on a 6-point Likert Scale; 24-item self-report instrument measures four protective dimensions of reasons: Peer Acceptance and Support, Family Sources of Support, Faith-Related Support, and Personal Perceived Strength	high reliability among Black American college student samples	Yes
Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991)	A 25-item self-report measure of the severity of suicide ideation in adults aged 18 and older, 7-point Likert scale regarding the frequency of suicidal thoughts ranging from 0 (never had the thought) to 6 (had the thought almost every day).	high reliability among racial and ethnic minorities	No
Cultural Assessment of Risk for Suicide (CARS; Chu et al., 2013); Cultural Assessment of Suicide Risk-short form (CARS-S; Chu et al., 2018)	39 item self-report instrument for detecting cultural suicide risk factors, 8 subscales including: Family Conflict, Social Support, Idioms of Distress (Suicidal Actions), Idioms of Distress (Emotional/Somatic), Sexual Minority Stress, Acculturative Stress, Non-specific Minority Stress, Cultural Sanctions; 14 item short screener	Validity with Black adolescents (Francois et al., 2025)	yes

CARS Screener (CARS-S)

Instructions: For each item, please mark an "x" in the box under the label (e.g., Strongly Disagree, Strongly Agree) that best applies to you. You should ignore the small numbers inside of the boxes. Please answer each item as honestly and openly as possible.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. I feel connected to, like I am a part of, a community.	☐	☐	☐	☐	☐	☐
2. There is a lot of conflict between myself and members of my family.	☐	☐	☐	☐	☐	☐
3. There is something in my life I feel ashamed about.	☐	☐	☐	☐	☐	☐
4. I am accepted and valued by others.	☐	☐	☐	☐	☐	☐
5. I have, without anyone's knowledge, thought of suicide in the past.	☐	☐	☐	☐	☐	☐
6. When I get angry at something or someone, it takes me a long time to get over it.	☐	☐	☐	☐	☐	☐
7. Sometimes I feel so tired I do not want to get up/wake up.	☐	☐	☐	☐	☐	☐
8. I have access to a method of suicide other than a gun that I have previously thought to use (e.g., weapon, rope, poison, overdose).	☐	☐	☐	☐	☐	☐
9. I consider suicide to be morally wrong.	☐	☐	☐	☐	☐	☐
10. Suicide would bring shame to my family.	☐	☐	☐	☐	☐	☐
11. People treat me unfairly because of my ethnicity, sexual, or gender identity.	☐	☐	☐	☐	☐	☐
12. <i>Adjusting to America has been difficult for me.</i> (Note: If you were born in America, leave this item blank.)	☐	☐	☐	☐	☐	☐
13. <i>Because of my sexual or gender orientation, no one understands my pain or distress.</i> (Note: If you do not identify as LGBTQ, leave this item blank.)	☐	☐	☐	☐	☐	☐
14. <i>The decision to hide or reveal my sexual or gender orientation to others causes me great distress.</i> (Note: If you do not identify as LGBTQ, leave this item blank.)	☐	☐	☐	☐	☐	☐

Office Use Only: _____

CARS Screener (CARS-S): Scoring Instructions

Instruct participants to answer items according to bolded response options (e.g., Strongly Disagree), ignoring the numbers in the boxes. These small numbers are to be used for scoring purposes and have been adjusted to compensate for reverse scoring. When scoring the CARS-S, you should sum each column to create a total score.

Items answered by your client

Cut-off score

1-11

38.5

1-12

37.5

1-11 and 13-14 (ignoring item 12)

47.5

1-14

44

A positive screen merits a full suicide risk assessment, to include psychiatric and cultural risk and protective factors. As part of a full suicide risk assessment, clinicians may want to utilize the full Cultural Assessment for Risk of Suicide (CARS) for a more thorough assessment of cultural risk factors.

For more information on the CARS-S, please email Joyce Chu, Ph.D. at joycepcchu@gmail.com; also, please reference the published article: Chu, J. P., Hoeflein, B., Goldblum, P., Espelage, D., Davis, J., & Bongar, B. (2018). A shortened screener version of the Cultural Assessment of Risk for Suicide. [Archives of Suicide Research](#).

CARS Cultural Sanctions Scale

Items	Rationale
Suicide would bring shame to my family	Shame about suicide that may precipitate or protect against risk
My family, culture, or religious beliefs about suicide prevent me from considering killing myself	Cultural acceptability of suicide
My family, culture, or religion is against the idea of suicide	Cultural acceptability of suicide
I consider suicide to be morally wrong	Cultural acceptability of suicide

CARS Cultural Sanctions Scale (CCSS) Manual

Cultural Sanctions: culture-specific suicide related values that influence vulnerability to suicide

- Moral protestations
- Attitudes towards life circumstances: shame, acceptance

The CARS Cultural Sanctions Scale: 4 - item scale

Elevations in this scale (using the T-Score tables provided) indicate whether one's beliefs about the acceptability of suicide (i.e., the cultural meaning of suicide) places them at increased risk for dying by suicide.

Client Feedback, Cultural Sanctions

“Your answers indicate that you or others in your life may experience suicide as an act that is more acceptable. As a result, during hard times, if you find yourself having thoughts of hurting yourself. Talking about your thoughts and feelings to other people could help you feel better. You may find different solutions to your problems that can improve your life. “

Healthcare providers can share data in emergencies — **HIPAA allows disclosures to ensure patient safety**

Does HIPAA permit a doctor to contact a patient's family or law enforcement if the doctor believes that the patient might hurt herself or someone else?

Yes. The Privacy Rule permits a health care provider to disclose necessary information about a patient to law enforcement, **family members** of the patient, or other persons, when the **provider believes the patient presents a serious and imminent threat to self or others**. The scope of this permission is described in a letter to the nation's health care providers - PDF Specifically, when a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider, consistent with applicable law and standards of ethical conduct, to alert those persons whom the provider believes are reasonably able to prevent or lessen the threat. These provisions may be found in the Privacy Rule at 45 CFR § 164.512(j).

EQUITY INFORMED APPROACHES

Culturally Adapting Evidence-based & Best Practice Strategies

Intervention-Prevention Strategies



Screening & Assessment

Hospitalization

Problem Solving Training

Safety Planning

Crisis Support Planning

Caring Letters – Contact

Lethal Means Safety

Ongoing Care: Therapy &
Pharmacotherapy

Postvention

PRACTICAL MANAGEMENT OF BLACK YOUTH SUICIDE RISK

Quiet the nervous
system in both you
and the client – flip
off the fight or flight
switch

Collaborate with
youth & support
persons

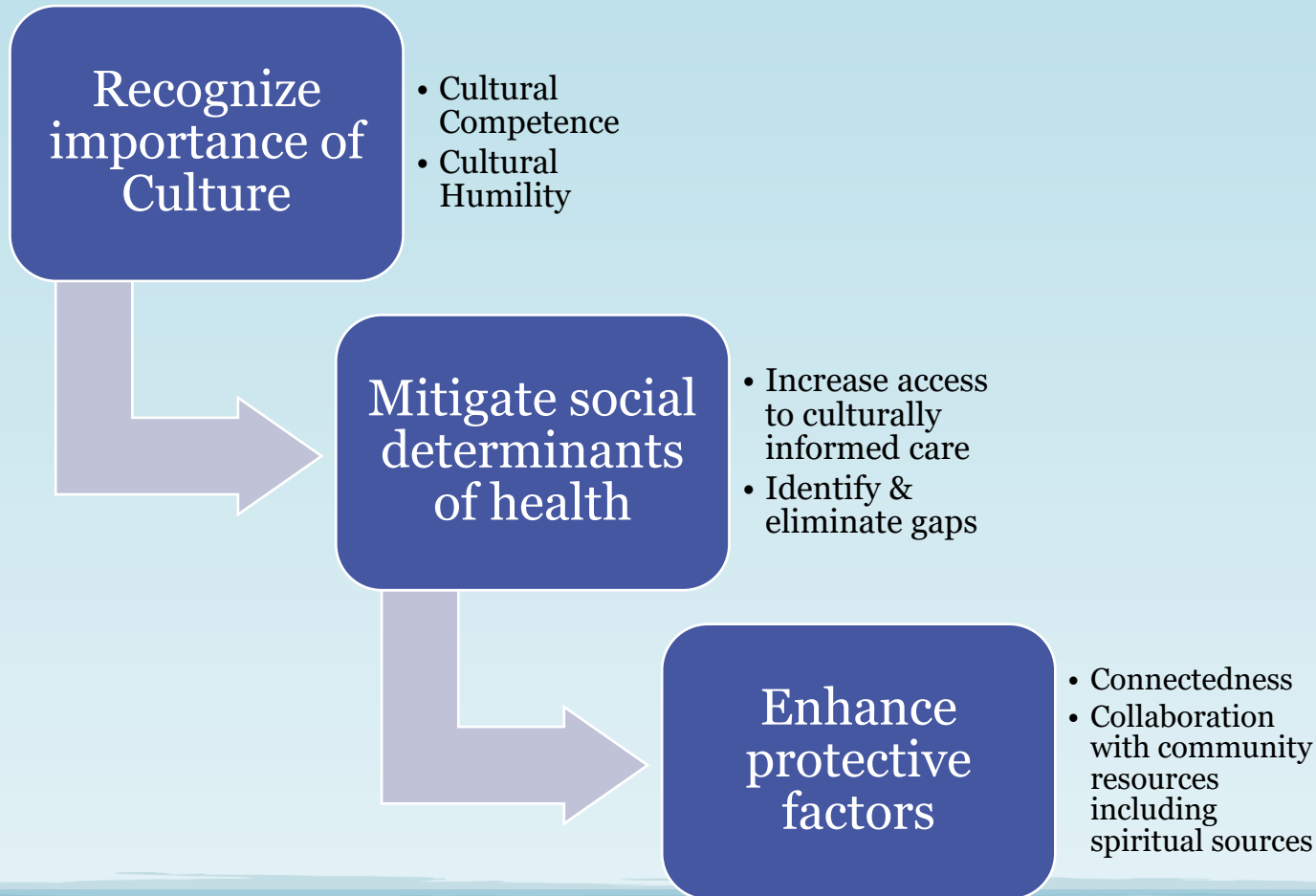
Look for Strengths

Maintain a network
of resources

Know Agency Plan
or SOP

Warm handoffs

Quality Improvement in Black Youth Suicide Prevention: Program Design & Evaluation Recommendations



Recommendations for Culturally Adapting Interventions

Consider that your client is a survivor of trauma in the form of witnessing, directly receiving, or experiencing intergenerational racial trauma

Plan for more sessions at the front end of evidence-based practices (EBP) to improve rapport

Ask directly about race-related themes during the assessment process

Bring to the forefront race-related experiences & discrimination during treatment as indicated

Cultural understanding & competence help to prevent misattribution of client's symptoms to negative stereotypes ascribed to the client's racial group

Religious or faith based communities beyond protective factors

Already built in religious focus, Religious awareness

Belonging to a spiritual community

Gatekeeper Training in Faith Communities:

- Psychological First Aid
- Soul Shop: Suicide Prevention Training for Faith Community Leaders
- OSPF Faith-Based Suicide Prevention for Black Youth & Young Adults Workshop

Faith Based Initiatives



APRIL 13, 2024
1PM-4PM
LET'S TALK: HOW DO WE HALT BLACK YOUTH SUICIDE?

Suicide Prevention Workshop for Places of Worship in the Black Community
Josephine Ridley, Ph.D., Workshop Creator & Facilitator

This pilot program provides education, support, & practical applications to reverse the alarming increase of suicide in Black communities. Goals: remove stigma, increase knowledge/skills, decrease fears, promote healing for many who hide their pain, place tools in the hands of the important first line of defense against suicide in the Black community, the Black church.

Learn how to talk about suicide to your loved ones

Understand why you or others feel like this sometimes

Learn how to prevent suicides

Open to community & congregation

Special segment devoted to clergy & leaders in the church

AGAPE CHRISTIAN CENTER
1799 E 55th
Cleveland Ohio 44103

Website: agapecc.org
IG: [Agape Christian Center](#)
FB: [Agape Connection](#)

April 13, 2024, 1pm - 4pm



soulshop

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Suicide Prevention Training for Faith Community Leaders

- Equipping faith communities to recognize and respond to suicidal desperation.

<https://www.soulshopmovement.org/upcomingtraining>



Black Youth Thriving Framework for Suicide Prevention

Systematic review of empirical literature on strengths-based protective factors associated with reduced suicidal thoughts & behaviors among Black adolescents and emerging adults (Brooks Stephens et al., 2026)

Six domains of protection:

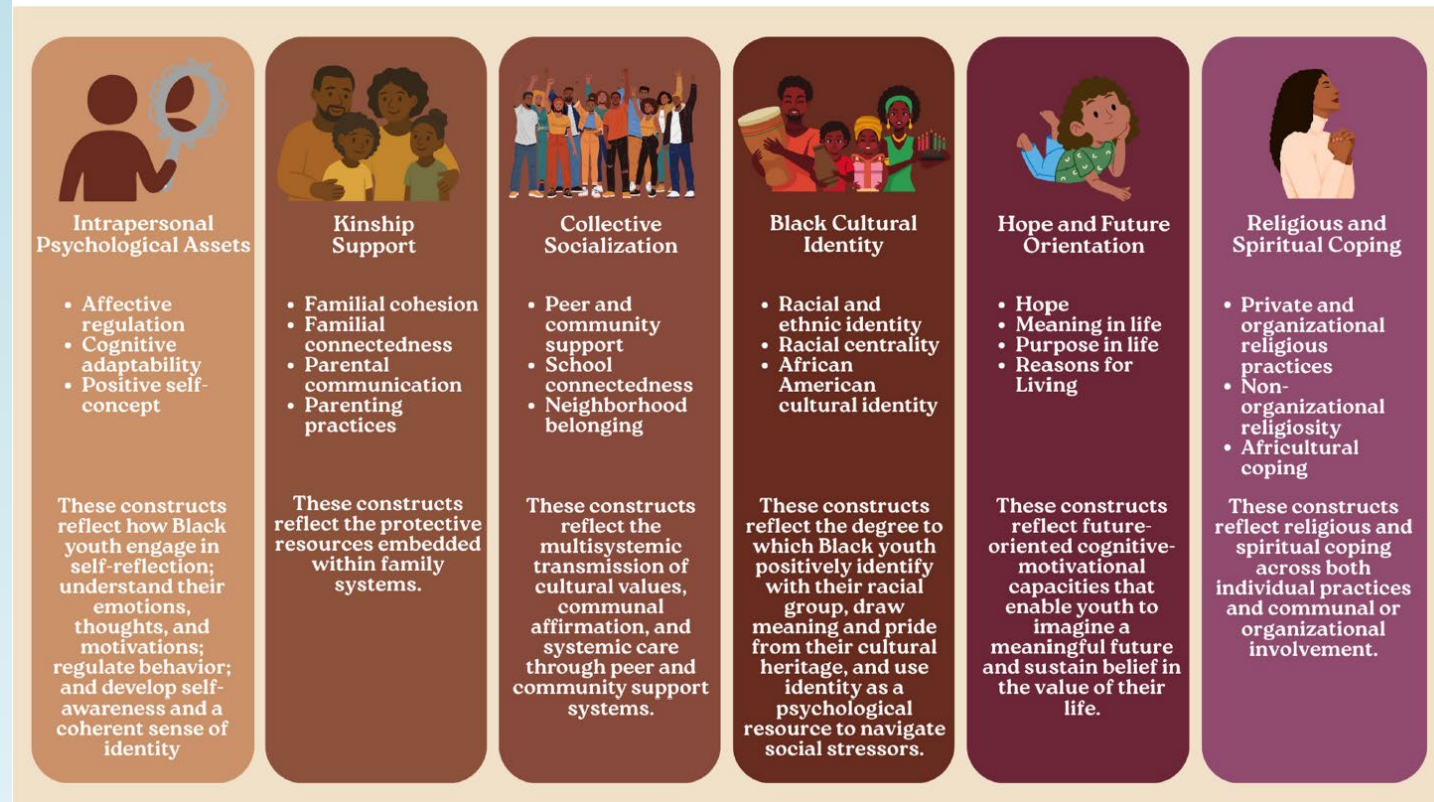
1. Intrapersonal psychological assets
2. Kinship support
3. Collective socialization
4. Black cultural identity
5. Hope and future orientation
6. Religious and spiritual coping

Protective effects when support systems were

- culturally rooted
- developmentally attuned
- identity affirming

Figure 1

Depiction of Strengths-Based Factors That Prevent Suicide in Black Youth and Emerging Adults



Equity Informed

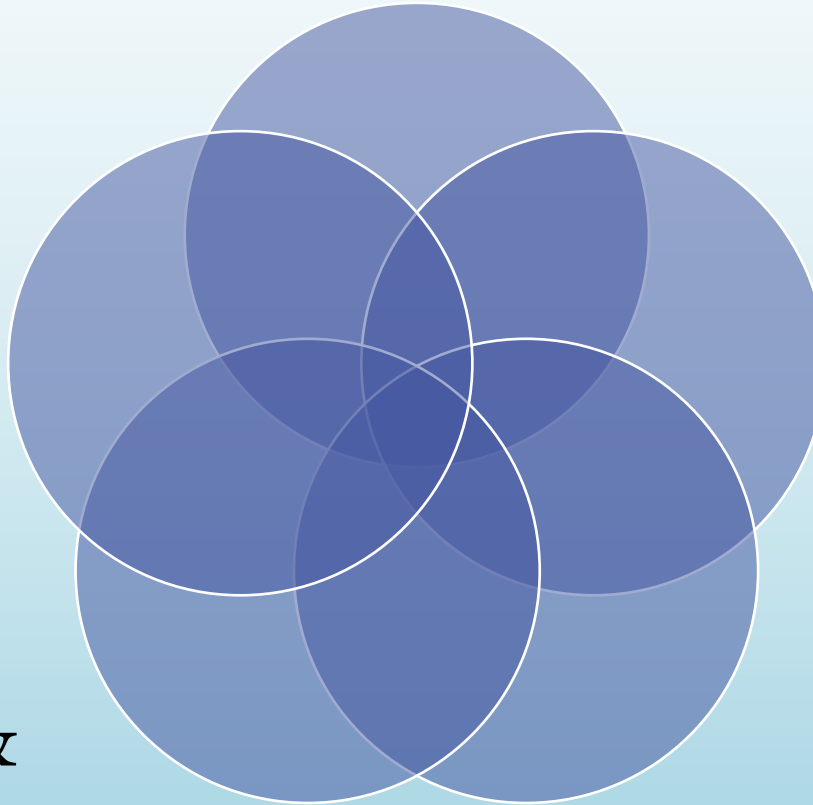
Funded
Research &
Community
Based Programs

Reduction of
Stigma

Access to
Excellent Care

Awareness &
Education

Culturally
Informed &
Competent
Providers



Q & A

Thank you for coming!



RIDLEY BEHAVIORAL HEALTH, LLC

Mind, Body, Spirit Health