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Risk and Protective Factor specific to African American Youth and Adolescents: A Systematic Review

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Introduction

A study conducted by Price and Khubchandani (2019) argues that the etiological underpinnings of African-American adolescents' suicidal ideations deserve a culturally responsive form of nuancing given its exponential rise over the past decades. Given that researchers have found that African-American adolescents' social ecologies inform their "*suicidal thoughts*" (Hong et al., 2020) it becomes imperative we begin deliberating on how best to ameliorate the symptomatology which may impose undue risks and harms. Zhu, Tian, and Huebner (2019) recognize "adolescence is characterized by many challenging cognitive, psychosocial and biological changes, as well as environmental changes, all of which may contribute to the overall mental health outcomes of adolescents" (p.1819). These important risk factors help formulate the basis of this study's Critical Race Theory counter narrative methodological approach (Solórzano and Yosso, 2002) to elucidate why African-American adolescents' suicidal ideations warrant further exploration among clinicians, policymakers, and child advocates.

CRT challenges the liberalist claim that most research and data can be generalized to all races (Abrams & Moio, 2009). Therefore, when considering the topic of suicide, it is important to increase one's understanding of the trends among suicidal African American youth and adolescents and develop interventions based on the protective factors that are important to this population. The authors seek to understand from a CRT perspective how poverty, race, and oppression relates to suicide. This theoretical framework is central to this topic because it explains the importance of being culturally competent when developing interventions to assist with suicide among African American youth and adolescents. In this systematic review, the authors examine the need for increased research and contributions from qualified research professionals in social sciences and public health, additional funding for mental health providers, and improved access to care for African American youth and adolescents. The authors discuss how leaders in the field of mental health can produce quality changes and provides implications for future research.

Research proves that "in the United States, approximately 7.5% of Black Americans have had suicidal ideation and 2.7% have attempted suicide at some point in life" (Oh et al., 2020 p. 47); equally distressing is that "Black children ages 5–12 are about twice as likely to die by suicide than their White peers" (Polanco-Roman, Anglin, Miranda, and Jeglic, 2019, p. 2). For a change in these figures to occur, we must shift the purview of analysis to the perspective of those most affected, which is African-American adolescents and youth (Cheref, Talavera, and Walker,

2019; Evans and Tawk, 2019) Price and Khubchandani, 2019). Therefore, the researchers of this systematic review purposefully situate the social ecologies of African-American adolescents and youth age 5-19 at risk for suicidal ideations and premature death within Urie Bronfenbrenner's (1979) social-ecological model (SEM). This theoretical framework allows the researchers to clearly delineate the various systems in which risk and protective intersect and inform their behaviors. Although others studies have provided a social-ecological analysis of risk and protective factors among African-American adolescents and youth at risk (Cho, Lee, Peguero, & Park, 2019; Compton., Thompson, and Kaslow, 2005) few articulate the voices of suicidal African-American adolescents and youth through a critical theoretical framework.

Problem Statement

Suicide remains one of the leading causes of death, representing approximately 800,000 (10.5 deaths per 100,000) deaths annually worldwide (World Health Organization [WHO], 2018). In the United States, suicide is the 10th leading cause of death, with approximately 48,000 (14 deaths per 100,000) Americans dying from suicide yearly. When adjusted by race, the rate of suicide for African Americans is much lower when compared to other races at 3,254 (7.0 per 100,000), but steadily increasing every year (Centers for Disease Control and Prevention [CDC], 2019).

There has been a large increase of suicide among African Americans that has gone largely unnoticed, making it a hidden endemic. The rate of suicide among African American adolescent children is the highest among all children ages 5-11. This is of importance because, traditionally, African Americans have typically registered lower rates of suicide than other ethnic groups. Also, of importance is that past research suggests that simply being African American has served as a protective factor against suicide (Reed, 2019). The figure listed below demonstrates that incidences of suicide among adolescents for the last two decades.

Suicide is a major preventable health problem, but much of the research that has been conducted generalizes all races and develops interventions based on the majority of suicide completers, which are White males. Critical race theory challenges us to reflect upon how various social identities and systems of oppression converge in lived experience, and in turn influences who has access to privilege (Backhouse, 2010). It also deconstructs Whiteness, which is a system that is rooted in social, economic, political, and cultural history that has established institutional structures that privilege White people in relations of White supremacist domination over other racial groups (Crichlow, 2015). CRT relays that

changes can only occur when all interests align and the majority is equally affected.

Suicidal Ideations among youth and adolescents

In 2018, there were 3000 suicides among adolescents ages 10 to 19 years old (CDC, 2018). For African Americans that number equated to 346 deaths (See Figure 1), when compared to five years early in 2013, there have been a dramatic increase in the number of deaths up from 217 (CDC, 2018). The true number of deaths from suicide actually may be higher, because some of these deaths may have been recorded as “accidental.” Adolescent boys 15 to 19 years old had a completed suicide rate that was 3 times greater than that of their female counterparts, whereas the rate of suicide attempts was twice as high among girls than among boys, correlating to girls tending to choose less lethal methods (CDC, 2018).

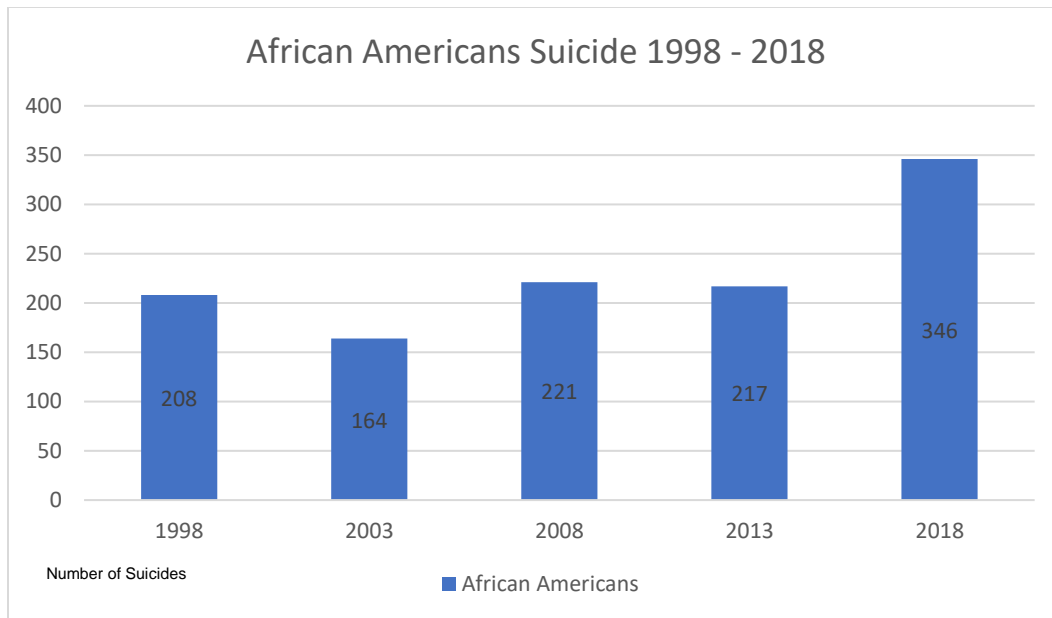


Figure 1. African American Suicide Numbers, 1998-2018 (CDC, 2019)

Epidemiological studies of adolescents reveal changes in the suicide rate of African Americans. National trend analysis shows a narrowing gap in the rate of suicide between 10 to 24-year-old African American and White male Americans, due to the disproportionate increase in the rate of suicide among male African Americans in this group (Joe & Niedermeier, 2008a). Trends have also shown a marked increase in

attempted suicide among African American male adolescents from 1.36 to 2.54 per million children over a 10-year timeframe (Hui, 2017; Joe & Marcus, 2003) and a disproportionate increase in suicidal firearm usage among this group (Howard, 2018; Joe & Kaplan, 2002). These studies used death certificates to examine suicidal trends that may not accurately reflect the actual rate of suicide because of underreporting errors (Joe & Niedermeier, 2008a; Phillips & Ruth, 1993).

A number of factors were identified that increase adolescents' risk of suicide or nonfatal suicidal behaviors. Adolescents with a history of abuse (Evans, Albers, Macari, & Mason, 1996; Hui, 2017; Joe & Niedermeier, 2008b; Perkins & Jones, 2004; Tubman, Langer, & Calderón, 2001; Weinman, Smith, Geva, & Buzi, 1998), male adolescents who are delinquent or tend to commit a crime, and who are not in a gang are at an increased risk of suicide (Evans et al., 1996). Furthermore, abused adolescents who report receiving support from an adult other than a parent were more likely to have considered or attempted suicide (Joe & Niedermeier, 2008a; McManama-O'Brien, Salas-Wright, Vaughn, & LeCloux, 2015; Perkins & Jones, 2004).

Social Ecological Contextualization

In 2008, Joe and Niedermeier published a systematic review of research on suicide and African Americans. Their study focused on the state of social work knowledge regarding suicidality among African Americans. We also expand the criteria to include all social science and public health researchers. The authors seek to understand how and why suicidality is increasing among youth and adolescents. We feel that reframing the problem to understand the risk factors specific to African American youth and adolescents as well as how some of these risk factors can also double as protective factors, could produce new interventions that can be used to mitigate suicide risk. Specifically, critically reviewing the social-ecologies that African American youth and adolescent transverse daily and how these societal and environmental factors play a role in their overall mental health and well-being. It is our theory that one's environment plays the biggest role in suicide risk.

A study that included African American adolescents found suicidal ideation to be more likely among students of color than among White students due to increased poverty and environmental issues that they face (Albers & Evans, 1994); another study of adolescents found being African American to be a protective factor against suicide (Chandy, Blum, & Resnick, 1996) largely due to the fact that African Americans do not commit suicide at as high of a rate.

Based on the identified factors researchers agree that they represent factors that are known to increase incidences of suicidal ideation. Studies that have shown that factors related to gender, age, race, and social location play a significant role in suicidal ideations among African-American youth and adolescents (Christie-Mizell, Talbert, Hope, Frazier, Hearne, 2019; Dean-Boucher, Robillard, Turner, 2020; Florez, Au, Morrisette, & Lamis, 2019). Florez et al (2019) reports that “Investigations regarding correlates of suicidal attempts among rural youth are scarce” (p. 2). As we nuance this conversation it becomes imperative we position the race and social location of African American youth and adolescents at the center. This positions those invested in the development of modalities and intervention to have deeper conversation on how African-American youth and adolescents who are at risk for suicidal ideations from different social ecologies (e.g., rural vs. urban) culturally construct their “*suicidal thoughts*” (Hong et al., 2020).

Hannor-Walker, Bohecker, Ricks, and Kitchens (2020) make it clear that “More research is needed to understand how depressed Black adolescents describe their symptoms and assign meaning to their experiences of depression” (p. 287). More in-depth exploration into the sense-making process for African-American youth and adolescents at risk for suicidal ideations is necessary. For example, a study conducted by Yildiz (2020), found that “Stressful life events were found to be strongly associated with both suicidal ideation and suicide attempts” (p.37), which is consistent with Opara’s et al (2020) study that explored advocacy for implementing culturally-situated frameworks when evaluating suicidality among Black children. In the section, that follows the authors provide a brief context as to why critical race theory (CRT) and tenets of Bronfenbrenner’s (1979) Social Ecological Model (SEM) provide the best theoretical lens to interpret the culturally-situated needs and experiences of African American youth and adolescents at risk for suicidal ideations. In doing so, it is the authors’ hope the two conceptual frameworks joint application by clinicians, policymakers, and child advocates can better have efforts centered at social advocacy at the local, state, and federal levels regarding the aforementioned factors’ relevance to the socially disenfranchised group.

Theoretical Framework

The authors choose two theoretical frameworks for which to base this systematic review. SEM and CRT both provide valuable insight into the underpinnings that encompass youth and adolescent suicide. Cultural competence is a tenet of many professional disciplines and practices. For example, The Council on Social Work Education (CSWE) Educational

Policy and Accreditation Standards (2015) and the National Association of Social Workers (NASW) 2017 Code of Ethics mandate cultural competence with diverse populations. Scholars note several challenges associated with the dominant cultural competence model, including the eclipsing of race as a central mechanism of oppression, resistance, and the unintentional reinforcement of a color-blind lens (Abrams & Moio, 2009; Yee, 2005). Han's (2014) review of suicidal ideation among adults demonstrated that the relationship between race/ethnicity and suicidal ideation is complex and varies by age, thereby asserting the claim that not everyone can be generalized. Critical race theory entails several assumptions:

(a) Racism is always operating and is deeply engrained in society and organizations in particular and persistent ways (racism is normal) (Bell, 1995b; Bonilla-Silva, 2010); (b) white supremacy restructures itself to protect the rights, privileges, preferences, and enjoyment of those seen as more valuable in society (whiteness as property) (Harris, 1995); (c) social progress for people of color will only happen to the extent that it overlaps with white interests (interest convergence) (Bell, 1995a); (d) critiques of dominant ideologies and epistemologies including liberalism, meritocracy, and colorblind ideology; and (e) construction of counternarratives and stories prioritizing experiential knowledge to counteract this power dynamic. (Watkins-Liu, 2017 p.3)

CRT requires that one is culturally competent and cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing culture as central to effective practice.

CRT emerged in the wake of the civil rights movement of the 1960s as a component of legal scholarship, meaning the study and analysis of the law. Although CRT has grown in its application in many disciplines, CRT scholarship as a whole challenges liberalist claims of objectivity, neutrality, and color blindness of the law and argues that these principles actually normalize and perpetuate racism by ignoring the structural inequalities that permeate social institutions. CRT challenges us to reflect upon how various social identities and systems of oppression converge in lived experience, and in turn influences who has access to privilege (Backhouse, 2010). It also deconstructs Whiteness, which is a system that is rooted in social, economic, political, and cultural history that has established institutional structures that privilege White people in relations of White supremacist domination over other racial groups (Crichlow, 2015). Critical race theory draws from diverse disciplines such as sociology, history, feminist and postcolonial studies, economics, political

science, and ethnic and cultural studies. Its general mission is to analyze, deconstruct, and transform for the better the relationship among race, racism, and power (Abrams & Moio, 2009; Delgado & Stefancic, 2001). Next, we review Bronfenbrenner's social-ecological theory and how it applies to youth suicidality.

Initially, Urie Bronfenbrenner, an American psychologist, utilized his developmental ecological theory to encapsulate a child's development within five systems (i.e., microsystems, mesosystems, exosystems, macrosystem, and chronosystems; Bronfenbrenner, 1974, 1977, 1979, 1994; Christensen, 2010; Espelage, 2014; Swearer & Hymel, 2015; Tudge, Mokrova, Hatfield, and Karnik, 2009). Tudge et al. (2009) clarified that Bronfenbrenner "later engaged in self-criticism for discounting the role the person plays in his or her own development and for focusing too much on context." (p. 199). Bronfenbrenner's first tenet, *microsystems*, describes the direct and reciprocal relationships that occur within an individual(s) social environment (Bronfenbrenner, 1979). To offer a socio-cultural context, this tenet provides a tangible way to understand the reciprocity between African-American youth and adolescents at risk for suicidal ideations and their social ecologies. For example, literature has shown effects of environmental factors impacting quality of life outcomes among African-American youth and adolescents at risk for suicidal ideations (Ayyash-Abdo, 2002; Gallagher & Miller, 2018; Pierre, Burnside, & Gaylord-Harden, 2020; Perkins & Hartless, 2002; Standley, 2020; Szlyk, 2020). In that same vein, CRT creates a space for the authors to combine data with lived experiences to uplift the intersectional identities existent within those environmental disparities in such a way that fully authenticates how varied systems impact them disproportionately (Delgado & Stefancic, 2012). Bronfenbrenner's second tenet, *mesosystems*, is described by Christensen (2010) as the "relations between microsystems or connections between contexts" (p. 118). Although research explored by Rose et al. (2020) examined the cultural relevance of social connectedness among this particular population in various settings and systems; Hooper et al., (2017)'s study found that gender intersects in distinct and intersectional ways for African-American youth and adolescents at risk for suicidal ideations. From a critical race perspective, identity intersections (e.g., race and gender) provide a cornerstone in which to evaluate how African-American youth and adolescents are not only impacted by stereotypical discriminatory acts but also unjustly handled through structurally and institutionally racist systems (Assari, Moghani-Lankarani, and Caldwell 2017;) Delgado & Stefancic, 2012).

Furthermore, Smokowski et al., (2017) states, “microsystem risk factors undermine successful adolescent mental health functioning and that social support in the immediate microsystem is not sufficient to protect youth from symptoms of depression and anxiety (p. 12). Another significant tenet of Bronfenbrenner’s (1979) social-ecological model, *exosystems*, suggests individuals have an indirect relationship within the context of their social environment. To be specific, a study conducted by Matlin, Molock, & Tebes (2011) found that “African American adolescents experiencing elevated levels of depression, strengthening community connectedness could be an effective target for suicide prevention efforts” (p. 10). Such discrepancies in equitable and cultural-situatedness as relates to suicidality among this particular demographic groups highlights another tenet of Bronfenbrenner’s (1979) social-ecological model: *macrosystems*. Christensen (2010) describes this system as “the overall societal culture in which individuals live” (p. 118). Opara’s et al (2020) study states, “Suicide research has overwhelmingly been focused on White youth thus leaving a critical gap in suicide research” (p.2). With this fact in mind, challenging existing systems of racial injustices, and decentering anglocentric approaches to reporting research, and center the need of a group of people who are under-represented in many scholarly spaces becomes the impetus to why further exploration becomes necessary (Delgado & Stefancic, 2012). Bronfenbrenner’s (1994) tenet of *chronosystems*, defined as “the change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives” (p. 40). As the next section will reveal this particular tenet not only allows the authors to re-examine and re-conceptualize factors (e.g., risk, protective) relevant to African-American youth and adolescents within the social ecologies in which they occur but also respect its effects on their personhood through a critical raced lens.

Methodology

The purpose of this systematic review was to examine risk and protective factors specific to African American youth and adolescents. A systematic review was chosen because it allows for a thorough examination of existing literature and allows one to provide implications for future research if necessary. In this section, the discussion will include the strategy used to analyze the current literature and the inclusion and exclusion criteria used. The systematic review was formulated and guided using the Campbell Collaboration protocol (2014). The study utilized a comprehensive and extensive literature review of published research from 1980 to 2020 to examine published research on African American youth and adolescent suicide. In 2008, Joe and Niedermeier published a

systematic review of research on suicide and African Americans. The study included any articles authored by social workers or published in social work journals between 1980 and 2005. Joe and Niedermeier (2008b) led the charge to conduct more research and publish literature, specific to African Americans. Since that time, researchers in the field of social work have contributed limited amounts of literature and even less interventions to address this phenomenon. It was the authors belief that allowing articles published in non-social work journals and by other disciplines would yield additional studies that might provide more insight into suicide among African American youth and adolescents.

A search was conducted using the following databases: PsycINFO, Social Work Abstracts, Social Services Abstracts, Sociological Abstracts, EBSCOhost, ProQuest, and JSTOR. These databases were selected based on their ability to provide peer-reviewed journal articles and abstracts within the social work and human services field. The Campbell Collaboration (2014) protocol was chosen based on clear, detailed guidelines developed by the authors that were straightforward and meshed well with this systematic review, proposing the question: (1) What risk and protective factors have specific to African American youth and adolescents have mitigated suicide risk? Sufficient evidence was discovered during the initial literature review to continue with a systematic review.

Inclusion Criteria

The strategy for the systematic review continued by selecting research studies based on the inclusion criteria consisting of articles that are unique to the subject. Studies in this systematic literature review were included if they: (a) were published in peer-reviewed journals; (b) were published by any social science or public health discipline; (c) were published in social science or public health journals (d) were published between 1980 and 2020 (applies to potential eligible studies within articles); (e) were concerned with how protective factors specific to African American youth and adolescents reduce the risk of suicide.

The articles that met the inclusion criteria were synthesized using the pre-determined coding procedures to address the objectives of the review. Titles and abstracts were reviewed to determine relevance. Once completed, articles were analyzed according to Rosen, Proctor, and Staudt's (1999) taxonomy for the three types of knowledge generated (descriptive, explanatory, and control) from research. According to Rosen et al., descriptive studies provide practitioners with information to assess and classify clients and problems, including their central tendencies or distribution, which can be used to make decisions about which services

are needed and by whom. Explanatory reports are defined as studies examining the relationships among two or more variables, such that we understand factors influencing their variability and consequences (Rosen et al., 1999). They are hypothesis-driven examinations of differences between groups and they may consider multiple variables simultaneously (i.e., risk/protective factor studies). Lastly, control studies examine the effects of services delivered or test the efficacy or effectiveness of interventions.

After articles were classified as descriptive, explanatory, or control (Rosen et al., 1999), they were classified based on the following criteria: (a) research and non-research based (Joe & Niedermeier, 2008b); (b) journal type; (c) epidemiological trends (Cash & Bridge, 2009); (d) measurement of suicidal thoughts and behaviors (Ghasemi, Shaghghi, & Allahverdipour, 2015); (e) whether a case study was used as the basis for the study (Joe & Niedermeier, 2008b); (f) any identified risk/protective factors that increase/decrease the likelihood of a suicidal act; and (g) any interventions developed for future practice.

Upon receiving the results, the author looked to interpret the results using these SEM concepts: the complex interplay between individual, relationship, community, societal factors and CRT concepts: Race as a social construction, interest convergence, voices of color, and intersectionality. The author worked to develop implications and conclusions based on the following: (a) Are interventions based solely on the observable attributes of suicide completers? (b) Does intersectionality impact service delivery design? (c) How can voices of color change the narrative of suicide interventions? and (d) How does interest convergence influence suicide prevention? It was believed that these concepts would help the author address how oppression and inequality impacts the unmet mental health needs of African American youth and adolescents are how are large part of suicidal ideation can be both connected to environmental and individual factors.

Findings

The seven databases were searched on different dates. Searches were performed in EBSCOhost, PsycINFO, Social Work Abstracts, Social Sciences Abstracts, and Sociological Abstracts, with a yield of 200 articles. Articles were filtered to include only peer-reviewed articles and this search yielded 149 articles. Articles were further limited to academic journals between 1980 and 2020 and this search yielded 133 articles. Lastly, duplicates were removed, which yielded 108 articles for abstract screening. Searches were also performed in ProQuest and JSTOR, with an initial yield of 534 articles. Articles were limited to peer-reviewed

academic journals between 1980 and 2020; this search yielded 82 articles. Duplicates were removed, leaving 38 articles, which resulted in 11 duplicates from the previous database searches.

After an exhaustive review of the abstracts using the pre-identified protective factors: “church,” “family support,” “community support,” “social support,” “access to care,” “old age,” “living in southern region of the United States,” “belief that suicide is not an option,” “education,” and “marriage” (Gibbs, 1997). These terms were chosen based on a review of the original 2008b study by Joe and Niedermeier, who concluded that protective factors should be further researched to determine how they could lead to decreased incidence of suicide among African Americans. Our study specifically looks at youth and adolescents, which has seen a large increase in suicidal activity. At the end of this process, 33 articles were excluded from ProQuest and JSTOR and 79 were excluded from the remaining databases. Full-text articles were downloaded for the remaining 34 articles. After a full text review, 20 articles were included in this systematic review using the Campbell Collaboration guidelines (See Table 1).

Table 1: Protective Factors That Decrease Suicide Among African Americans

Authors (date)	Social Support	Family Support	Religion	Private Regard	Intact Marriage	Poverty & Education	Impulsivity & Aggression	Access to Care	Community Violence
Bennett & Joe (2015)	X	X							X
Bryant & Harder (2008)	X						X		
Chatters et al. (2011)	X		X						
Gibbs (1997)	X	X	X	X	X				
Joe (2006a)	X		X			X			
Joe (2006b)	X	X	X	X		X	X		
Joe et al. (2018)	X							X	
Joe et al. (2006)	X	X		X	X				
Joe & Kaplan (2002)	X								
Joe & Kaplan (2001)	X			X		X			
Joe & Marcus (2003)	X								
Joe & Niedermeier (2008a)	X		X	X		X			
Joe & Niedermeier (2008b)		X			X	X			
Lincoln et al. (2012)	X	X	X			X			
Lindsey et al. (2017)	X								
Lindsey et al. (2010)	X	X						X	
Nguyen et al. (2017)	X			X		X			
Street et al. (2012)		X		X	X	X			
Taylor et al. (2011)	X		X						
Walls et al. (2008)	X								

A review of the literature shows that social support from peers represented the largest protective factor for African Americans at 100% ($n = 20$). Included in the broad category of social support are peer support at 90% ($n=18$), family support at 40% ($n = 8$), religion at 35% ($n=7$), private regard/strong African American Identity at 35% ($n=7$), and intact marriages and the role of women at 20% ($n=4$). Other factors worth mentioning are poverty and education at 30% ($n = 6$), impulsivity/aggression and access to care at 10% ($n = 2$), followed by community violence at 5% ($n = 1$). As noted, some articles mentioned more than one variable.

Based on the previous review conducted by Joe & Niedermeier (2008) the authors identified private regard, poverty, aggression, community violence, and access to care as additional protective factors that are specific to African Americans with the potential to mitigate suicide risk. Each of these protective factors are expanded upon in the finding section and their relevance in relation to African Americans discusses why additional research should be conducted in these areas. Additionally,

analysis reveals that researchers were less likely to publish research that included information of African American suicidality as a whole, even more specifically youth and adolescent suicidality. Over the 40-year period studied researchers have modestly begun to increase their contribution to youth adolescent suicidality. More specifically, within the last five years. The next section critically reviews and summarizes the practice relevant knowledge gained from the studies for inclusion on African American youth and adolescent suicide.

Risk and Protective Factors for African American Youth Social and Environmental Factors

Suicide affects young people from all races and socioeconomic groups, although some groups have higher rates than others. American Indian/Alaska Native males have the highest suicide rate, and black females have the lowest rate of suicide, what is alarming relates to the increases in suicide among African American males. Sexual minority youth (i.e., lesbian, gay, bisexual, transgender, or questioning) have more than twice the rate of suicidal ideation.

Youth are also at much greater risk from media exposure than adults and may imitate suicidal behavior seen on television (Gould et al., 2003). Media coverage of an adolescent's suicide may lead to cluster suicides, with the magnitude of additional deaths proportional to the amount, duration, and prominence of the media coverage. Being the victim of school bullying or cyberbullying is associated with substantial distress, resulting in lower school performance and school attachment (Schneider et al., 2012). Suicidal ideation and behavior were greater in those bullied with controlling for age, gender, race/ethnicity, and depressive symptomology. Suicidal ideation and behavior were increased in victims and bullies and were highest in bully/victims (Kaminski & Fang 2009).

Social and environmental risk factors include bullying, impaired parent-child relationship, living outside of the home (homeless or in a corrections facility or group home), poverty, difficulties in school, neither working nor attending school, social isolation, and presence of stressful life events, such as parental divorce, unstable living environments, parental death, or instability in their home life (Reed, 2019). Another environmental risk factor relates to community violence and aggression, which are driving risk factors at the later age of adolescents for African Americans living in poverty. An unsupported social environment for lesbian, gay, bisexual, and transgender adolescents, for example, increases risk of suicide attempts (Walls et al., 2008).

Social and Family Support

The authors research has identified social support as the largest protector against suicide for African Americans, followed by family support, poverty and education, private regard, impulsivity and aggression, access to care, and community violence. While some of the protective factors may not seem like protective factors, when placed in context of the social ecologies of African Americans, the picture becomes clearer as to why these are protective factors. Nguyen et al. (2017) argues that a lack of social support, social isolation, and negative interactions results in a need to belong. “The interpersonal theory of suicide posits that a sense of belonging is an instrumental factor in suicidality. More specifically, belongingness is protective against suicidality, whereas thwarted belongingness is a risk factor for suicidality. In support of this theory, research has indicated that belongingness is inversely associated with suicide ideation and attempts” (Nguyen et al., 2017, p. 300).

Social support is an important protective factor that operates in several ways (e.g., direct health effects, moderating negative effects of stressors) to enhance overall health status and improve health outcomes” (Chatters et al, 2011, p. 338). Having supportive networks whether it be friends, church, outside recreational groups, and/or sports, has been known to buffer against suicidal ideations among African Americans. “Social support has received considerable attention in the adolescent literature as a main and interactive effect on adolescent responses to stressors” (Lindsey et al., 2010, p. 461). As a main effect, research finds that increased levels of social support among African American adolescents results in lower levels of depressive symptoms. Research suggests that the interaction between peers may buffer against the effects of stress and depression (Lindsey et al., 2010).

Nguyen et al. (2017) argue that social support leads to a sense of belonging, which is an indicator of social integration. The combination of which is important for adolescence as they matriculate especially during school age years. Support from peers may an effective method in reducing suicide, specifically among youth (Walls et al., 2008). In contrast, Lindsey et al. (2017) agree that a lack of safe places and social support increases the risk of suicide, but increased social support and supportive networks can buffer against suicide. Young African American males need supportive environments to experiment with becoming a man, without having labels placed on them before they mature, which are some of the challenges that African American men experience.

Joe and Marcus (2003) discuss whether suicidal behavior among African American youth is attributed to changes in their attitude about suicidal behavior. Is the social support that an individual receives helping

to mitigate suicidal ideations, or is social isolation causing increases in suicidal behaviors and mental disorders? Bryant and Harder (2008) argue if mental health professional work to increase self-efficacy and social support through enhanced skills training can lead to decreased suicide rates among young African Americans. Joe et al. (2018) also agrees that the key to decreasing suicide risk among young African American men is to increase social and emotional support for that group. This could provide key interventions that are necessary to buffer against suicide, such as involvement in recreational groups, positive male role models, or mentorship groups.

Support from family members is key to preventing suicide. Joe (2006b) states that increased levels of support within the family system may buffer against suicide, while providing a nurturing environment. It further proves that positive parental and familial support is key in protecting youth against suicide. Many youths face bullying and teasing in their educational settings, so the positive racial regard from their supportive system is important in building their confidence. Studies support what researchers have noted, which is that adolescents with mental health problems tend to use their social networks to discuss their problems in lieu of seeking professional help (Lindsey et al., 2010). One reason could be that African Americans feel that seeking help and support is not masculine and macho and make them look weak, thereby preventing them from seeking help.

“For African American youth and adolescents, parental support was positively associated with suicidality” (Bennett & Joe, 2015, p. 785). This was largely due to parenting styles among African American parents. Recent studies have shown that African American parents in urban environments are more stern in comparison to other ethnic groups (Bennett & Joe, 2015). It is argued that this authoritarian parenting styles buffers against suicide ideation, while also providing a supportive and nurturing environment. Parental support buffers against suicide for African Americans due to the strict nature of African American parents (Lindsey et al, 2010). Males tend to look to their family for support before they seek outside help, this is largely due to distrust of mental health professionals (Lindsey et al., 2010).

Religion

Church-based social support networks figure prominently in the lives of African Americans and play an important role in physical and mental health and well-being (Chatters et al., 2011). Research finds that supportive networks within religious communities are protective against suicide when faced with stressful situations. Taylor et al. (2011) assert, “by

promoting prosocial attitudes, social connections and support, and healthy lifestyle choices and behaviors, religious involvement reduces the risk of mental health problems and suicide” (p. 8). African Americans are strongly invested in church-based networks that provide high levels of social support, social integration, and cohesion. The prominence of church-based social support networks for African Americans and their positive associations with mental health and well-being suggests that they could be linked to lower levels of suicidality. “African American churches have historically provided extensive community outreach efforts in the areas of health and social welfare, education, and community organizing and development” (Chatters et al., 2011, p.339).

New and younger generations of African Americans have different views on religiosity as a means of coping with difficult life stressors due to a decrease in church attendance (Joe, 2006a). Although research does agree that religious communities provide support when faced with stressful situations (Joe & Niedermeier, 2008a). “Church-based support networks provide resources (e.g., emotional, material, instrumental, psychosocial) that are essential elements in coping with life problems and stressful events” (Chatters et al., 2011, p. 339). Because service attendance is multifaceted, other aspects of attendance may have important protective effects against suicidal ideation and behavior. Specific features of religious services themselves may be helpful to individuals in dealing with problems.

Private Regard

Racial regard includes private regard, which examines one’s belief about being connected to a particular race, in this case the African American race. The interpersonal theory of suicide (Nguyen et al., 2017) states that a sense of belonging is key when considering suicide. More specifically, that belongingness protects against suicide, whereas social isolation increases the risk of suicide (Nguyen et al., 2017). Street et al. (2012) agreed that racial identity and racial centrality are linked to psychological well-being. “Higher racial private regard is associated with lower levels of depressive symptoms, higher self-esteem, and higher levels of well-being in adolescent and adult community samples of African Americans” (Street et al., 2012, p. 417).

Role of Women

The role of women in the African American community may be a significant factor in suicide rates. They possess a level of courage and resiliency in nurturing their families and building their community that has been found to buffer against suicide (Gibbs, 1997). Street et al. (2012) agree that the strength of African American women in family and

community settings has been found to buffer against suicide. “African American women have learned to cope with high levels of stress, poverty, and discrimination by forming strong social networks, sharing resources, assuming flexible family roles, and turning to religion as a source of comfort” (Gibbs, 1997, p. 74). Joe and Niedermeier (2008b) agree that African American women play a key role in support for their family. They argue that African American women without supportive networks are at increased risk for suicide, whereas being married buffers against suicide (Joe & Niedermeier, 2008b).

Poverty

Despite a history of poverty, racial segregation, discrimination and a host of social and economic barriers, rates of suicide among African Americans remain relatively low compared to other racial and ethnic groups. “Among African American men, poverty was found to reduce suicide risk whereas African American men who attained higher levels of education were at an increased risk of suicide” (Joe & Niedermeier, 2008b, p. 253). Explanations for this apparent paradox are related to the coping styles and resiliency that one develops as a result of their disadvantaged status (Lincoln et al., 2012). Joe and Kaplan (2001) found that curtailing income disparities reduces suicide risk and protects African Americans against suicide behaviors and ideations. Having lower occupational and income inequalities between Whites and African Americans can help reduce some of the stress associated with feeling overwhelmed based on one’s economic outlook.

Poverty has long been seen as a risk factor as it relates to suicide among African Americans. “Recent changes in the pattern of suicide among younger African Americans may reflect their experience of growing up in more extreme and concentrated poverty at a time in which the protection provided by parents, the church, and other community institutions have been considerably weakened” (Joe, 2006a, p. 276). Conversely, how does one see poverty as a protective factor against suicide. It draws from the simple notion that reduced stressors due to economic depravity does not increase suicide risk. An individual does not miss what they never had. Whereas poverty has been found to buffer against suicide it is important to note that this should not stop social workers from fighting against oppression and poverty.

Aggression and Impulsivity

Joe (2006b) viewed social support from the stance of “shifting the focus away from preventing suicide and placing it toward a focus on self-destructive behaviors to avoid many of the religious and cultural stigmas of suicide” P. 465). Joe’s (2006b) belief was that shifting the focus could

make it easier to engage the community on suicide. He argued that greater emphasis should be placed on self-destructive behaviors, aggression, and impulsivity, while encouraging African Americans to engage in mental health wellness. Bryant and Harder (2008) agree that aggression and impulsivity buffer against suicide. African Americans have dealt with discrimination for an extended period of time. The result for some has been aggression. As a result, African Americans when confronted with frustration blame society and externalize aggression through self-destructive behaviors in such forms as homicide. In contrast, White Americans cannot attribute their various social and economic failures to discrimination. As such when confronted with frustrations, they are more apt than African Americans to consider suicide, whereas the aggression and impulsivity protects African Americans against suicide, but could also lead to criminality.

Exposure to Community Violence

Bennett and Joe (2015) looked at the frequency of exposure (through sight and sound) to violence in one's home and neighborhood and assessed its effects by six items from the Children's Exposure to Community Violence Scale. Study participants were asked to indicate how often they had seen or heard certain violence-related incidents around their home and neighborhood. Scale items included statements such as 'I have heard guns being shot' and 'I have seen somebody get stabbed or shot.' (p. 778) The results showed that the frequency and exposure to this type of violence and crime made them stronger when dealing with suicidal ideations. It did not make them sad, have depressive symptoms, or create additional mental health needs and showed no relation to suicidality.

Strengths and Limitations of the Review

Although this systematic review was comprehensive, we acknowledge that possibility that some journals containing articles contributing to the study of African American youth and adolescent suicide may have been excluded from the review. Furthermore, this study examined the contribution to research of African American youth and adolescent suicide over 40 years, the authors attempted to be inclusive of all racial terms used for this population during this timeframe, but acknowledge that some may have been overlooked in the initial search. However, these limitations do not outweigh the strengths of this review. Namely, the fact that this review includes a comprehensive review of social science and public health researchers. It also expands the timeframe from 25 years to 40 years, which allows the researchers to view literature over an extended period of time for different perspectives across decades.

Bridging the Gap Between Policy and Data

There are several implications that can be drawn from this systematic review of literature. Practice, policy, and research are connected to one another in a reciprocal manner. Those connections need to be supported in the area of suicide among African American youth and adolescents. Mental health practitioners are already working with suicidal clients and there needs to be practice informed research where programs are designed and evaluated to see what works when did with this specific population. Additional insights from workers in the field can be understandings one's perceptions of African American youth and adolescents and how these perceptions shape interventions and service delivery, how a lack of understanding of racial dynamics can negatively racialize minorities, and understanding elicit bias and discriminatory behaviors and their role in the continued oppression of African Americans as a whole. From the information gathered in this systematic review mental health practitioners in practice need to focus on understanding the trends in suicide among African American youth and adolescents and improving their coping strategies within their respective environments.

There is also a need to develop racially inclusive therapies and practices effective for African Americans and minorities in general. Mental health interventions continue to evolve around dominant, Eurocentric theoretical interventions such as psychotherapy, which has proven to effectively benefit members of the dominant White culture (Ortiz & Jani, 2010). These interventions continue to structure practice into a space where African Americans and minorities are forced to exist, rather than understanding the oppressive and unequal structures of society. Therefore, the authors feel that practitioners, administrators, and policymakers should acknowledge race and its significance within therapeutic practice and work to create interventions that consider how race plays a role in behavior.

At the policy level, addressing suicide requires a multifaceted approach involving communities, workplaces, schools, and the healthcare institutions. The federal government should enact policies that work to reduce inequality and promote decreasing the wealth gap between the majority and minority. States should consider boosting public health funding, particularly in areas that help people in distress, such as suicide hotlines and emergency centers (Blitstein, 2008, p. 1). Social workers and mental health practitioners already have a presence in hospitals, on a macro scale, a larger presence in the board room could help institutionalize these initiatives. Laws and policies mandating insurance coverage parity for mental health services should be lobbied before Congress. By doing so we can provide individuals with adequate coverage

to seek the mental health services that they may require. There is a caution in that universal policies and programs often claim to be neutral but in application they regularly benefit dominant groups more because the conception of normativity is developed and sanctioned by the same dominant groups.

Engagement with African American youth and adolescents is key to preventing suicide among this group. Social workers and mental health professionals should make efforts to interact with the family and social support system of African American youth and adolescents to help improve the coping skills of this group. Services should be incorporated in community/recreation centers, libraries, school systems, and large apartment urban complexes to eliminate the barriers associated with accessing mental health services. Mental health agencies should also increase opportunities for individuals to be involved in treatment by offering convenient hours, home-based care, tele-health, child care, and transportation. This could help eliminate some of the barriers that prevent individuals from attending and seeking treatment.

The authors believe that the findings also provide researchers and policy-makers with a culturally-situated framework in which to understand the ways in which certain risk factors inform suicidal ideations among African-American youth and adolescents. Research has shown that better accessibility to more equitable resources at every level of government can inform this demographic group's ability to thrive proportionately to their non-African counterparts (McCrea et al., (2019). Furthermore, research conducted by Robinson et al., (2016) even suggests that "Enduring and uncontrollable contextual stressors impair adolescents' problem-solving strategies and, as such, can lead to suicide" (p. 9). As a result, it becomes vital to those committed to social advocacy to remain conscious to African American youth and adolescents' heightened exposure to detrimental risk factors which inform suicidal ideations. In this article the extrapolation of factors relevant to African-American youth and adolescents beyond the intersubjectivity of *the white gaze* (Nielsen, 2011) can help position child policy-makers refine programs that too often that don't center their psychosocial developmental barriers.

Studies have long recognized that "Adolescent suicidality is a complex phenomenon" (Robinson et al., 2016, p. 3); however, structurally racist systems and white-centered preventative modalities position African-American youth and adolescents to become "*suicidally vulnerable*" (Walker et al., 2017) due to the lack of cultural attunement. For true change to occur practitioners, child advocates, and policymakers must be willing to call out the deeply rooted legacy of racial discrimination within

various systems of care and policy (Delgado & Stefancic, 2012). This can be accomplished by openly speaking to how those discriminatory systems exacerbate “*suicidal thoughts*” (Hong et al., 2020) among this particular demographic group. For instance, programs specifically aimed toward assisting African American youth and adolescents psychosocial developmental milestones of adolescents typically go underfunded at the local, state, and federal levels (Bailey and Paisley, 2004; Hastings, Snowden, 2019; Swanson, Philips, Spencer, 1991; Connell, Halpem-Felsher; Clifford, Crichlow, Usinger, 1995).

Assari, Moghani- Lankarani, and Caldwell (2017) found that “Discrimination was a universal risk factor for suicidal ideation among Black youth, regardless of their ethnicity or gender” (p. 6). In light of these circumstances, the authors propose that individuals engaged in formulation of policies to begin denoting the psychological and social influences of police brutality impact upon African American youth and adolescents at risk for suicidal ideation (Alang, McAlpine, McCreedy, & Hardeman, 2017; Howard, 2016; Opara et al., 2020). This emerging public health crisis undergirds the pivotal roles social workers and counselors within school settings historically and presently play in addressing the mental needs of those at risk for suicidality and their families (Cuellar, Elswick, & Theriot, 2018; Huffman, 2013; Sherman, 2016). Scholars such as Crutchfield, Phillippo, and Frey (2020) explored “The potential for school social workers to address structural racism through the use of the national school social work practice model as a tool to guide systemic, ecologically oriented intervention within schools and educational policy spaces” (p.1).

Current global events related to the COVID-19 virus necessitate that practitioners and policymakers must engage in social justice informed ethical decision-making praxis (Banks et al., 2020). Therefore, it stands to reason that those investments in mitigating the detrimental effects of psychosocial stressors for African American youth and adolescents at risk for suicidal ideation are willing to explore every option as well. With this in mind, the authors suggest that practitioners, child advocates, and policymakers must employ Saleebey (1992) strength’s perspective (as cited in Ricks, 2016) as an approach to conceptualize suicidal ideations among African American youth and adolescents in order to affect policy changes at the micro, macro, and mezzo level.

Conclusion

The findings from this systematic review have implications for suicide prevention among African American youth and adolescents. In practice, most professionals rely on their own profession’s theoretical

framework and literature as a source of practice knowledge. The results of this study suggest that although progress on literature regarding suicide among African American youth and adolescents, much work needs to be done on incorporating the unique perspective Critical Race Theory and Bronfenbrenner's Social Ecological Model into future research, literature and practice. The racial lens of CRT can provide mental health practitioners and policymakers with a racially inclusive framework that can be used to provide services to diverse populations. Therefore, integrating CRT in the board room and in practice can be beneficial for future policy development, as well as provide a lens to transform and deconstruct the social structures and institutions that continue to marginalize people of color. We implore policymakers to advocate for better accessibility to equitable resources for communities of color and call of the systemic racism that is evident in systems of care. Only by doing so, will we likely see some improvement and decreases in suicide risk among African American youth and adolescents.

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