Walden University

College of Social and Behavioral Health

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Carlos Brown

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Walden University
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Abstract

Collected Voices of Black Youths and Young Adults on Their Perceptions of Suicide

by

Carlos Brown

MA, Walden University, 2019

BA, Michigan State University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

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Abstract

The decline in suicide rates among Caucasian youth contrasts with the increase in suicide rates among Black youth and young adults, prompting concern among communities of color, mental health practitioners, and researchers. There was a research gap concerning the perspectives of Black youth and young adults on suicide, prompting an exploration of their perceptions and efforts to reduce it using a sociocultural perspective. Data collection included semistructured virtual interviews with 14 Black individuals aged 12–25, applying a generic qualitative approach and inductive analysis to the collected data. The study identified two main themes, Black community views toward suicide and Black-specific traumatic experiences, along with seven subthemes: (a) age-dependent views, (b) stigma, (c) familial influence, (d) suicide risk and the Black experience, (e) sociocultural factors, (f) protective factors, and (g) the role of social media. Participants revealed that older adults often dismiss or stigmatize mental health and suicide concerns, emphasizing the need for more supportive spaces for open discussions and access to support and treatment, including social media platforms. Cultural-specific factors (i.e., historical trauma from slavery, discrimination, racism, and police brutality) were discussed by participants, underscoring the importance of targeting suicide prevention efforts toward Black youth on social media and addressing the unique stressors related to racism. Collaboration within the Black community is vital to combat stigma and provide mental health awareness services. These findings hold significant positive social change implications for society, emphasizing the necessity of addressing the mental health needs of Black youth and young adults with cultural sensitivity.

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Dedication

I dedicate this dissertation to my family, friends, and those who have lost someone to suicide. I hope and desire that my work shares cultural perspectives from the voices of Black youth promotes additional research, and changes how we advocate. I wish to provide practitioners insight into improving suicide intervention and prevention efforts. Lastly, I dedicate this page to all my research participants and professional peers from Michigan State University, Walden University, and previous employers. Because of you all, I have made it thus far in my academic and professional career.

I am looking forward to post-doctoral life.

Acknowledgments

First and foremost, I must thank God, who has given me the ability and fortitude to pursue the desires of my heart. I also want to thank and acknowledge the faculty, family members, and friends who have helped me reach this point in my academic career. Whether it was listening to me talk/vent, reading drafts, sending encouraging messages, prayers, and more. I appreciate every positive thought and gesture you have shown.

If you or someone you know needs suicide prevention services. The Lifeline provides 24/7, free, and confidential support for distressed individuals, prevention and crisis resources for you or your loved ones, and best practices for professionals. Please call or text 988 or visit https://suicidepreventionlifeline.org/chat/ for the Lifeline Chat option available 24/7. If you are hard of hearing, you can chat with a Lifeline counselor 24/7 by online chat, and for TTY Users, Use your preferred relay service or dial 711 then 1-800-273-8255. Help is available, and your life is worth saving.

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Chapter 1: Introduction to the Study

The number of suicide-related deaths among Black youth and young adults is higher than their White counterparts, and these numbers continue to rise (Abrams, 2020; Lindsey et al., 2019; U.S. Department of Health & Human Services, 2021). There is ample research looking at the trends in suicide-related deaths among Black youth and young adults (Lindsey et al., 2019). However, there is limited research considering suicide from the perspective of Black youth and young adults, which could provide culturally specific considerations when screening and treating Black youth and young adults for suicidal behavior. The potential social implications of understanding how Black youth and young adults perceive suicide may provide mental health practitioners with firsthand insight from childhood. The perspectives collected in this study can promote improved treatment and intervention methods for this underserved and at-risk population.

This chapter will present background information about suicide, Black youth, and young adults. This preliminary information will be followed by an in-depth presentation of the problem, purpose, and research questions addressed in the study. Next, the theoretical framework chosen for the study, namely a sociocultural model to examine youth suicide, will be discussed. This chapter will then conclude with the nature and scope of the study, as well as the limitations, delimitations, and significance of this study.

Background

Youth suicide rates have been classified as a public and mental health concern. According to the Centers for Disease Control and Prevention (CDC, 2021), suicide was

the second leading cause of death for ages 10–14 and 24–25 and the third leading cause of death for individuals ages 15–24. Between 2005 and 2017, researchers found a concomitant increase in severe psychological distress, major depression, and suicidal thoughts and attempts among adolescents and young adults (Hedegaard et al., 2020). Further, between 1991 and 2017, Black adolescent suicide attempts increased by 73%, based on a nationwide study of 198,000 high school students, while national averages have shown minimal change (Abrams, 2020).

Researchers have identified risk factors, including a previous suicide attempt, loss of a role model or loved one to suicide, family history of suicidal behavior, sexual orientation, access to means, family factors, substance use, sense of burdensome, symptoms from mental health conditions, stigma, discrimination, and social circumstances, religious views, and chronic trauma exposure (Bilsen, 2018; Cheref et al., 2015; McKenzie, 2012; Parent & Verdun-Jones, 1998). In addition, culturally specific precipitating factors for suicide affect Black youth and young adults in particular. Researchers have also found a correlation between high environmental stressors, including poverty, unemployment, exposure to violence, and suicidality in Black adolescents (Hooper et al., 2017). But further research is needed to examine how risk factors across multiple systems intersect to influence the suicidal thoughts and behavior of Black youth and young adults (Opara et al., 2020). There is extensive knowledge of risk factors and current trends in suicide among the general population but limited insight into how sociocultural factors influence perceptions of suicide among Black youth and

young adults. Understanding perceptions may create greater insight into prevention efforts.

Research on suicide prevention efforts includes a comprehensive approach that requires the collaboration of communities, agencies, health systems, and diverse stakeholders to address many factors synchronously (Caine et al., 2018). Interventions include identifying and assessing the means, access, and severity of the individual and attempting to prevent acts of suicidal behavior (Turecki et al., 2019). Many intervention practices are triaged from less restrictive to most restrictive, according to the severity of an individual's thoughts and behaviors. They may include therapy, psychiatry, hospitalization, and harm reduction. However, current suicide screeners and mental health assessments often lack cultural considerations that could provide meaningful information on the needs of Black, indigenous, and people of color (BIPOC; Chu et al., 2017). Cultural considerations (i.e., race, age, ethnicity, gender identity, and religion) should be incorporated into suicide screeners and mental health assessments (Standley, 2022).

People of color have significant social factors that influence their engagement in physical and mental health services. Black individuals also have social determinants reducing their likelihood of accessing or engaging in services (Chan et al., 2016; Kawaii-Bogue et al., 2017; Russell & Joyner, 2001). Some of these barriers include being overlooked by gatekeepers, stigma about mental health services and providers, suicide, and being over and under-diagnosed by professionals with limited training and experience with culturally inclusive suicide intervention (Goodwill et al., 2019; Owen et

al., 2017; Paradis et al., 1992). Minorities are historically underrepresented in research, resulting in limited culturally inapt screening and intervention models for minorities (Campbell et al., 2021; Chu et al., 2010, 2017). There is a need for comprehensive suicide prevention, which addresses suicidal behavior through program implementations, clinical practices, and policies at all levels (Brodsky et al., 2018). These interventions address all the internal and external experiences an individual may have that may lead to suicidal behavior. In addition, to effectively target at-risk populations of suicide, researchers and practitioners must ensure they understand how social and cultural factors influence diverse populations related to suicide and suicide prevention efforts.

Problem Statement

There is a gap in the research regarding how Black youth and young adults perceive suicide and suicide prevention efforts. The rising number of Black youth suicides compared to White youth is a social and public health problem (Lindsey et al., 2019). There has been an increase in Black adolescent males' suicide-related deaths and suicidal ideation in Black adolescent females (Abrams, 2020). Possible contributions to this rise vary from the culturally specific stigma of mental health to environmental stressors unique to Black youth. Such environmental stressors, including discrimination, disenfranchisement, chronic trauma exposure, underreporting, misdiagnoses, lack of cultural screeners, and bias, can have critical psychological impacts (Bailey et al., 2019; Beckford, 2016; Craig & McInroy, 2013; Douglas, 1993; Lindsey et al., 2019; Meeker et al., 2021; Rockett et al., 2010; Talley et al., 2021; Walker et al., 2017). Thus, Black youth suicide is a social and public health concern that must be addressed.

The field of social work has a significant role in suicidology for practitioners, researchers, and advocates. Social workers are often on the front lines of treatment. Research suggests that 70% of individuals who attempt suicide see a medical or mental health professional 6 months before their attempt (Del Quest et al., 2019). In a study of more than 500 master's level social workers' responses, respondents had at least one suicidal client and reported they felt their graduate training in suicide intervention and prevention was inadequate (Feldman & Freedenthal, 2006).

Studies on suicide lack the perceptions and perspectives of Black youth and young adults. Current suicide prevention efforts do not collect perceptions of those at the highest risk for suicide, including Black, African American, lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+), and ethnic and sexual minorities. There is limited research on the intersection of gender and ethnicity concerning minority suicide prevention efforts. Suicide research efforts are primarily quantitative, lacking culture as an independent variable commonly included in qualitative research (Benson et al., 2022). This study collected the perceptions of Black youth regarding suicide, which provides insight into the current gap in research, namely that few studies have examined the ideas and perceptions of Black youth and young adults regarding suicide.

Purpose of the Study

In this qualitative study, I explored the perceptions of Black youth and young adults regarding suicide and suicide prevention efforts. The purpose of this study was to investigate the perceptions of Black youth and young adults between the ages of 12–25 regarding suicide by directly questioning them. The study focused on bringing change for

marginalized participants by sharing their voices to provide insight into their perceptions of suicide and current prevention efforts.

Research Questions

Research Question 1 (RQ1): What are the perceptions of Black youth and young adults, ages 12–25, regarding suicide?

Subquestion 1 (SQ 1): How do Black youth and young adults perceive the influence of social or cultural factors on suicide?

Research Question 2 (RQ 2): How do Black youth and young adults, ages 12–25, perceive current efforts to reduce suicide?

Subquestion 2 (SQ 2): What cultural factors do Black youth and young adults perceive as necessary in suicide prevention efforts?

Theoretical Framework

I used a sociocultural perspective to examine how social and cultural factors affect suicide beliefs and suicide prevention programs for Black youth and young adults. Social-cultural concepts are not a specific theory but a perspective for understanding the interaction between the social and psychological factors related to a particular phenomenon. Supporting the framework, a psychologist, Vygotsky (1978), theorized human cognitive development and how individuals learn through social interaction. Psychological and sociological researchers and social workers utilize these theories on human learning to understand social and cultural influences on human behavior (Holden et al., 2012). Though specific theories and models are based on a sociocultural framework, I used a general sociocultural perspective to analyze how social and cultural

factors uniquely influence Black youth's perceptions of suicide and suicide prevention programs.

The social factor of embedded Afro-cultural values may influence the perception of suicide due to how the stigma and self-concealment in Black culture influence the individual psychology of Black youth (Holden et al., 2012). These sociocultural factors include a long tradition of independence and tenacity among Black youth, and traditional male gender norms have an impact on Black men's social networks, lowering the chance of referrals for psychiatric assistance and further stigmatizing its use (Cadaret & Speight, 2018; Vogel et al., 2014). Suicide prevention efforts are scarce or nonexistent for Black youth, and Black men do not seek mental health care as frequently as they should because of cultural ideals of strength and endurance (Cadaret & Speight, 2018). Chapter 2 further examines these themes of Black sociocultural factors and barriers to suicide prevention. This perspective helped guide the analysis and understanding of how Black youth and young adults' social and cultural experiences may alter their attitudes toward suicide.

Nature of the Study

I utilized a general qualitative approach in this study (see Merriam & Tisdell, 2015). Qualitative research is consistently used to examine how Black youth perceive suicide, protective and risk factors, and interventions. This study used in-depth, individual, semistructured, open-ended interviews with 14 Black youth and young adults 12–25 years old. A semistructured interview protocol allowed participants ample time and space to answer the interview questions. Once I collected data during the interviews, the audio recordings were transcribed and assessed for accuracy via comparison with the

audio recordings. I used interpretive analysis (IA), the process of analyzing individual data of each participant and synthesizing repeating patterns and themes, in the data analysis phase of the dissertation.

Definitions

I used the following definitions throughout the study.

Black: An individual with African ancestry, of any race in Africa (American Psychological Association [APA], 2016; U.S. Census Bureau, 2022). In this research study, Black referred to any individual who identifies culturally or historically as being of African origin, including individuals of mixed races, African American, and the full range of African diaspora.

Black, indigenous, persons of color (BIPOC): POC is an acronym frequently used to refer to all people of color. To highlight that not all people of color experience equal levels of injustice, the acronym BIPOC is used. The BIPOC classification highlights the importance of identifying how seriously structural racism inequalities affect Black and Indigenous individuals (Merriam-Webster, n.d.).

Intervention: A plan or method used to stop something from happening or change the course of a condition already present, such as giving lithium to someone with bipolar disorder or boosting community social support (National Strategy for Suicide Prevention [NSSP], 2001).

Prevention: A plan or method that lowers the risk of early onset, postpones the onset of health issues, or lessens the harm brought on by illnesses or behaviors (NSSP, 2001).

Protective factor: Protective variables include physiological, mental, or sociological aspects of an individual, their family, and their surroundings that reduce the risk that individuals may acquire a disorder (NSSP, 2001).

Risk factors: Factors that increase an individual's risk of developing a condition. Risk elements can include physiological, mental, or sociological aspects of an individual, their family, and their surroundings (NSSP, 2001).

Suicidal behavior: A range of actions connected to feelings and behaviors, which include contemplating suicide, trying to take one's own life, and succeeding in doing so (NSSP, 2001).

Suicidal ideation: Self-reported intention to engage in a suicidal activity (NSSP, 2001).

Suicidality: Suicide attempts or intention is typically a sign that someone is at risk for suicide, especially when the individual expresses having a well-thought-out suicidal plan (APA, 2016; NSSP, 2001).

Suicide: An act of killing oneself (APA, 2016).

Suicide attempt: A suicide attempt might or might not cause injuries, but it is a potentially deadly activity where there is proof that the individual meant to kill themselves (APA, 2016; NSSP, 2001).

Youth: The World Health Organization (WHO, 2016) defined *youth* as individuals between the ages of 12 and 25, which denotes a stage between childhood and adulthood.

Assumptions

This study had several associated assumptions. One assumption was that there would be consistent themes based on the experiences of Black youth and young adults aged 12–25 within the context of social culture, environmental stressors, and mental health stigma. However, trends in the literature suggested that consistent themes would emerge. For example, though each Black individual is unique, research indicates that BIPOC individuals experience many forms of racism, discrimination, and bias throughout their life (Nagata et al., 2019). Statistics show that 10% of Black youth ages 10 to 11 reported experiences of discrimination, 20.5% reported that peers mistreated them, 8.4% have received unfair or adverse treatment from teachers, and 6.4% did not feel accepted in America (Nagata et al., 2019). These statistics suggest that the participants in the study would have some shared experiences, which I found to be the case.

There were two other assumptions in the study. First, I assumed that Black youths' perceptions of discrimination and unfair treatment negatively impact their psychological and emotional well-being. Finally, I acknowledge that suicide and suicide prevention are challenging topics to explore. I assumed the study participants would answer the questions truthfully and to the best of their capabilities.

Scope and Delimitations

The scope of this study involved Black youth and young adults ages 12–25 in the United States. The CDC lists individuals aged 15–24 as one subgroup in their recent statistics on suicide rates. I chose this age group to compare the statistical analysis to the current qualitative investigation. According to the CDC (2021), suicide was the third

most common cause of death for individuals aged 15–24 and the second most common cause of death for individuals aged 10–14 and 24–25. Lastly, individuals aged 15–24 are classed as youth and young adults in data reporting by suicide prevention advocacy groups and research institutes, such as the American Foundation for Suicide Prevention, the Trevor Project, and the American Association of Suicidology. Therefore, the research sample consisted of Black adolescents and young adults aged 12–25, following current data reporting trends and the most pertinent information on adolescent development. For ease of terminology, I refer to Blacks aged 12–25 as "Black youth" in the remainder of the study.

Delimitations are boundaries set in the study by the researcher. The study had several delimitations. First, I delimited the dissertation topic to the perspectives of Black youth and young adults regarding suicide in the United States. The target population was delimited to Black individuals aged 12–25. I asked participants about their perceptions of suicide and efforts to reduce suicide, not their prior or current suicidal behavior or experiences.

Recruitment proceeded in two manners. First, for the participation of individuals 12–18, parents of youths and Black parent groups on social media were used, along with emailing list serves, research participant pools, and word of mouth. In addition to Walden University's sampling pool and snowball sampling, I recruited participants 18–25 years of age through social media. An inclusion criterion of the study was that individuals must self-identify as Black or African American; this recruitment process captured a diverse

representation of Black youth and diverse perspectives. In addition, I actively recruited all genders.

A virtual interview process was used with open-ended semistructured interviews to obtain Black youth's perspectives, promote participation in the study, and avoid the risk associated with the Coronavirus 2019 (COVID-19) and its variants. Data collection used video conferencing and audio recording to conduct the 60-minute interviews. This was followed by transcription of the audio recordings.

Limitations

Recruiting nationally through social media was a potential limitation but did not limit access to participants. Interviews occurred over video conference, which limited participation due to equipment and comfort. Additionally, the voluntary nature of the study meant there could have been a potential bias toward those interested in discussing suicide. There was also a possible limitation that the study results may not transfer to Black youth younger than 12 or Black young adults older than 25. Lastly, the findings may not transfer to other BIPOC youth.

Youth are often hard to access and even harder to collect views regarding suicidal and self-injurious behavior (McDermott et al., 2013). Parental support and engagement ensured access to the desired target population. I attended multiple institutional review board (IRB) office hours for consultation and support in developing the study of vulnerable populations. I recruited diverse ages, genders, and sexual orientations.

Significance

The significance of this study is that it contributes to the gap in the literature by sharing the voices of Black youth and young adults. I focused on the perspective of Black youth regarding suicide and perceptions of suicide prevention efforts. These perceptions can help shed light on the contributing factors of suicide, views on suicidal behavior, potential stigma, and current interventions from the most affected individuals. Understanding suicide perceptions can inform and empower Black communities and social work practitioners. Social workers could use the insight gained in the study to help gather culturally specific considerations for mental health practitioners to inform practices for Black youth and young adults.

Suicide prevention research targeting young Black individuals contributes to individuals at all levels of social work. Suicide prevention and investigation at the micro level involve clinicians and individuals. At the mezzo level, it includes advocacy in communities, schools, institutions of higher education, and families. Finally, at the macro level, Black youth and young adult suicide prevention involves society, cultural organizations, policy, advocacy, and education and training. As such, this study's findings can apply to cultural perspectives and systematic treatment approaches that will inform social work practices and training. This study may provide practitioners with skills to better serve the Black/African American community through education, treatment, and advocacy. Research indicates that Black youth and young adult suicide is a social and public health concern that must be addressed from a clinical, social, and political perspective. By sharing of the voices of young Blacks regarding suicide, this

study can promote change in how researchers and practitioners conduct and implement intervention and prevention efforts for Black youth.

Summary

In Chapter 1, it was discussed how the rise in Black youth suicide rates is a social and public health concern. The research problem addressed by the study was the lack of information about the perceptions of Black youth and young adults aged 12–25 regarding suicide. I aimed to explore the perspectives on suicide and efforts to reduce it from the point of view of Black youth and young adults. This study consisted of a qualitative approach through in-depth, individual, semistructured, open-ended interviews of Black youth and young adults ages 12–25, followed by a thematic analysis of the interview transcripts. I utilized the sociocultural perspective's theoretical framework to describe and interpret the views collected. The significance of this study is that it provides knowledge to the body of research on how suicide is perceived in Black communities by its youngest players.

Chapter 2 reviews literature relating to suicidality, Black youth, mental health, and environmental and sociocultural factors. This review also includes an exploration of meaningful historical and intersectional concepts of the many factors that can lead to the assumption of high suicide correlation, if not causation. The following literature review explores the advancement in suicidology and areas for further exploration still needed.

Chapter 2: Literature Review

The rising number of Black youth suicides compared to White youth is a social and public health problem (Lindsey et al., 2019). The problem addressed by this study is that current research does not provide insight into how Black youth and young adults perceive suicide and suicide prevention efforts. I aimed to explore the perceptions of suicide and analyze suicide prevention efforts for the more youthful Black population.

This chapter presents the search strategy, theory, an exhaustive review of the literature and sociocultural theories on suicide, relevant literature describing behavior and mental processes shaped by social and cultural contact, key variables, and sociocultural perspectives relating to suicidal behavior and intervention for Black youths and young adults. This chapter focuses primarily on suicide among Black minors as a public health issue requiring the attention of mental health professionals and legislators. This chapter also examines the literature on the gathered viewpoints of Black adolescents and young adults on suicide. The key objectives of this research were to define suicide, review diverse perspectives on suicide, examine the present situation of suicide in the United States, evaluate the prevalence and incidence of suicide, and discuss the wrong classification of death. This chapter also examines historical and pertinent studies on suicide and its impact on the Black community. This review focuses on the need for culturally representative suicide research to better understand contributing variables, prevention, and intervention efforts (Ongeri et al., 2022).

Literature Search Strategy

Searched keywords included *clinical social work, Black, African American, suicide prevention, suicide reduction, suicide intervention, youth, adolescents, young people, teen, young adults, social work training, social work education, cultural considerations, environmental stressors, sociocultural, social-cultural, stress and coping, trauma, best practices, cultural theory and model of suicide, eco-developmental model of suicide attempts, social-ecological suicide prevention model, Durkheim's theory of suicide,* and *cultural-structural theory of suicide*. Databases used in exploring current literature and data were SAGE Journals, SocIndex, ProQuest, Psychology Databases, WISQARS, Thoreau multi-database search, and additional literature sources such as WHO, CDC, Suicide Prevention Resource Center, American Association of Suicidology, Death Studies, Suicide, and Life-Threatening Behavior, Social Science and Medicine, Crisis: The Journal of Crisis Intervention and Suicide Prevention. Combined keywords and materials were cross-referenced in different databases to help access relevant information to the study topic. The focus was on results specific to the minority population and suicidal behavior, risk factors, treatment, and future research. The search was limited to peer-reviewed studies conducted within the last 5–7 years while assessing appropriateness based on the abstract, population, and keywords.

Theoretical Framework

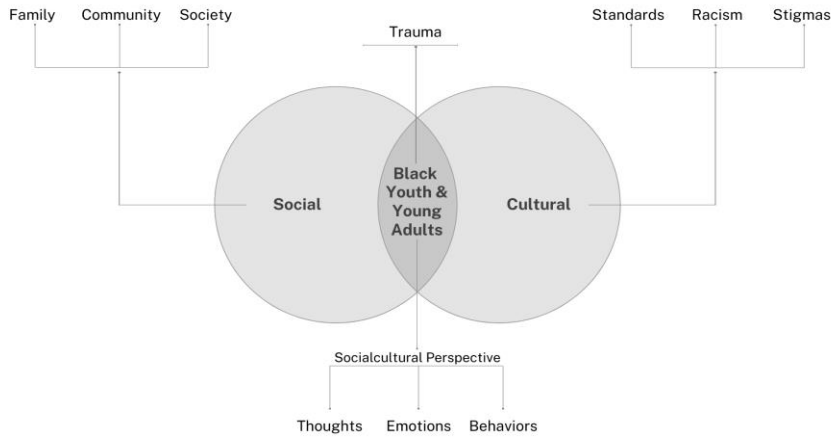
A sociocultural perspective explained how ecological, social, and cultural experiences may influence perceptions toward suicide and suicide prevention for Black youth and young adults. I explored the phenomenon from a sociocultural perspective to

identify the sociocultural implications of suicide on Black youth. Social and cultural factors are essential to consider as Black individuals in the United States face a unique reality shaped by social factors such as racism and historical trauma more than other racial and cultural groups in the United States. Individuals and social contexts are inseparable, and social contexts do not exist apart from or outside of individuals (Markus & Hamedani, 2007). Understanding the social and cultural factors that influence perceptions is essential to understand perceptions of suicide and suicide prevention among Black youth and young adults.

The sociocultural perspective involves several concepts. First, the sociocultural perspective for understanding human behavior is based on the idea that humans are social creatures who interact with each other and their environment to create meaning (Markus & Hamedani, 2007). This perspective emphasizes the role of culture in shaping human behavior and is based on the belief that culture is a powerful force that shapes thoughts, emotions, and behaviors (Markus & Hamedani, 2007). The sociocultural perspective also examines how sociocultural factors influence an individual's thoughts, feelings, and behaviors related to suicide. The concepts of the sociocultural perspective underpinning this research were integrated into the conceptual framework that guided this study, as shown in Figure 1.

Figure 1

Sociocultural Perspective for Explaining Black Youths' Perceptions of Suicide



Sociocultural factors include family, community, and society. Vygotsky (1978) suggested that social interaction was crucial for cognitive development and that children learn best through interaction with more knowledgeable others, such as parents, teachers, or peers. Vygotsky was interested in how individuals interact with their environment and how this affects their development. Vygotsky noted that individuals are constantly trying to find ways to make sense of their environment and their place in it. Within a family, emotional socialization, the process by which children acquire cultural standards for expressing and controlling emotion, is critical in undermining mental health stigmas among Black youth (Labella, 2018). Racism undermines one's abilities and personal identity because of the psychological sense of being invisible in various interpersonal settings (Franklin, 2004). When dealing with prejudice, discrimination, and racism, Black youth may experience a sense of psychological invisibility that makes it difficult for them to develop specific adaptive behaviors to deal with stressors at the individual, family,

community, and societal levels simultaneously (Franklin, 2004). Therefore, cultural and social factors may influence how suicide is perceived.

An individual's social environment can also impact their risk for suicide. Individuals choose to commit suicide depending on the meanings they give to their situations (Kral, 1994). Black youths tend to embody failure and hopelessness when experiencing racial discrimination (Talley et al., 2021). These beliefs can sometimes lead to frustration and helplessness, leading to depressive effects, which, in turn, could cause suicide (Colucci & Lester, 2012).

Culture may also influence the circumstances of the act, the methods utilized, and the reasons for and the means of suicide (Colucci & Lester, 2012). The cultural influences of self-reliance and resilience among young Black individuals may link with suicide prevention and perspective (Holden et al., 2012). It may be necessary to address structural racism in suicide prevention, including macro-level initiatives to improve social conditions, in addition to research to inform structural solutions and treatments to address the effects of racism and racial trauma on children and families (Alvarez et al., 2022).

Literature Review

Suicide

Globally, more than 800,000 individuals die by suicide each year, with the majority (79%) residing in low- and middle-income nations (Ongeri et al., 2022). Suicide prevention is a tenet of the United Nations Sustainable Development Goals as part of a coordinated effort to address pressing global environmental, economic, and political

concerns (WHO, 2016). Cultural values and social institutions influence how an individual perceives danger and environmental protective variables (Ongeri et al., 2022). Some cultures condemn suicide, whereas others view it with a degree of tolerance or even as a noble deed (Bock & Brown, 2019; Ongeri et al., 2022; Russell et al., 2017). Suicide and associated risk factors must be mitigated in demographic subgroups, which may include systemic and other factors that have exacerbated stress on members of racial/ethnic minority groups, particularly Black and Asian or Pacific Islander individuals (Ramchand et al., 2021). Racial and ethnic minorities face disproportionate outcomes due to inequitable services requiring proactive measures. The National Action Alliance for Suicide Prevention's response to COVID-19 outlined vital steps to reduce and manage suicide and mental illness rates for underserved population. This includes fair distribution of services, and strategies to tackle underlying causes of mental health issues and suicidal tendencies (Ramchand et al., 2021).

Suicide Definitions

In this study, understanding the definitions, cultural implications, and prevalence was crucial to defining the problem and the gap in the literature this study sought to address. Establishing crucial terminology while discussing suicide is necessary to prevent misunderstanding and fully comprehend the subject being examined. According to the APA, the CDC, the American Association of Suicidology, and the NSSP, suicide, sometimes known as fatal suicide, is a self-inflicted injury that results in death (NSSP, 2001). *Self-harm* is defined as how individuals damage themselves (NSSP, 2001). A non-fatal suicide attempt occurs when an individual inflicts self-harm to die yet lives. Suicidal

ideation is the concept or concern with suicide (NSSP, 2001). It is also recommended that the phrases committed or finished suicide be avoided in favor of death or death by suicide. As suicide is a delicate subject, criminalizing terminology that penalizes the individual or their family was avoided in this research. In addition to understanding fundamental concepts, it is essential to comprehend the history of suicidology.

Background

Culture, notably traditional values, religion, and criminalization of suicidal behavior, seems to influence how Black individuals conceptualizes suicidality and may partly explain prejudice and a negative attitude toward those who need specialized treatment for suicidal tendencies (Ongeri et al., 2022). These stigmatizing sentiments can lead to delayed care-seeking behavior. Consequently, in the United States, suicide decriminalization, community-based suicide education, educational campaigns, and improving mental health systems are required to reduce stigma and enhance access to treatment for those with suicidality and other mental health illnesses. Future research should focus on testing multipronged and multilevel interventions aimed at stigma reduction among suicide-surviving youths and young adults, with the recommendation that a coordinated approach should be implemented at the national, county, and community levels to effectively address stigma and increase access to care for suicidal victims (Ongeri et al., 2022).

Prevalence

According to the CDC (2018), suicide is the second leading cause of death for individuals ages 10–34. However, these statistics are even more drastic when assessing

suicide rates for Black youth. For Black youth, suicide attempts increased by 73%, based on a nationwide study of 198,000 high school students from 1991 to 2017 (Abrams, 2020). Black youth suicide rates are a social public health issue that needs to be addressed through effective prevention and intervention.

Youths and young adults are more susceptible to suicide (Johns et al., 2019; Raifman et al., 2020). Significantly more teenagers and young adults reported suicidal thoughts (46.8% versus 14.5%), a suicide plan (40.2% versus 12.1%), and at least one suicide attempt (23.4% versus 6.4%) in the previous year, according to youth risk behavior surveillance system data (CDC, 2018). Further, in 2017, students identifying as sexual minorities were more than three times more likely to attempt suicide than heterosexual students (Raifman et al., 2020). Between 2007 and 2018, suicide rates in the United States increased by approximately 60% for individuals between the ages of 10 and 24. A comparative analysis of national suicide rate averages for 3-year periods between 2007–2009 and 2016–2018 revealed a 57.4% increase for ages 10–24 (Hedegaard et al., 2020). In addition, 42 states had significant suicide rates during those years, while the remaining eight states had no significant increases. Most states had increases between 30% and 60%. Suicide rates in 2016–2018 among all ages were highest in Alaska and lowest in New Jersey. However, it was also found that areas with statistically lower suicide rates from year to year were difficult to evaluate accurately, even if the change was significant, due to a lack of statistical data. These areas include the District of Columbia, Maryland, Mississippi, and others with lower suicide averages. An additional

limitation included the time and processing necessary for tracking suicide deaths. One problem with data collection is that it is often several years behind.

Suicide Method

Historically, guns have been the most prevalent form of suicide among 10–19-year-olds in the United States (CDC, 2020), followed by hanging or suffocation and self-poisoning. This pattern has altered in recent years due in part to an increase in rates of suicide by hanging/suffocation. Although suicide rates by hanging/suffocation have grown among both boys and girls, a significant increase has happened among females aged 10–14, with rates more than doubling from 0.66 per 100,000 in 2010 to 1.4 per 100,000 in 2019 (CDC, 2020; Ruch et al., 2019). I assert that knowledge of suicide technique and trending reasons may guide community-specific suicide prevention initiatives, making it difficult to find specific causes of suicide among teens and young adults in the United States. Similar to the general population, among Black youth, firearms were the predominant method of suicide regardless of sex or age, second to suffocation (Sheftall et al., 2022).

Misclassification of Deaths

It has been argued that the African American/Black-White suicide data gap is related to suicide misclassification (Ramchand et al., 2021; Walker et al., 2017). Analysis of data from the National Vital Statistics System on suicide rates by race/ethnicity from 1999–2018 showed that deaths due to unintentional injury for Black children were 1.6 times greater than non-Hispanic White children (Abrams, 2020; Lindsey et al., 2019; U.S. Department of Health & Human Services, 2021). Suicides are more likely to be

misclassified among youth than among the adult population (Crepeau-Hobson, 2010). Suicides and homicides could be misclassified as deaths due to unintentional injury (accidents; Riddell et al., 2018). One cause of underestimated rates of suicide is due to the process of medical examiners' decisions being skewed by additional factors, including insurance benefits and religious or social stigmas of suicide, and the current increases in suicide rates are due to decreased misclassification (Claassen et al., 2010).

According to death reports, death is only classified as suicide if there is a clear indication; this clarity resides with the medical examiners and detectives who rely on the physical evidence of the body and the presence of a note, witness, phone call, and more. A medical examiner uses five manner of death classifications, which include: (a) natural, (b) accidental, (c) homicide, (d) suicide, and I undetermined/pending. Despite the need for reliable mortality data related to suicide, suicide likely remains one of the most underreported causes of death worldwide (Silverman & De Leo, 2016). There is a need for psychological autopsies in cases with ambiguity regarding manner of death (Walker et al., 2017)

Suicide Stigma

The risk of suicide is greatly increased by pervasive stigmatizing beliefs toward individuals who seek help for suicidal thoughts or actions (WHO, 2016). The mental, physical, and social health of those who experience stigma, such as Black youths, may suffer severe consequences (Bernard et al., 2022). It is vital to comprehend the extent of suicide stigma in the community and the factors that contribute to it because it may increase the risk of suicide for those who have experienced it. Unfortunately, before

establishing the Stigma of Suicide Scale, little research has explored suicide stigma (Money & Batterham, 2019). For example, 25% of respondents in an Australian community sample saw suicide victims as weak, reckless, or selfish (Money & Batterham, 2019). The correlation between rising anti-suicide sentiments among English speakers and non-English speakers may point to different cultural perspectives on suicide between English speakers and non-English speakers. There are considerable regional and global differences in suicide rates (WHO, 2016).

The differences in suicide rates between different countries may be due to exogenous causes like economic distress, wars and struggle, hunger, and environmental catastrophes, or internal causes like cultural or religious views and biological vulnerability. Numerous studies compared societies that accept suicide more openly with those that do not show how culture affects suicide rates and the stigma attached to suicide (Bernard et al., 2022; Money & Batterham, 2019). Variations in the public's awareness of suicide, also known as "suicide literacy," may have a mediating role in this association (Money & Batterham, 2019). It is critical to ascertain the prevalence of suicide stigma (i.e., whether cultural factors affect stigma) and whether the impacts of culture on stigma may be caused by differences in suicide literacy to better inform suicide prevention programs (Phillips, 2020). Lack of understanding about suicide may add to the stigma attached to it, according to correlations between lower educational attainment and higher suicide stigma (Park et al., 2021).

This phenomenon would suggest that socioeconomic positions have a more significant impact on stigma, but additional research is needed to fully understand this

relationship. An individual's socioeconomic position, which can fluctuate over time, is defined as their relative economic and social standing in comparison to others. Evidence suggests that having a low socioeconomic status may be associated with an increased risk of suicide (Abdel-Rahman, 2019; Fountoulakis et al., 2014), with lower education levels and unemployment having greater rates of attempted suicide (Abdel-Rahman, 2019; Fountoulakis et al., 2014; Park et al., 2021). Given the difficulties in defining socioeconomic class, past research has used proxies such as income (Money & Batterham, 2019). The number of households with low incomes, few qualifications, and low-skilled jobs in a certain geographic area is taken into account using socioeconomic status measurements when defining the socioeconomic status ranking of a population. Individual and local socioeconomic struggles may have different effects on stigma and suicide thoughts, reflecting the mechanisms behind these proposed connections (Phillips, 2020).

Suicide Prevention

The WHO (2013) identified suicide prevention as a significant public health issue and called for establishing and implementing comprehensive national policies that take youth and other vulnerable groups into special consideration (Wasserman et al., 2021). In addition, several other things can be done to prevent suicide, such as increasing access to mental health services, supporting those at risk, and increasing public awareness about the warning signs of suicide (Wasserman et al., 2021). This section reviews the protective factors, suicide prevention programs, and a detailed overview of suicide prevention

among Black youths and young adolescents. Suicide prevention is important because it can save lives. It is a preventable tragedy that must be taken seriously.

Protective Factors

Protective factors can involve prevention and intervention and can reduce the impact of psychological distress or protect against it completely. Protective factors have not been studied as deeply or widely as risk factors (Curtin et al., 2016). There is no proof that positive self-perceptions have a protective function in the connection between stressors and the suicide behaviors of Black youth (Lambert et al., 2022). But according to a meta-analysis of protective factors for exposure to violence, positive self-perceptions protected young individuals' psychological adjustment from the negative consequences of exposure to communal violence (Yule et al., 2019). However, research on how positive self-perceptions protect against communal violence and suicidal thoughts is still lacking. When state-dependent elements (such as acute mental problems, alcohol or substance use, or interpersonal and social pressures) are present, individuals with lower suicide thresholds are more likely to act than individuals with higher thresholds (Wasserman et al., 2021). Although vulnerability is believed to be greatly influenced by hereditary and early life factors, alterations are still conceivable.

Common protective factors within the Black community include efforts that address the risk factors. These can consist of social support, a sense of safety (emotional and physical), spirituality/religion, racial identity, education, power, willingness, and access to help (Cho et al., 2019; Lincoln et al., 2012; Lindsey et al., 2017; Nguyen et al., 2017; Reed & Adams, 2020). It has been demonstrated that being religious belief can

lower the risk of suicide, postpone the development of suicidal ideation, and lower the prevalence of psychiatric diseases (Assari et al., 2012; Neeleman et al., 1998; Taylor et al., 2011). In line with religious beliefs, social and emotional support (i.e., ties to family, friends, and the community) can be effective in lowering emotional discomfort (Lincoln et al., 2012; Matlin et al., 2011).

One of the main factors that prevents suicide is social connectedness, which involves feelings of empathy, support, and good communication (Lambert et al., 2022). The use of distraction and problem-solving techniques as a response to low mood has also been acknowledged as a function. In a prospective study of teenagers, this was linked to a lower risk of having suicidal thoughts (Burke et al., 2016). Self-confidence is also a protective factor, especially when combined with the perception of social support (Kleiman & Riskind, 2013; Moller et al., 2021). Self-protection is enhanced when individuals have a sense of pride, identity, and connection to their heritage (Borum, 2012; Perry et al., 2013; Reed, 2019). Societal factors also affect the mental well-being of Black individuals of all ages (Wasserman et al., 2021).

Suicide Prevention Resources

The CDC stated that suicide is preventable and requires a comprehensive public health approach (2020). The CDC developed a technical package to help communities and states implement the most effective methods to prevent deaths by suicide (Stone et al., 2017). These base principles consist of strengthening economic support, improving access and delivery of suicide treatment, creating protective environments, promoting

connectedness, teaching coping and problem-solving skills, identifying and supporting those at risk, lessening harm, and preventing future risk (Stone et al., 2017).

Promoting connectedness is essential for a sense of belonging and solid social bonds as protective factors, highlighted by the Durkheimian approach to suicide (Durkheim, 1951; Joiner, 2005). Some approaches that promote connectedness include peer groups and community engagement activities. Specific examples may include support within the family, school, faith communities, neighborhood, workplaces, cultural groups, and more. Specific programs like Sources of Strength and Teen Mental Health First Aid have been efficacious in building support in educational settings with a subsequent decrease in maladaptive coping with trained group leaders (Hart et al., 2019; Wyman et al., 2010). These strategies can build support that allows for meaningful connections and a sense of purpose.

In tandem with the sense of belonging (connectedness), coaching coping and problem skills are essential; this can be done through social-emotional learning programs, parenting skills coaching, and family relationship programs. The role of social skills is based on the social cognitive coping theory (Bandura, 1986). Wyman (2014) argued that life skills are essential in protecting individuals from suicidal behavior. Youth Specific programs can include the Youth Aware of Mental Health Program and Good Behavior Game. These programs promote youth problem-solving, regulation, and teamwork (Scavenius et al., 2020; Wasserman et al., 2014). Parent-specific programs include Incredible Years, Parent Management Training - Oregon, and Strengthening Families 10-14.

Robinson et al. (2021) found that African American teenagers are eager to participate in preventative programs when those programs are courteous and meet their needs adequately. The students were quite receptive and enthusiastic about the interventions (Robinson et al., 2021). Researchers and practitioners have a widespread misperception that African American teenagers are reluctant to utilize mental health treatments. Implementing these programs helps individuals at large and can be explained as proactive prevention strategies since they do not specifically identify and target suicidal behavior. In addition to mentioned suicide high-risk groups, others included are those with lower socioeconomic status, veterans, active-duty military personnel, institutionalized individuals, victims of violence, the homeless, and gender, racial, and ethnic minority groups (Hedegaard et al., 2020).

One of the common interventions consists of gatekeeper or community broker training. These forms of training target trusted members and advocates in the community to identify and connect individuals at risk with services and support. Some training utilized in this effort include SafeTalk, Applied Suicide Intervention Skills Training, Mental Health First Aid, Question Persuade Refer, Ask About Suicide, Assessment and Management Suicide Risk (Bailey et al., 2019; Barzilay et al., 2019; Gould et al., 2013; Litteken & Sale, 2018; National Council of Mental Well-Being, 2022).

Gatekeeper training forms vary, but all focus on similar components specific to identifying suicide risk by exploring protection and risk factors, warning signs, support of the individual at risk, and appropriate referral strategies. These strategies may include accessing suicide prevention hotlines, local mental agencies, and emergency rooms. Once

an individual can access mental health services, it is up to the mental health practitioner to implement effective, culturally inclusive interventions to address mental health needs. These interventions for suicidal behavior are exhaustive and often lack cultural consideration and implications. It is up to the practitioner to be aware of the impact interventions may have and how the practitioner's own explicit or implicit bias may influence treatment.

Clinical suicide interventions include but are not limited to improving mood-promoting access to collaborative treatment, collaborative assessment and management of suicidality, dialectical behavior therapy, attachment-based family therapy, translating initiatives for depression into effective solutions, cognitive behavioral therapy for suicide prevention (youth and adult), and counseling on access to lethal means. These interventions are efficacious in symptom management of depression, reduction in suicidal behavior and ideation, medication compliance, and harm reduction (Brown et al., 2005; Comtois et al., 2011; Diamond et al., 2010; Hunkeler et al., 2006; Jobes, 2012; Linehan et al., 2006; Rubenstein et al., 2010; Unutzer et al., 2006).

Suicide Risk Factors

Mental health problems, relationship problems, interpersonal trauma, life pressures, and earlier suicidal thoughts or conduct were the most common clinical features and precipitating events in Black children (ages 5–17), with some differences by sex and age group (Sheftall et al., 2022). Given the increase in Black youth suicide, research to pinpoint particular risk, protective variables, and developmental pathways connected to this behavior must be prioritized (Sheftall et al., 2022). Understanding

intervention targets is required to undertake effective suicide prevention programming. Although many environmental and social factors influence the likelihood of suicide, research repeatedly demonstrates a strong connection between mental health, most frequently worry, emotion, attention, behaviors and behavioral problems, and juvenile suicide (Ghandour et al., 2019; Pérou et al., 2013). Depression is strongly linked to suicide ideas and behaviors in adolescents (Ngai et al., 2022; Nock et al., 2013).

Previous suicidal behaviors greatly raise the likelihood of young suicide (Ngai et al., 2022), making it one of the most important predictors of a second or more subsequent suicide attempt (Liu et al., 2014). In a 12- to 15-year-old study, alcohol usage did not distinguish between suicidal and non-suicidal children; however, compared to youths with suicidal ideation, teenagers who attempted suicide had much more regular alcohol use (McManama O'Brien et al., 2014). In addition, teens who take illegal drugs are much more likely to attempt suicide and change their minds about doing so (Gobbi et al., 2019).

Ngai et al. (2022) evaluated the transmission of suicidal behavior and found that children of parents with a history of mood disorders and suicide attempts had a five-fold increased likelihood of trying to commit suicide. As a result, Ngai et al. noted that several family-related factors have been linked to youth suicide (Brent et al., 2015). Even after adjusting for demographic and psychosocial characteristics, the second research of 9- to 10-year-old children revealed that family conflict and limited parental supervision were strongly linked to suicidal thoughts (DeVille et al., 2020). Ruch and Bridge (2022) found that parental loss due to death, divorce, or desertion increased the likelihood of suicide. Child abuse is a substantial risk factor for youth suicide (Angelakis et al., 2020; Gomez et

al., 2017). Researchers discovered that childhood abuse is linked to increased suicide ideation and attempts of 5.1% and 5.8% in teenagers aged 13 to 18 (Gomez et al., 2017). On the other hand, sexual abuse was discovered to be the most important predictor of suicidal behavior in a meta-analysis that looked at child maltreatment and teenage suicide (Angelakis et al., 2020). Additionally, teens who experienced sexual abuse were four times more likely to attempt suicide than those who had not experienced any abuse or neglect (Angelakis et al., 2020).

Environmental Stressors

Certain aspects of an individual's environment can influence suicidal behavior. Applying these concepts describes the impact on Black individuals and their suicide risk. Generational trauma experiences may include police brutality, social unrest/injustices, slavery, post-traumatic slave syndrome, segregation, and discrimination. These factors may strongly influence the mindset that facilitates suicidal Behavior. Sheftall et al. (2022) and Walker et al. (2017) suggested that discrimination (i.e., alienation, perceived racism, stressful live events) contributes to death ideation and generalized anxiety symptomatology. Using these two insights, American society's impact and role on Black individuals have been substantial.

Researchers concluded that racism is a fundamental cause of racial and ethnic health disparities (Acevedo-Garcia et al., 2003; Feagin & McKinney, 2003; James, 2003; Jones, 2000, 2001; Kawaii-Bogue et al., 2017; Krieger, 2001, 2003; Mendez et al., 2021; Nazroo, 2003; Rich & Ro, 2003; Sheftall et al., 2022). In addition, the American Public Health Association, American Medical Association, and CDC have taken stances on

racism being a threat to public health. Black youth suicide is a social and public health concern significantly impacted by the public health concern of racism.

Trauma

Trauma may be a risk factor in identifying suicidal inclinations; this happens when an individual has powerful emotions due to participating in or witnessing an event. Some examples are natural catastrophes, bullying, marital violence, physical abuse, and communal violence. In addition, discrimination, injustice, and communal violence are traumatic occurrences that may have obtrusive, far-reaching, and long-lasting impacts.

According to the National Child Traumatic Stress Network, complex trauma has been understood to significantly impact relationships, physical health, emotional responses, dissociation, behavior, cognition, self-concept, future orientation, and economic and long-term health (Peterson, 2018). Adverse childhood experiences (ACEs) can be explained as exposure to physical and emotional abuse, neglect, caregiver mental illness, and household/community violence. The Philadelphia ACE Project (2013) was the first study conducted in an urban location with a diverse population (racially and socio-economically). The researchers found that urban individuals are at high risk for ACEs, and there is a need for targeted intervention to prevent and reduce the impact of ACEs (Cronholm et al., 2015). The study by Cronholm et al. (2015) varied from the original research as it was conducted in a socially and racially diverse population out of a sample of 1,220,541 individuals. Whites made up 38.8% of the population was White, and 36.1% was Black (Cronholm et al., 2015). Thompson et al. (2019) concluded that the odds of individuals seriously considering suicide or attempting suicide in adulthood

increased more than threefold after identifying three or more aces. Fuller et al. (2016) discovered a partial relationship between ACEs and lifetime suicide attempts. Along with the ongoing risk of suicidal behavior, there is also a concern with the underreporting/misclassifications of suicide-related deaths.

Racial Discrimination

Historically, African Americans have been and continue to be negatively affected by prejudice and discrimination in the healthcare system. Health professionals often provide inadequate treatment through misdiagnoses and a lack of cultural humility, which cause distrust and prevent many African Americans from seeking or staying in treatment (Hankerson et al., 2015). Inadequate and insufficient data on African Americans contribute to the problems of under-diagnosis, misdiagnosis, and under-treatment of depression (Bailey et al., 2019); this behavior can be attributed to implicit and explicit racial/ethnic bias. It has been found that affirmative care practices and approaches improved the utilization, engagement, and treatment outcomes in services (Mendoza et al., 2020).

Racial discrimination is a common theme affecting Black individuals explicitly and implicitly. Brody et al. (2021) conducted a secondary analysis of data collected from two studies. The findings show that participation in family-centered prevention interventions effectively addressed conduct problems, and one of the trials reduced depression/anxiety; this parental practice is called protective parenting and helps mitigate the mental health effects of racial discrimination. Reed and Adams' (2020) systemic review concluded that more efforts should be made to incorporate critical race theory and

Bronfenbrenner's social-ecological model into research, literature, and practice. Through the racial lens, policy and system change can be promoted and reduce suicide for Black individuals.

Racial and ethnic biases exist in the diagnostic process for individuals of color compared to non-Latino White individuals. Often, when BIPOC use phrases that also have clinical implications, such as paranoid or hallucinations, it may lead to an inaccurate diagnosis of a severe mental illness before ruling out anxiety or mood disorders due to the cultural difference in describing symptoms (Gara et al., 2019); this has led to individuals with these disorders being diagnosed and treated as if they are suffering from symptoms of schizophrenia. Gara et al. (2019) conducted reviews of 1,675 patients at Rutgers University Behavioral Health Care, a certified community outpatient clinic. They found that African Americans were more likely than non-Latino Whites to screen positive for major depression but have a diagnosis of schizophrenia. Gara et al. (2019) believed this finding is consistent with the large body of literature. It is due to clinicians underemphasizing the significance of relevant mood symptoms among African Americans compared to other racial-ethnic groups.

Further examples of misunderstanding can include an individual explaining isolated sleep paralysis. Black and African American individuals may explain this experience as "the witch is riding you" or a "ghost/spirit holding me down" (Friedman et al., 2019, p. 341). A clinician not versed in cross-cultural issues may produce an inappropriate diagnosis based on the description; it has been stated before that without proper cultural context, one could lead to a misdiagnosis and treatment of cultural norms

within the Black community (youth and adults). Goodwill and Yasui (2022) found that in contrast, approximately 52% of White adolescents reported receiving therapy within the same period, and just 35.83% of Black youth with a history of lifetime suicide attempts reported receiving it. Notably, although Asian, Multiracial, and White adolescents were more likely to have private insurance, 57% of Black youth who tried suicide had Medicaid or Children's Health Insurance Program coverage. In addition, compared to reports from children from all other racial groups, only 40% of Black teenagers who had previously tried suicide strongly believed that their religious views were significant to them (Goodwill & Yasui, 2022). In summary, there is a need in mental health practices to view perspectives on Black individuals being adequately assessed and treated in underserved populations.

Suicide in Black Youths and Young Adults

Suicide among Black adolescents is a social and public health problem that requires the attention of mental health professionals and politicians. Bonnie Watson Coleman introduced mental health legislation, HRHR 5469, which the House enacted in September 2020 (Sheftall & Boyd, 2022). HRHR 5469 charges the National Institutes of Health and the National Institute of Minority Health and Health Disparities with jointly sponsoring research that might reduce Black child suicide (Sheftall & Boyd, 2022); this measure emphasizes the relevance of suicide in the Black community and the paucity of studies on the subject.

The recorded rise in male Black teen suicide mortality and female Black adolescent suicidal thoughts may be attributable to environmental pressures. The rise in

severe ecological stresses includes a pandemic and systematic broadcast racism, affecting past, present, and future concern for the oppressed due to transgenerational trauma (Krippner & Barrett, 2019; Stoute & Slevin, 2021). These pressures may correlate with increased suicide behavior among Black kids. Walker et al. (2017) demonstrated how discrimination (i.e., alienation, perceived racism, and stressful life events) relates to suicidal ideation and generalized anxiety symptoms. All these factors contribute to the Black adolescent suicide epidemic. Opara et al. (2020) posited that further research is needed to examine how risk factors across multiple systems intersect to influence the suicidal thoughts and behavior of Black youth.

Suicide is prevalent within the Black community, and environmental factors may play a role. From 2007 to 2017, Black youth suicide rates have increased while national averages have decreased overall (CDC, 2018; Spates, 2019). Two longitudinal studies on racial discrimination (Walker et al., 2017) and gender/alcohol use (Tomek et al., 2015) drew similar conclusions concerning Black youth suicide rates. The researchers argued for more research to understand the unique barriers and risks for the suicide of Black youth through their perspective; this process supports dismantling the one-size-fits-all model for suicide/crisis intervention and the need for cultural considerations in suicide prevention and intervention efforts. In treatment and research, the conceptualization of suicide for an underserved and underrepresented population is complex.

There are many facets when analyzing suicide and the Black experience. These facets include primary themes of race and cultural backgrounds and secondary constructs of systemic and institutional racism, oppression, trauma, and stigma. Based on the

research presented, significant research has been done in developing and implementing prevention and intervention practices for suicide. However, despite the research and trials, Black youth suicide rates continue to be an area of concern socially and publicly; this is a cause for more inclusive research practices to enhance knowledge specific to Black youth and suicide. The best way to do this was to collect the current perspectives of Black youth regarding suicide.

Unique Sociocultural and Socioecological Factors

There are many reasons why the rates are higher for Black children than for White children. Abrams (2020) found that Black children aged 5–12 have suicide rates exceeding White children. Blacks, in general, have a stigma associated with the health professions due to historical events, such as African Americans' lower participation in clinical trials and medical services, which can be attributed to mistrust based on historical practices within the United States (Harris et al., 1996; Moseley et al., 2007). These medical practices included experiments on enslaved individuals and forced sterilization. Similar issues can be found by studying the infamous Tuskegee syphilis experiment, Henrietta Lacks abusive treatment, and the fear of night doctors at John Hopkins Hospital. Night doctors was a scare tactic started in the 1800s to stop enslaved individuals from escaping by telling them there were doctors in white sheets who kidnapped and conducted research on Blacks (Khan, 2011).

The term night doctors were later supported by the practices of grave robbers who primarily removed Black bodies from their graves and would sell them to hospitals for cadaver studies (Davidson, 2007). In addition, there is abundant evidence in southern

medical journals that enslaved individuals were frequently used in medical education and radical medical and surgical experimental practices of the antebellum South (Savitt, 1982). These medical practices include, but are not limited to, surgical methods without anesthetics, violation of African Americans' women reproductive health, dismissal of pain/distress tolerance, withholding treatment for curable diseases, intentional infection with diseases, lack of informed consent, forced sterilization, and more (Prather et al., 2018; Savitt, 1982).

Jaiswal and Halkitis (2019) argued that social inequality drives mistrust. The cycle of social inequality, medical mistrust, and unmet physical needs negatively impacts the Black community. These practices continue today and have contributed to the health disparities within the African American community. COVID-19-related deaths disproportionately affect communities of color. There are also lower inoculation rates in Black communities (Ash et al., 2021). Additional practices still occurring include the disregard for pain tolerance of African Americans/Blacks, especially women giving birth, individuals experiencing sickle cell disease (SCD), and the underrepresentation of Black individuals in medical anatomy/symptomology training. These experiences, specific to SCD, pain tolerance, longer wait times, and acknowledgment of symptom presentation, are all failures in the medical setting that dismiss and reinforce the stereotype individuals of color have for medical professionals (Haywood et al., 2013; Todd et al., 2000).

The experience of medicine and mental health creates caution within the Black community. It has reinforced a cultural mistrust of the profession (physical and mental health). Black population representation is of great importance in reinforcing a sense of

acceptance. Blacks are poorly represented in mental health professions. Indeed, only 5.6% of psychologists are Black, with similar statistics for psychiatric nurses (5.6%), social workers (12.6%), and psychiatrists (21.3%; Hoge et al., 2013). The Black community has categorized mental health symptoms as crazy rather than severe mental conditions (Linney et al., 2020). In many African American households, mental health-related discussions are typically not tolerated.

Research has found there are false beliefs, including that: (a) Blacks do not get depressed, (b) Blacks must be strong; (c) mental illness is exclusive to White individuals, or (d) Blacks who seek help from a professional have less faith in God (Alvidrez et al., 2008; Campbell and Long, 2014, and Conner et al., 2010). Taylor et al. (2019) researched how various factors contribute to the underutilization of psychological services within the Black community. The list of factors included the following concepts: (a) perceived negative consequences associated with seeking help (i.e., mental illness stigma); (b) social pressure against psychological help-seeking; and (c) perceived difficulties associated with seeking professional help (i.e., cultural mistrust, micro-aggressions in therapy (Taylor et al., 2019). The takeaways of this work done by Taylor et al. were for practitioners to provide psychoeducation, prevent and address microaggressions in therapy, discuss the influences of race/ethnicity, and the effect culture has in a therapeutic setting. These practices can fall under the scope of cultural humility practices, explained as “having an interpersonal stance that is ‘other-oriented’ rather than self-focused, characterized by respect and lack of superiority toward an individual’s cultural background and experience” (Hook et al., 2013, p. 353). Kawaii-Bogue et al. (2017)

recommended using an integrative care framework to address the listed barriers to receiving adequate treatment. These experiences in healthcare settings can make access and participation in treatment difficult for Black youth.

Based on the information presented, it is easy to understand why it may be hard for some Black individuals to accept the idea that mental illness is a risk, is treatable, and is difficult to access treatment. The Black community undergoes much systemic racism, oppression, and underrepresentation in the social, political, and medical sectors. Along with the experiences that Black individuals have, the onset of cultural mistrust and stigma can be used interchangeably with trauma. There is a need for greater inclusion and consideration of the shared perspectives of Black individuals to promote change within systems.

Summary and Conclusion

Based on the literature review, suicide rates of Black youth have been increasing at a disproportionate rate compared to their White counterparts. It is also known that systemic discrimination and racism against Black youth contribute to a lack of access to and treatment options for mental health care, therefore putting Black youth at an increased risk of suicide. Additionally, significant, and unique stigmas are associated with mental health care and illnesses among the Black community. Further research needs to be conducted on suicide preventative measures for Black youth as these measures will differ for White counterparts. It is not known how specific developmental pathways are linked to an increase in suicide rates among Black youth, and it is unknown how particular perceptions of the suicide of Black youth affect the suicide outcomes of

Black youth. The current study aimed to fill the gap in the perception of suicide and what those perceptions mean for suicide prevention and future research.

Chapter 2 offered a comprehensive overview of the theoretical frameworks and the past literature which supports this study. Research suggests that a sociocultural framework is necessary since it considers race, class, and culture (Sharpe, 2015). This study was grounded in sociocultural perspectives related to suicide among Black youths. In this chapter, I examined historical and current studies on suicide and its impact on the Black community. While suicide rates have fallen nationally, they seem to have grown within the Black community. It was revealed that although research on culturally unique suicide stressors is expanding, there is still more to be studied.

This review delivered an overview of cultural considerations for Black youth regarding suicide, gaps in the literature, and current perceptions of suicide and environmental factors. It was demonstrated that while there is developing research regarding culturally specific stressors to suicide, there is still much to be explored as the current theories and interventions are developing cultural inclusions. Often, these studies still lack the direct inclusion of ethnic and sexual minorities. In this study, the collection of perspectives provides meaningful information as to what is known about suicide and prevention efforts. In addition, this qualitative study offers the opportunity for the voices of Black youth to be added to the body of knowledge. Chapter 3 explains the research method for this study, including how theory is integrated into methods, design and rationale, recruitment, sampling, ethical practices, and my role as the researcher.

Chapter 3: Research Method

The purpose of this qualitative study was to explore perceptions of suicide and suicide prevention efforts for Black youth. The perspectives collected provide insight into specific cultural experiences and views about suicidal behavior. This chapter explains my rationale for the research design, my role as the researcher, methodology, instrumentation, and research procedure.

Research Design and Rationale

Qualitative research studies focus on understanding complex psychosocial issues (Marshall, 1996). The benefits of using generic qualitative research include having a foundation that allows the adaptation of the study to the participants' subject matter/data (Kahlke, 2014). Qualitative research can help address a social problem by collecting and exploring groups (Creswell & Creswell, 2018; Creswell & Poth, 2018). The purpose of this qualitative approach was to explore Black youth perspectives regarding social problems. Collecting personal experiences helps the researcher share their experiences with others (Kahlke, 2014). Participants were questioned about their perspectives on the causes and protective factors of suicide. Due to the sample group age range, participants were not asked about their past or present suicidal behavior or experiences. The study employed a virtual interview procedure with open-ended, semistructured interviews to get the viewpoints of Black children and encourage their involvement. This process helped answer the following research questions:

- RQ 1: What are the perceptions of Black youth, ages 12–25, regarding suicide?

- SQ 1: How do Black youth perceive the influence of social or cultural factors on suicide?
- RQ 2: How do Black youth, ages 12–25, perceive current efforts to reduce suicide?
- SQ 2: What cultural factors do Black youth perceive as necessary in suicide prevention efforts?

Generic qualitative research was the most appropriate fit for this study in exploring the phenomenon of Black youth's perspective on suicide.

Other qualitative designs were explored before choosing a generic qualitative research design. First, phenomenology was deemed inappropriate due to the research question not focusing on the lived experiences of a phenomenon. Next, a narrative design is based on collecting personal expressions and the chronological connection. Based on this understanding, this approach would be more suitable if the study specifically explored the perspectives of survivors of suicide or individuals with suicidal behaviors. Finally, ethnography was rejected due to participant observations, immersion, and the methodology of virtual interviews of non-related participants (Creswell, 2007). A generic qualitative study is most suitable because a straight or established set of assumptions, like other qualitative methodologies, does not limit it (Kahlke, 2014).

Role of the Researcher

As the researcher in this study, I was an instrument used to provide analysis, interpretation, and meaning based on a personal perspective; this was done through my expertise and professional training. As the researcher, I was transparent in my values and

prior knowledge regarding the profession of social work, Black youth, and suicide. As a clinical social worker, I often encountered scenarios of serving Black individuals with depression, suicidal behavior, or undergoing the trauma of losing a loved one to suicide. In these scenarios reporting mental health, symptomatology, and dialogue were highly stigmatized or underestimated to appear "acceptable" by individuals' accessing services.

I was aware of power dynamics and remained ethical throughout the data collection process. I did not provide affirming gestures and statements to interviewees. This was further supported by removing power dynamics that did not associate me with a therapist or educator but as a mandated reporter and researcher/interviewer in a safe space. As a mandated reporter, I was legally obligated to report all participants and guardians whenever a participant exposed self-harm, abuse, or neglect; this procedure was compatible with my primary job and ethical duties as a required reporter. This situation was not encountered in the study, but if it did, I would have stopped the interview, invited the parent back into the meeting, and offered to provide a collaborative call to the proper authorities (Child Protective Services and Suicide Prevention Lifeline) to ensure support for the participant. This process was consistent with the role of a primary researcher along with ethical obligations as a mandated reporter. If a participant was a minor, I explained the debriefing process to the parent (guardian) and obtained assent from the youth. Guardians were copied on all correspondences.

I clarified goals and remained neutral during interviews unless a safety concern required further intervention. I recruited, scheduled, and conducted interviews with participants. In addition to the role as the sole researcher, there is an obligation to the

participants and the field of social work to share objective data obtained through ethical processes (Meyer, 2018; Meyer & Cui, 2019; National Association of Social Workers, 2008). I understood the significance of the role being the sole researcher and instrument. Interviewing younger participants requires careful consideration and requires using simple language to ensure clarity and consent of the youth and parent. The utilization of a protocol was necessary as the data collected could vary based on the approach and environment created for participants.

I familiarized myself with interviewing techniques for adolescents and the interplay of race and identity. Due to the topic's sensitivity, I was prepared to stop the interview or go to the next question if participants did not feel comfortable addressing the issue. I designed an interview process with cultural concerns in mind. These included knowledge of power dynamics, the significance of establishing rapport, listening, watching nonverbal communication, assuring comprehension of etiquette, and question structuring (Eder & Fingerson, 2001; Roulston, 2012).

A conflict of interest is caused when the researcher has a dual role in the research context. In my current roles as a suicide prevention program director and clinical therapist, suicidality is an area of interest and expertise. However, this study did not affect these roles and vice versa. Current clients were not recruited or included in this study. Conflict of interest must be managed to ensure that the research reveals the truth, not just the outcome that I, as the researcher, might desire to reach. As the researcher, I remained cognizant of other possible conflicts of interest and ensured they were addressed.

To manage my experiences and biases, I first obtained consent from guardians and participants, provided appropriate disclosure to participants and their guardians, used semi-structured surveys to guide the discussion, and kept field notes that could be processed. I utilized field logs to process personal feelings, ordered questions to build rapport, then transitioned to more complex questions, and analyzed and considered all data with a free and clear mind, regardless of findings. As for participant bias, I observed verbal and body language based on response. Positionality memos are an effective tool for documenting and assessing personal biases, comparing new and existing data, and modifying the study based on findings (Ravitch & Carl, 2016). I specifically used this during the data collection process of my research to have a written reflection of my experiences and insights as an emerging scholar-practitioner. In summary, my role as the researcher was to ensure that I upheld ethical standards in the recruitment and engagement of participants and the collection and reporting of data.

Methodology

Participant Selection Logic

I used a sample size consisting of 14 participants. The population for this study consisted of Black, African American, and biracial with Black or African descent individuals between the ages of 12–25. I used both purposeful sampling and snowball sampling for recruitment. Purposeful sampling is when a researcher selects individuals and sites for study as they can directly inform an understanding of the research problem and central phenomenon to the study (Creswell, 2007). Snowball sampling is where researchers target specific populations and rely on initial participants providing

referral/networking to possible participants that fit the inclusion criteria (Parker et al., 2019).

Purposeful sampling allowed me to select participants with direct experience with the phenomenon. Snowball sampling consisted of asking participants or guardians if they knew anyone who would like to participate in the study and have that individual contact me. I ensured that participant information was collected when they volunteered and reached out to those within the scope of the research needs. Recruitment for participants was based on an individual self-report of meeting the inclusion criteria in the flyer. In doing this, the collected data focused on this specific group of individuals. To recruit diverse participants who meet the inclusion criteria, the study recruited in areas primarily targeting parents (i.e., parent support groups, community centers, and listservs), LGBTQ resource centers, higher education, and social media (Palinkas et al., 2015). Individuals who did not fall within the research's scope, were beyond the age range or did not identify as Black were excluded from the study. Those excluded from the analysis were notified that they did not satisfy the study's inclusion criteria. The inclusion criteria were included in recruiting materials (flyer, invitation email, and more).

Based on the information on the leaflet, interested participants or their guardians contacted me through email or telephone. I assessed prospective volunteers, and interviews were conducted with those who match the inclusion requirements. I ran a 1-hour audio-recorded interview with each participant using the semistructured guide. I asked participants to be in a private area to complete a 1-hour interview. Virtual interviews were conducted with only the participants. The entire interview was kept

confidential except for imminent harm. I debriefed with the participant(s) and parent, providing all participants with information about suicide crisis services. Once interviews were completed, participants were asked if they knew of others who would be interested in the study. I transcribed interviews and used transcriptions for data analysis. I remained ethical in data analysis by coding keywords and phrases directly from participants and using unbiased summaries from transcripts. The recruitment and collection of data management processes prioritized safety, consent, and confidentiality.

Since I was aware there is a great deal of diversity in the perspectives of Black youth and young adults based on age and identity, I recruited youths and young adults between the ages of 12–25, specifically Black, African American, and biracial youths, and young adults of Black or African descent. After participants were booked for interviews and saturation had been reached, recruitment halted. Saturation is the process that occurs when categories are exhausted, and no new information contributes to the comprehension of categories (Creswell, 2007). Once this pattern was identified, I conducted one further interview to validate any redundancy patterns (see Creswell, 2007). Additional participants were recruited until saturation was achieved. In addition, I provided participants with a $25 American Express electronic gift card as an incentive for their participation. The final report provides the number of participants omitted from the research and an explanation.

Instrumentation

The tool for this study was a semi-structured interview created by me. The interview questions were constructed with many factors in mind. These factors include

the research question, a social-cultural and general qualitative technique to encourage alignment with the issue of suicide, and the collecting of unique answers from sample representatives, which permits a concrete assessment of the study. The interview was designed in six stages consisting of open-ended questions that were assumption-free, non-leading, basic, direct, well-worded, and age-appropriate (see Brinkmann & Kvale, 2018); these six principles foster open discourse pertinent to the research in a supportive setting.

I developed a semi-structured interview guide for participants to obtain data about their perceptions of suicide and suicide prevention efforts (see Appendix C). Some questions included: "What is suicide?" and "What do you believe causes an individual to attempt suicide?" The data points included responses from youth to semi-structured interview questions on age, gender, race, recipient of mental health services, perceived social and economic status, perceived risk, protective factors, current interventions, and causes of suicide for Black youth. The self-developed instrument was due to the concepts of interest does not present in currently established instruments. The interview questions collected perceptions of the common themes presented in the literature review (see Appendix C) and participants' demographic information (see Appendix A). These themes in the literature include concepts of perception of racism/oppression, protective factors, familial support, and religion.

This interview process consisted of having questions about demographic information at the beginning of the interview, followed by open-ended questions (that build rapport), sensitive questions, follow-up questions, and closing questions (see Morgan-Brett, 2021). A practice-run interview was conducted with friends and family to

familiarize me with the interview process. To be completely present and engaged with participants, I conducted, transcribed, and analyzed semi-structured interviews. In addition, I interviewed participants with the semi-structured interview guide (see Appendix C). The data collection for this study consisted of the information collected during the semi-structured interviews and my audit trail. Throughout the data collection phase, I kept an audit trail of reflexive journaling for this study. These tools were used in the tracking of my own experience as the researcher, including observations, takeaways, and thoughts on future research. Audit trails were stored on a personal device accessible only to me. As needed, I shared my journaling with my dissertation chair. The interviews were transcribed verbatim. Participants were assigned pseudonyms (such as P1), and the verification procedure includes listening to the recording while the transcript was read.

At any time, a participant was free to withdraw from a study. The participants were asked to tell me of their choice to withdraw from the study. However, participants were not required to provide me with a reason(s) for withdrawal. The debriefing statement included my title and name and the aims and research questions of the study. The statement also included withdrawal procedures, the participant's right to withdraw, and other valuable resources and support services. During the interview scheduling process, guardians were advised on the desire for minors to be questioned alone, the mandatory reporting requirement, and that they would be brought in after the interview to participate in the debriefing (see Appendix C).

Recruitment

The recruitment and data collection steps consisted of the following. I first asked permission to post research announcements on social media sites and public community bulletins (i.e., local community Facebook pages, non-public sites, and community center websites) targeting recruitment for parents of Black/African American youth 12–17 and adults 18–25 to participate in the study. I also posted my research announcement in the Walden University participant pool. Although vulnerable individuals were not being directly recruited, they were excluded from participating in this study. Individuals considered vulnerable still have meaningful contributions to the study, and current protections are sufficient. Individuals were excluded from the study if there was a possible power dynamic between the research and participants, including but not limited to individuals receiving services from the researcher outside of the research.

Interested participants (parents of youth aged 12–17- or 18–25-year-olds) contacted me via the information contained on the flyer. I explained the research to the participant(s) and obtained their consent. Consent was obtained through an online form that explained the purpose of the study, risk, benefit, data collection, $25 American Express electronic gift card, research questions, privacy practices, inclusion criteria, Institutional Review Board (IRB) approval number (12-16-22-0669361), and how to contact the IRB and researcher for any additional questions. The consent form was also free of any language that waived a participant's rights, and detailed that they were allowed at any time to withdraw consent. Before enrollment, I explained minimal risk, including possible psychological distress and the researcher being a mandated reporter. I

provided resources to individuals who were deemed at risk and made reports of reasonable suspicion to participants/guardians. I provided referral support to Suicide Prevention Line at 800-273-8255 (988, effective July 2022). The possible benefit was the chance for new knowledge specific to Black youth and suicide. If the participant was a minor, I explained the debriefing process to the parent (guardian) and obtained assent from the youth. Guardians were copied on all correspondences.

There are three common challenges including: (a) obtaining consent, (b) working with gatekeepers, and (c) accessing participants. To address these barriers, I employed several recommendations involving collaboration with gatekeepers, ease of access, and compensation (Namageyo-Funa et al., 2014). The additional guidance and considerations supported the efforts in this study specific to recruitment strategies, collaboration with gatekeepers, the $25 compensation, ease of access to the interviews, electronic access to the consent forms, and special considerations with COVID-19 precautions. These strategies provided ease of access via electronic devices and provide a monetary incentive for participants.

Data Collection

Once interviews were scheduled, I recorded audio from the interviews and transcribed them for analysis. The purpose of audio recording the interviews allowed me, as the researcher, to focus on conducting the interview and ensuring that all data were being collected for analysis. I used pre-developed questions to guide during the interview (see Appendix C). The data collection for this study consisted of the interview after the consent form had been completed, and an interview had been scheduled. The contact

information from the consent form was later used to verify the delivery of the gift card and the study summary report. I transcribed interviews verbatim; participants were given a pseudonym (e.g., P1). The authentication process included listening to the recording as the transcript was read.

Data Analysis

Once the transcriptions were authenticated during the data collection phase by comparing audio recordings, I implemented an Inductive Analysis (IA) of the transcripts. IA was appropriate for this study. The nature of this qualitative approach was to set aside pre-understandings and be driven by data. IA is the process of analyzing data from each participant individually and synthesizing repeating patterns and themes from the participant's data; this composite synthesis process is used to interpret meaning or implications regarding the topic of investigation (Percy et al., 2015). Percy et al. (2015) outlined a 12-step IA protocol.

In efforts to honor the voices of Black youth and maintain the authenticity of the shared perspectives, in-vivo coding was appropriate (see Saldaña, 2014; Strauss, 1987). I used words/phrases that stood out in the data record as original codes. I followed the recommendations of putting the codes in quotation marks to show that the code came directly from the data record (see Saldaña, 2014). This coding was done using the qualitative data management software, NVivo.

Each transcribed interview was coded in NVivo. I read the transcriptions and highlighted phrases/words. This was followed for all interviews. Common phrases and themes across interviews were categorized, and aided in ensuring saturation was met. All

discrepant cases were treated equally to sharing the full spectrum of perspectives that were present within the population being studied. This was done to mitigate an oversimplistic interpretation and confirmatory bias (see Morrow, 2005).

Issues of Trustworthiness

Trustworthiness can be explained as the ability to have confidence in the study's findings; this criterion consists of credibility, transferability, dependability, and confirmation (Lincoln & Guba, 1985). Credibility can be explained as the findings accurately representing the reality of participants. Transferability is the process in which the research conditions can be transferred in different settings with other respondents. Dependability is the research being logical, traceable, and documented (Tobin & Begley, 2004). Lastly, confirmation can be explained as the researcher's findings and interpretations as procured from the data.

Credibility

I utilized strategies to ensure plausible findings. These practices included purposeful sampling, saturation, and reflexivity. Purposeful sampling ensured that individuals included in the study would represent the targeted population for the study. Saturation ensured I collected enough data to provide meaningful contributions to the topic of study. Lastly, reflexivity can be explained as the critical process of self-reflection (Korstjens & Moser, 2018); this was done by using in-vivo coding for specific words/phases directly from the data collected, excluding individuals with dual relationships and field journals. Also, having a semi-structured interview protocol

allowed follow-up questions to seek clarity and explore the topic of inquiry further (see Rubin & Rubin, 2005).

This study's limitations included the inability to generalize due to the sample size and methods. In addition, the method of conducting one interview per participant was also a limitation. However, this could be mitigated in future studies using prolonged engagement and persistent observation to dispel possible distortions with the researcher (Lincoln & Guba, 1985; Tobin & Begley, 2004).

Transferability

Transferability was supported in this study by my recruitment efforts and the sample population; because the population in this study represented a varied range of ages and races of individuals who identify as Black, its degree of representativeness was directly proportional to its ability to be generalized to other groups. I recruited from many sites to reach a diverse target group to maximize the possibility that the sample represented the larger community correctly.

I also provided a thick description to illustrate transferability. One approach to defining thick description is incorporating context into the acts and experiences of the described individuals (Korstjens & Moser, 2018). Merriam and Tisdell (2015) explained that a detailed description can impact the way the reader interprets the research; this was achieved by explaining the descriptive background of the study setting, demographic information, a sample strategy, inclusion and exclusion criteria, and an interview technique. In conclusion, it is the reader's responsibility to determine if the knowledge is transferable.

Dependability

Dependability within this study consisted of the semi-structured interviews that allowed for free flow in the data collection with participants (see Morgan-Brett, 2021; Rubin & Rubin, 2005; Weiss, 1994). The data collection and analysis of this study used a 12-step IA approach and in-vivo coding; this approach provided the authenticity of the words/phrases collected in the study and provided a step-by-step process for the analysis; the researcher also had an audit trail that consisted of decision-making notes, reflective thoughts, and data management that includes the maintenance of raw data for 5 years per the requirements of Walden University's IRB; this process allows for the transparency of the research path for future auditors (Korstjens & Moser, 2018) as it allows for the interpretation to be grounded in the data collected and not within my viewpoint; this effort supported dependability.

Confirmability

Lincoln and Guba (1985) and Tobin and Begley (2004) recommended using field notes for self-reflection and assessing one's bias throughout the data collection process. I knew my positions and how they may have affected confirmability in this study. To address this, I utilized field logs (reflexive journaling), reviewed them with my chair and implemented IA to reduce bias; this process was done throughout this study's data collection and analysis phase.

Ethical Procedures

Before contacting potential participants, I sought the approval of Walden University IRB. Once approval was granted from the IRB, I updated the electronic

consent form to have the IRB approval number and IRB's contact information. I then began to engage in the recruitment efforts previously discussed. Due to the COVID-19 pandemic, I focused most of my recruitment through social media platforms, word of mouth, list servers, and parenting support groups. All participants and guardians received a copy of the completed consent form. To address accessibility, the form could be accessed from all mobile devices with Internet access. The consent also had features to support individuals with varying visual and audio abilities.

All participants were informed that the study was entirely voluntary with only a time commitment. Participants were informed that they would receive a compensation of $25 for their participation after the interview. If they wanted to terminate the interview early and not reschedule, they would not receive the $25 incentive for completing the interview. Participants were reminded that the entire interview would be audio-recorded, and they could pass questions or stop interviewing at any time without penalty from the researcher. Minors in the study were informed that I had an ethical obligation and permission to break confidentiality to report safety concerns. If they expressed harm to themselves or others, I would have been obligated to report and provide resources to the family. Guardians, during the scheduling of interviews, were informed of the preference for minors to be interviewed alone, informed of the mandated reporting requirement, and that they would be brought in at the latter end of the interview to participate in the debriefing.

I kept participants' personal information (i.e., phone, email, first/preferred name) confidential, which was not used in the final report. I kept all information collected from

participants on a password-protected-encrypted hard drive and separated it into a different file. No one was given access to the computer besides me, as the device was protected with a password and facial recognition. Raw data will be kept per Walden University's IRB requirements for 5 years. In the event of expressed interest in ongoing support, I would provide individuals with a resource list where the individual could receive assistance in their area. I also disclosed my ethical obligations as a mandated reporter and the protocol that would be followed to ensure the safety of participants. I understood that minors are vulnerable and made considerable efforts to minimize concerns. These efforts included consultation with the university IRB, debriefing protocol, and disclosure of mandated reporting statutes and practices for both the guardian and youth, should information have warranted a report or referral to crisis services.

Summary

The research design for the presented study was a generic qualitative approach using a sociocultural perspective and IA design. In this chapter, I provided processes and protocols regarding recruitment, participation, role as a researcher, and data collection for this study. First, I collected data through virtual interviews and an online interest form. Second, I implemented a purposive sampling strategy, limiting participants to those who were 12–25 years of age and identified as Black/African American or biracial with Black or African American. Based on the nature of the study, 14 individuals participated, which allowed for data saturation to be reached. Lastly, I discussed practices to address trustworthiness and ethical practices as the researcher throughout the research process

and post regarding the record maintenance of raw data. In Chapter 4, I include a presentation of the results from data collection. Then, I explain the trends and patterns in the data, as well as how the data answers the study's research questions.

Chapter 4: Results

I aimed to understand the specific sociocultural perspectives that Black youth and young adults hold regarding suicide and suicide prevention. Currently, limited research is available on the viewpoints of Black youth and young adults regarding suicide and the efforts made to prevent it. The study focused on exploring the influence of social and cultural factors in shaping the perspectives of Black youth and young adults on this topic. This chapter presents the data collected, findings, analysis, and trustworthiness of the data collected, as well as how the data answers the study's research questions.

Setting

I collected data between December 2022 through January 2023. Individuals were recruited through social media posts. I also recruited from a large online university participant pool recruiting young adults and caregivers for their consent for minors to participate in the study. The final sample included 13 participants from Michigan and one from Florida. All participants had no direct connection to my professional work as a program manager or clinical social worker. Among the participants, two individuals openly disclosed a history of suicidal ideation during the interview. They explained that they currently had access to professional and personal support systems and were not experiencing suicidal thoughts at the time of the study but would contact resources if they felt suicidal again. This information was disclosed as the participants answered the interview question prompts.

Demographics

The inclusion criteria for the sample were to identify as Black and aged 12–25. Participants self-selected to engage in the study, suggesting openness to discussing their views on suicide within the Black community. There were 14 participants in the study. Of those 14 participants, seven were young adults and six were minors. The age ranges of participants were from 12–25 (see Table 1). The median age was 19. A total of nine males and five females participated in the study. Thirteen participants were Michigan residents, and one was a resident of Florida. The sexual orientations of the participants consisted of 11 who self-identified as heterosexual, two individuals who self-identified as gay, and one who identified as undecided.

During the interviews, participants were asked to rate their level of comfort in discussing the topic of suicide on a scale of one to five, with five indicating the highest level of comfort. These ratings were collected at the beginning and end of the interview. Out of the participants, eight individuals reported no change in their comfort level, consistently indicating a high level of comfort throughout the interview, with an average rating of 4.75. When asked about the reasons behind their unchanged comfort level, four participants emphasized that although discussing suicide remains challenging, it is an important and necessary conversation. In contrast, five participants reported an increase in their comfort level by the end of the interview, with an average increase of 1.2 in their ratings. Interestingly, one participant expressed a decrease in their comfort level, changing from a rating of 4 at the beginning to 3 at the end of the interview. This participant who experienced decreased comfort stated, “Because it is sad,” offering

insight into their emotional response towards the topic. Lastly a minor reported an initial level of comfort was a 1 and increased to 3. When asked about his score, he provided an affirmative head nod that he felt more comfortable talking about the topic.

Table 1

Participants' Demographics

Participant	Age	Gender Identity	Sexual Orientation	Racial Ethnic Identity	Interviewee's comfort level Before	Interviewee's comfort level After
P1	22	Male	Heterosexual	Black	5	5
P2	25	Male	Gay	Black	4	5
P3	14	Male	Heterosexual	Black	1	3
P4	24	Male	Gay	Black	5	5
P5	25	Male	Heterosexual	Black	4	4
P6	23	Male	Heterosexual	Black	5	5
P7	19	Female	Heterosexual	Black	5	5
P8	19	Female	Heterosexual	Black	5	5
P9	17	Male	Undecided	Black	3.5	4.5
P10	15	Male	Heterosexual	Black	4	5
P11	23	Female	Heterosexual	Black	4	5
P12	17	Male	Heterosexual	Biracial	5	5
P13	16	Female	Heterosexual	Mixed racial	4	4
P14	12	Female	Heterosexual	Mixed racial	4	3

Data Collection

This basic qualitative research design addressed the identified gap in research on the perspectives of Black youth and young adults on suicide and suicide prevention. I obtained a sample size of 14 using a purposeful sampling strategy. Data were collected until saturation was met. Saturation appeared by Participant 12; however, I interviewed two additional individuals to ensure no new information was coming from interviews. To collect data, I used an interview guide to elicit information about suicide specific to the Black community.

Participants and guardians of minors were recruited for this study using a combination of methods. One approach involved leveraging social media platforms, particularly Facebook, to post announcements and reach specific groups. These targeted groups included community pages, mental health resources pages, and pages dedicated to the Black community. In addition to social media recruitment, a university research participant pool was also utilized to identify potential participants.

The recruitment phase was carried out over 2 weeks in December 2022. The duration of the recruitment phase was deliberately limited due to the substantial interest received and the expected sample range of 10–15 individuals. The recruitment efforts yielded an unanticipated response for willingness to participate, with 287 individuals initially expressing interest in and willingness to participate in the study by completing the consent form.

I followed the order in which the consent forms came in. I then verified that participants met the criteria and were able and willing to be interviewed. Of the participants, some individuals either did not respond to emails, did not attend their scheduled interviews, or elected to reschedule later. I continued to schedule an interview with participants offering a variety of interviewing days and times (morning, evenings, and weekends). One barrier to participant attendance in the interviews was due to the major holidays before and after interview times, students on break from school, and caregivers with more pressing obligations. Initially, 35 individuals received emails to schedule interviews. Of those 35, 14 participants responded or kept their appointments. Saturation was met after the 12th participant when their responses did not generate new

ideas from previous participants. I conducted two additional interviews. After the 14th participant, data saturation was established, and no further interviews were required. After data collection was completed, some participants contacted me via social media or email to see if the participant pool was still open. I emailed the remaining 21 participants, research participant pool, and responded to social media messages that the participant pool was now closed. This resulted in a total of 50 emails and five social media messages or comments on post made.

Participants or their guardians completed a consent form that included information about the study's purpose, inclusion criteria, and explanation about the incentive of $25. They also provided their contact information through an online consent form/survey, which was used to schedule a Zoom virtual interview. Before the interviews, I reviewed the survey responses and emailed Zoom invites. At the beginning of each interview, I talked with the participants and guardians of minor participants about the audio recording process. This ensured their continued willingness to participate. I then initiated the audio recording and introduced myself, informing both the participants and their guardians about their rights and the purpose of the interview. If there were no questions, the interview proceeded with only the participant present.

Toward the end of each interview with a minor, all guardians were invited to join for a debriefing. One guardian joined at the end of the interview and expressed interest in asking questions related to the topics discussed. During the debriefing for all participants, I provided information about a suicide prevention hotline resource (9-8-8) and addressed any concerns or questions raised. It is worth noting that none of the participants in this

study required additional support or expressed distress following the interview. However, all participants were reminded of the availability of the 9-8-8 resource. Upon completing the debriefing, participants were informed that the recording had stopped. All participants in this study completed the interview and received a $25 American Express electronic gift card delivered to the provided email address.

Before the interviews, all participants' confidentiality was upheld by providing a number that would appear on transcripts and audio recordings. I used the interview guide to guide the interview but allowed participants to ask for clarification. In addition, I used active and reflective listening skills to remain engaged with participants and promote open dialogue. I conducted 14 audio-recorded Zoom interviews. The interviews were conducted throughout December 2022 and January 2023. The interview length ranged from 6 to 25 minutes, averaging approximately 15 minutes per interview. The participants provided their meaningful perspectives regarding the topic of suicide.

Initial transcripts were generated from the Zoom audio recording feature. I then compared the transcripts to the audio recording for authentication of transcripts via audio recording. Once data were reviewed and cleaned to match the audio recording verbatim, I prepared for analysis. This process consisted of multiple readings of the transcripts, listening to audio recordings, and reviewing notes taken during the interviews. The length of the transcript ranges ranged from five and 26 pages, with a total of 195 pages. All transcripts and audio recordings are secured on a password-protected account and device.

Data Analysis

After reviewing transcripts for each interview, I read the data collected to understand what was reported and relevant. I uploaded transcripts to NVivo to analyze the data and followed the 12-step IA process I explained in Chapter 3. This process included reviewing data collected after each interview and developing initial coding in how the data collected answers the research questions. The process was followed for each subsequent interview. This method also helped in verifying saturation as it compared whether each interview either confirmed previous interviews or added new information to the study.

To ensure objectivity in data interpretation, the data analysis process commenced with bracketing for the research and employing reflexive notetaking to minimize personal bias or influence. In efforts to honor the voices of Black youth and maintain the authenticity of the shared perspectives, in-vivo coding was used. I used verbatim words/phrases that stood out in the data record as original codes. I followed Saldaña's (2014) recommendations of putting the codes in quotation marks to show that the code came directly from the data record. I read the transcriptions and highlighted phrases/words. This was followed for all interviews. Through this process, 53 inductive codes were derived. The codes across interviews were grouped into seven categories.

Two themes emerged from analysis: (a) Black Community views toward suicide and (b) Black-specific traumatic experience. These main themes emerged from the data analysis and common trends highlighted in earlier chapters. These themes emerged as large concepts from the common phrases and initial coding. During the analysis, I

followed a 12-step IA process through the utilization of NVivo software and was able to organize the findings and then find emerging themes and concepts through this process. The IA consists of 12 sequential steps:

1. Step 1: Individual interviews were reviewed, and significant feedback was highlighted for further analysis.
2. Step 2: The highlighted data were then carefully correlated with the research questions to establish meaningful connections.
3. Step 3: Data that did not directly address the research questions were separated and stored in a separate file for future reevaluation.
4. Step 4: Data were coded systematically to ensure efficient tracking of individual items.
5. Step 5: Efforts were made to cluster related data items, aiming to identify emerging patterns.
6. Step 6: Identified patterns, constituting the second level of coding, were attributed to me, and I utilized participant phrases and statements to enhance comprehension of the observed patterns.
7. Step 7: Overarching themes were derived from the patterns, denoted as "patterns of patterns," and accompanied by abstract descriptors to emphasize significant themes across the data.
8. Step 8: A comprehensive assessment of themes, patterns, and descriptors was presented in a matrix format, providing a structured layout for the final report.

9. Step 9: Each identified theme was subjected to an abstract analysis, evaluating its scope and congruence with the research questions.
10. Step 10: The process was replicated for each participant's data to ensure a comprehensive analysis.
11. Step 11: Common themes and patterns that transcended across the participants' data were combined to enrich the overall understanding.
12. Step 12: A composite synthesis of the themes, specifically pertaining to the research question under inquiry, was formulated to present a coherent and insightful conclusion.

The themes and subthemes that emerged from these results were meaningful in understanding Black youth's perceptions regarding suicide, answered research questions. Table 2 presents the organized coding process from the data collected and analyzed in NVivo.

Table 2

Coding

Axial coding (*N*=53)	Selective coding	Categories	Themes	Phase 5: Subtheme
Active voice (thoughts) Infinitive (thoughts) Passive voice (thoughts) Emotional Ambivalent Emotionless Interpersonal Personal Direct Indirect	Defining suicide	Age-dependent views	Theme 1: Black Community Views Toward Suicide.	Age-dependent view Familial influence stigma Suicide risk and the Black experience
Takes suicide lightly Stigmatized Aloof or unaware of suicide	Perceptions of Black youth and young adults	Age dependent views Stigma Familial influence		
Social media Familial influence Stereotypes (Culture) Stereotypes (Social) Bullying Racism Roots in slavery Social inequity	Sociocultural factors Influencing suicide	Sociocultural factors Black specific Traumatic experiences		
Takes suicide lightly Stigmatized Aloof or unaware of suicide Looked upon negatively in general Undermines suicide		Black community's view towards suicide		
Prevention efforts Views are age dependent Views suicidality as a weakness Open-minded and approachable Feel shameful	Views toward suicide			
Mental health Depression Hopelessness Inability to cope Home environment Only option left school or work environment Bullying Discrimination Social media Overwhelming life changes Loss of an important individual Previous or current trauma	Cause of suicide?	Risk factors Familial influence Social media Sociocultural factors	Theme 2: Black-specific traumatic experience.	Suicide risk and the Black experience sociocultural factors protective factors the role of social media

Axial coding (*N*=53)	Selective coding	Categories	Themes	Phase 5: Subtheme
Mental health treatment Talk to the individual. Promote open communication Make treatment more accessible Black community Find hobbies or interests	Suicide prevention	Social media		
Support system Having someone or something to live for medical treatment for mental health Open conversation About suicide Paying attention to loved ones and friends	Protective factors	Social media		
Being kind, compassionate and friendly Creating a safe environment Family Religious community	Cultural factors needed in suicide prevention	Familial influence Social media Protective factors Role of social media		

Discrepant cases within this study provided meaningful insights, and their perspectives were included in the analysis. All discrepant patients were treated equally to share the full spectrum of views in the studied population. This was done to mitigate an oversimplistic interpretation and confirmatory bias (see Morrow, 2005). Within the sample, a minor in this study was the only participant to skip a question, rank level of comfort as one and had less to share on the topic. During the analysis the perspectives shared were honored and compared to other responses.

Evidence of Trustworthiness

Credibility

This study had no deviations from the credibility strategies, including purposeful sampling, saturation, and reflexivity. I used purposeful sampling, where the participants represented the targeted population. Saturation was determined to have been reached

when no new information emerged, at which point recruitment ended. Reflexivity was used throughout the data collection and analysis process. I took notes after interviews and as data were analyzed. I also managed potential bias by directly using in-vivo coding for specific words/phases from the data collected.

Transferability

This study's sample consisted of 14 youth and young adults. The final sample within this study consisted of 13 Michigan residents and one Florida resident. It is important to know that most of the participants are Michigan residents. Still, the findings can be applied to other Black youth and young adults as the findings were based on context within the United States. The study's sample represents Black youth and young adults with diverse backgrounds between the ages of 12–25. This sample may not adequately represent specific subgroups within the larger category of Black/African American youth and young adults.

Participant self-selection may have contributed to bias within this study. This bias is limited to this sample population and may not represent the larger population's level of comfort with discussing their views of suicide within the Black community. There was also an accessibility limitation for participants in this study. I solicited participation solely on online platforms and conducted virtual interviews. This practice could be attributed to the availability of participants with Internet access, social media accounts, and videoconferencing capabilities. Two out of 14 participants identified as gay, which indicates the sample was biased towards heterosexual Black youth and young adults. This

bias may not accurately represent a higher-risk population for suicidal behavior, which includes LGBTQ+ individuals.

This sample encompassed a diverse range of experiences among individuals identifying as Black, African, African American, biracial, or multiracial within the context of the Black experience in the United States. However, it is important to acknowledge the limits to transferability of findings, as racial identities can vary significantly based on prevailing perceptions influenced by skin complexion. The analysis cannot be extrapolated to represent national perspectives, as participants were recruited online from specific groups with a pre-existing inclination towards mental wellness advocacy.

It is crucial to note that the data may not be specifically applied to Black youth and young adults with a history of suicidal behavior or those who have been directly affected by suicidal behavior. Due to the small sample size and limited representation of various Black/African American diaspora and gender identities, transferring themes should be made with caution for specific subgroups such as esbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) individuals within the Black/African American community. This sample highlights the need for further exploration of social and cultural factors that are unique to Black youth and young adults based on intersecting identities.

Dependability

Dependability strategies implemented for this study were specific to the data collection and interviewing process. I used semi-structured interviewing protocols for

dependability, using follow-up questions to seek clarity and further explore the topic of inquiry with participants. The data collection and analysis of this study used a 12-step IA approach and in-vivo coding; this approach allowed for the use of the words/phrases collected in the study and provided a step-by-step process for the analysis. I maintained a comprehensive audit trail encompassing decision-making notes, reflective musings, and meticulous data management. This meticulous undertaking served the purpose of ensuring transparency in the research trajectory for prospective auditors (see Korstjens & Moser, 2018). By grounding the interpretation of findings solely in the amassed data rather than my personal perspective, this endeavor actively reinforces dependability within the study.

Confirmability

Reflexive notetaking was employed during the data collection and analysis phases to ensure confirmability in this study. This approach facilitated documenting my personal experiences and reflections on the interviews and the overall data analysis process. I maintained transparency and acknowledged my influence as the researcher by engaging in reflexive notetaking. These reflective notes contributed to the credibility and trustworthiness of the study, enabling future researchers to assess the potential impact of my perspective on the findings and interpretations.

In the results section, I define the two main themes and subthemes that emerged in the study. These themes emerged in analysis of how Black youth and young adults view suicide and suicide prevention within the Black community. These themes are presented in answer to the research questions of this study.

Results

Two primary themes and seven subthemes emerged from the analysis of interview data. Theme one is Black community views toward suicide and is explained through three subthemes, which were: (a) age-dependent view, (b) stigma, and (c) familial influence. Theme two is Black-specific traumatic experiences, and four subthemes emerged, which were: (a) sociocultural factors, (b) protective factors, (c) suicide risk and the Black experience, and (d) the role of social media. These subthemes provide contextual understanding of the complexities surrounding the topic within the Black community. This section of the results will explain the findings of analysis.

Table 3 serves as a visual representation of subthemes discussed in this section and quotes from participants. This table presents a comprehensive depiction of prevailing viewpoints within the Black community, as articulated by study participants, with carefully selected excerpts from the interview transcripts. The inclusion of these excerpts was deemed crucial due to their profound alignment with the overarching theme under investigation. While others may have alluded to similar feelings in their interviews, the selected table excerpts precisely capture the most significant and relevant expressions related to the identified theme.

Perceptions of Suicide

The first research question was: What are the perceptions of Black youth and young adults, ages 12–25, regarding suicide? The sub-question was: How do Black youth perceive the influence of social and cultural factors on suicide? Both questions were answered by both main themes and identified subthemes. The first theme that emerged

was Black community views toward suicide. Within this theme, three subthemes emerged, which were: (a) age-dependent view, (b) stigma, and (c) familial influence. These subthemes further explained the main theme by providing insight into the unique factors that shape perspectives of suicide within the Black community. Whereas the main theme two Black-specific traumatic experience and subtheme suicide risk and the Black experience both, provide the historical context that participants in this study discussed in their interviews. Cumulatively, the results from these main themes and subthemes highlight what the participants believed are the external and internal factors that shape views towards suicide in the Black community.

Black Community Views Toward Suicide

The theme, Black community views toward suicide, is defined by the perspectives of the participants in this study that were identified as unique within the Black community. The participants within this study perceived that suicide and mental health continue to be highly stigmatized within the Black community. Based on participants' responses, it became evident that stigma continues to be a significant concern within the Black community. Three participants expressed sentiments regarding stigma. "I think we should move away from the current mental health stigma" (P4). Additional sentiments included "I believe that my community has something like a curtain between it and suicide. It's not necessarily something close to home or something they can visualize. It's not something that they understand or something they're aware of" (P5).

Through analysis and application of a sociocultural framework, it became apparent that the understanding of suicide and the prevailing perceptions surrounding it

within the Black community are heavily influenced and perpetuated by the family system. Within this study, participants explained that mental health and suicide are still believed to be taboo in many Black families. Throughout this main theme, I explore the emerging subthemes and how the unique perspectives of the Black community regarding suicide.

Age-Dependent Views

This subtheme, age-dependent views, identifies the perceived difference in views based on age. Analysis identified the contrasting perspectives held by participants in this study compared to their view of older Black adults. Participants expressed their perception of suicide and highlighted the disparities between their views and those held by older members of the Black community. Participants also believed that they, as youth and young adults, were more aware and took mental health, in general, more seriously than those who are older.

At the same time, older Black individuals dismissed or ignored mental health as an area of concern. Leading to a new perspective that young and young adults within the Black community have a different view towards suicide than older adults. One participant remarked that “youth take suicide more seriously than the older generation” (P7), reflecting the perception that generational differences exist within the Black community regarding attitudes toward suicide. Another participant expressed “we all know we need to like come together as a Black community. But when it comes to mental health issues. I feel like that's one thing. We're still kind of behind on that. We don't like organize as a collective to like deal with those things in our community” (P8). This subtheme further

explains the main theme by identifying the varying perspectives on suicide within the Black community, considering participants identifying contrasting viewpoints of older adults.

Familial Influence

This subtheme, denoted as the role and impact of familial influence on Black youth and young adults regarding suicide, encompasses how familial factors shape the attitudes and understanding of suicide among this population. This subtheme emerged through comments made by participants about held ideals and behaviors within Black families. A participant stated “In Black culture, you can't show emotion. If you can't show emotions to someone in your household, what is there to stop someone from suicide? You're already messing up, you have to be strong, and if you can't, you might as well stop living” (P6). Four other participants shared similar sentiments. Participants also shared contrasting views. One participant shared “I know that if you have a great support system, like if you have good family members, your parents, brothers, sisters, and friends, that helps" (P9). Six participants shared similar sentiments. These observations derived from this subtheme offer insights into the role of familial dynamics in the formation of a youth's perception concerning suicide.

Participants reported that a supportive household environment, characterized by open communication, can play a pivotal role in reducing mental health stress and mitigating suicide risk. Participants highlighted that families with dismissive attitudes or a lack of affirmation regarding mental health and suicide could perpetuate a detrimental

environment. This subtheme shows the significance of family in shaping a Black youth's views.

Stigma

Within the context of the research, this subtheme sheds light upon the prevailing mental health ideals and beliefs that exist within the Black community. This subtheme highlights the participants' accounts regarding the impact of stigma on suicidal behavior, as well as the broader array of mental health challenges that afflict the Black community. It is noteworthy to highlight six participants, conveyed a shared belief regarding the treatment of suicide within the Black community. They expressed that suicide is often downplayed and deemed a taboo topic, which subsequently leads to a sense of discomfort surrounding its open discussion.

Participants explained the link between unaddressed mental health needs and heightened suicide risk. Notable perspectives include perceiving mental illness as a "weakness" (P2), a lack of "awareness" (P4) regarding the extent of suicide within the Black community, and the belief that "showing emotion" (P6) is discouraged. Despite the prevailing stigmas, the youth and young adults involved in this study expressed their desire "to openly discuss their thoughts or feelings of suicide within the Black community" (P10). This desire for open dialogue signifies a departure from societal constraints and a willingness to confront the issue of suicide within their community.

Black Specific Traumatic Experiences

This theme emerged throughout the analysis as Black-specific traumatic experiences surfaced. This theme further answers RQ1 and SQ1 as it provides the

specific traumatic experiences that Black youth believe shape their perspective on suicide and influence suicidal behavior. This theme was based on the present day and historical experiences that participants believed cause emotional distress. Participants highlighted various experiences rooted in racism, slavery, social inequity, discrimination, police brutality, and stereotypes, all of which contribute to the complex sociocultural landscape within which Black youth navigate. These experiences shape their perceptions of suicide and influence their risk or protective factors for engaging in suicidal behavior. This theme can be characterized as a cluster of lived or witnesses traumatic experiences as a Black individual, denoting the unique experiences encountered by individuals within the Black community in the United States.

This theme encompasses events such as racism, police brutality, stereotypes, discrimination, slavery, and social inequity, all of which shape the perceptions of Black youth and contribute to their overall sense of belonging and safety. These experiences, in turn, have implications for their mental health, placing them at an elevated risk for suicidal behaviors.

The emergence of this theme is rooted in the narratives shared by Black youth, where they expressed unique experiences, they have witnessed firsthand or been informed of, highlighting the enduring effects on their sense of security and well-being. The cumulative impact of racism, police brutality, stereotypes, discrimination, slavery, and social inequity contributes to a heightened vulnerability among Black youth, potentially increasing the risk of suicidal behavior. Two participants shed light on the detrimental effects of racism and social inequity on Black youth. P10 cited the negative

impact of witnessing police brutality in 2020, specifically referencing the deaths of Breonna Taylor and George Floyd as instances of racial discrimination and police violence. P1 highlighted how a lack of fostering a sense of belonging within an unequal society could potentially contribute to suicidal behavior.

P1 explained,

> There is no equity for you. There is some social stratification where you find yourself in any organization you are in and even in school. You have been treated differently due to your race. I think it creates an ideology where you or anybody can commit suicide. Especially when you feel like you're not being welcome in the society and the community you find yourself in.

The participants conveyed their concerns about perceiving Black individuals as threatening or dangerous solely based on their race, with one participant emphasizing the negative psychological consequences associated with such judgments. Another participant explained the role of being perceived as a threat or dangerous solely on being a Black man in America.

P10 stated,

> I feel like as a Black male, I'm judged by most people that look at me. I walk around my neighborhood, and sometimes people look at me suspiciously. People would look at me and any other Black male differently. It makes you feel like there's something wrong with you just for being born. That can contribute to suicide.

Suicide Risk and the Black Experience

This subtheme revolved around an exploration of the role played by Black-specific experiences as risk factors for suicide within the Black community. It concentrated specifically on the perceptions of Black youth and young adults concerning their distinct experiences within the wider sociocultural context. This subtheme is unique because it highlights the specific risk factors that are only lived experiences for individuals within the Black community. The participants within this study had distinct experiences they believed were directly related to suicide risk based on simply being Black in America.

The paramount significance of this subtheme lies in its ability to illuminate the intricate interplay between individual experiences and the wider sociocultural milieu in which they unfold. Through an in-depth exploration of the perceptions held by Black youth and young adults, invaluable insights emerge, shedding light on the multifarious factors that contribute to their heightened vulnerability to suicide. Central to this subtheme is a thorough examination of the distinctive experiences faced by Black individuals within their own community, which profoundly shape their unique perspectives.

Within the context of this study, it is noteworthy that half of the participants (n=7) recounted aversive historical and contemporary Black experiences, encompassing the haunting legacy of slavery, pervasive incidents of bullying, harmful stereotypes, glaring social inequalities, and the pervasive specter of racism. P10 explicitly voiced their distress, stating, “I feel like racism or hatred towards us would drive someone to suicide.”

This poignant expression exemplified the weight of racially motivated adversities and underscores the grave implications they may have on the psychological well-being of Black individuals.

It is imperative to emphasize that this subtheme transcends the boundaries of individual experiences, stretching its reach to encompass broader societal and cultural contexts. The examination of the multifaceted influences that permeate these lived experiences provided a comprehensive understanding of the complex dynamics contributing to the elevated suicide risk faced by Black individuals.

Table 3

Black Community's Views Toward Suicide

Subtheme	Participants with similar sentiments	Quote
Stigma	P4, P8, P11	"I think we should move away from the current mental health stigma" (P4).
	P2, P4, P6	"Specifically, the Black Community has you labeled as weak, or that you have a weakness like being mentally fragile" (P2).
	P3, P6	"The Black community doesn't necessarily talk about the emotions and feelings a lot in households. People are ashamed to talk about some things" (P6).
	P10, P14	"Obviously, [the community] wouldn't get happy, but they think of it as a bad thing. They wouldn't wish it on anybody, even if they hated them. They think it's a universally bad thing" (P10).
Age	P7, P11	"I don't want to say they don't take a seriously. I feel African American youth take suicide more seriously than the older generation" (P7).
		"...more conversations happening about like suicide and mental health, like in general within the black community, just like from the younger generation. I feel like we're more aware that these issues do exist for us. But I would still say, for like people who are older, like forties and up, I still think that it's very like stigmatized to talk about those things…" (P11)
Familial influence	P9, P5, P6, P8	"I believe that my community has something like a curtain between it and suicide. It's not necessarily something close to home or something they can visualize. It's not something that they understand or something they're aware of" (P5)
	P12, P13, P1	"A lot of times in the Black community, people undermine it because they don't necessarily understand mental health" (P12).
	P10, P7	"I think it's safe for people to talk about their thoughts or feelings of suicide in the Black community. Everybody has the right to speak their own mind, especially about this topic, because everybody's opinion matters" (P10)
	P12, P13, P1, P4, P8, P11	"It gets like downplayed. I think people are uncomfortable talking about it because it's a scary thing to know that you may be feeling suicidal, that someone that you know and love may be feeling that way. But, instead of trying to engage with it somehow, we let fear mask it. So we kind of just avoid it all and just push it off as something where a person is being dramatic. Nothing's really wrong with you" (P11).
	P4, P5, P6, P8	"In Black culture, you can't show emotion. If you can't show emotions to someone in your household, what is there to stop someone from suicide? You're already messing up, you have to be strong, and if you can't, you might as well stop living" (P6).
Suicide risk and Black experiences	P10, P1	"I feel like racism or hatred towards us would drive someone to suicide" (P10).
	P10, P11	"We all know we need to come together as a Black community. Still, I feel like that's a disconnect regarding mental health issues. Maybe it's the roots in slavery as if we're all traumatized" (P11).
	P1, P6	"There is no equity for you. There is some social stratification where you find yourself in any organization you are in and even in school. You have been treated differently due to your race. I think it creates an ideology where you or anybody can commit suicide. Especially when you feel like you're not being welcome in the society and the community you find yourself in" (P1).
	P10, P11	"I feel like as a Black male, I'm judged by most people that look at me. I walk around my [neighbor]hood, and sometimes people look at me suspiciously. People would look at me and any other Black male differently. It makes you feel like there's something wrong with you just for being born. That can contribute to suicide" (P10).

Summary

What are the perceptions of suicide among Black youth aged 12–25? Based on the findings from this sample, participants perceived that suicide is not given due seriousness and is stigmatized within the Black community, primarily due to the stigma perpetuated by older Black adults. However, the participants also believe they are more inclined to engage in open and constructive discussions about mental health topics, including suicide.

How do Black youth perceive the influence of social and cultural factors on suicide? According to the participants in this study, social and cultural factors play a significant role regarding suicide. The cultural factors within this study include age, stigma, and family. The social factors consist of the Black-specific experiences. Black youth and young adults perceive that families and communities that foster open and healthy dialogue around mental health effectively reduce the risk of suicide among this demographic. While age dependent views, stigma and Black experience based on these results these factors might contribute to the risk of suicide, given the negative effects they impose on individuals within the Black community.

Perceptions of Current Efforts to Reduce Suicide

RQ2 and SQ2 were answered with the participants' responses. RQ2 was: How do Black youth, ages 12–25, perceive current efforts to reduce suicide? SQ2 was: What cultural factors do Black youth perceive as necessary in suicide prevention? These two questions were answered through the main theme two Black-specific traumatic experience and subthemes sociocultural factors, the role of social media, and protective

factors. These subthemes further explained the main theme by providing insight into the unique factors that shape perspectives of current efforts to reduce suicide within the Black community. The results of the main theme and subthemes highlight what the participants believed were essential factors in reducing suicide within the Black community.

The participants within this study believed that suicide remains stigmatized within the Black community. Those in the Black community do not take suicide seriously, and it is not often discussed. As revealed by the study participants, they displayed a lack of awareness regarding formal methods for suicide reduction. Among the participants, only P2 possessed knowledge of current suicide prevention efforts due to their training in question, persuade, and refer (QPR). P2 explained how these acquired skills could be utilized to assist individuals within their community. In contrast, the remaining 13 participants were unfamiliar with formal suicide prevention efforts. Instead, the remaining participants were able to list therapy and possible medication. But in contrast, other methods of efforts the 13 participants listed included mental health treatment, support systems, having something to live for, accessibility to treatment, hobbies, and open communication. These methods can be classified as proactive methods.

SQ2 was: What cultural factors do Black youth perceive as necessary in suicide prevention? The results of this topic produced findings that were related to social interactions the participants perceived as meaningful methods in reducing suicide within Black youth and young adults. The participants explained that support systems, mental health treatment, hobbies, open conversation, access to mental, and something to live for

as methods that reduce suicide risk. Participants in this study shared their perspectives on the importance of mental health professionals for treatment and loved ones simply talking to the individual at risk of suicide.

Eight participants explained the importance of receiving mental health treatment to prevent death by suicide. In contrast, seven participants shared the perspective of the need for individuals at risk to have a friend or someone they can go and talk to. Four participants explained the importance of having someone(thing) to live for. Three participants also expressed the importance of making treatment more accessible to the Black community. Lastly, three participants expressed the importance of engaging in hobbies to reduce suicide risk. These results are presented in Table 4, to show the methods of suicide prevention ideals of this section, corresponding participants with shared sentiments and a quote derived from the transcripts. The selection of quotations for inclusion in the table was predicated upon their capacity to exemplify and encapsulate the essence of each respective subtheme.

Table 4

Efforts Black Youth Perceive Reduce Suicide

Methods for prevention	Participants with similar sentiments	Quote
Mental health treatment	P10, P12, P13, P14, P1, P4, P5, P7	"I feel what we can do to prevent our suicide should learn how to manage our emotions or support emotional balances. Maybe do therapy" (P1).
	P9, P14, P2, P11	"Therapy. Getting medical help when you need it" (P14)
Support system	P9, P10, P1, P2, P5, P6, P8	"I know that if you have a great support system, like if you have good family members, your parents, brothers, sisters, and friends, that helps" (P9).
	P3, P12, P13, P5, P6, P7, P8	"So I know some people have friends that just get together and talk through things. I know some people have that one person they go to and speak to" (P12).
Having someone or something to live for	P12, P13, P2, P7	"Maybe realizing at that moment that's not really what they want, or maybe thinking about family Sometimes, if they have people around them, I feel like that helps them realize there's something to live for" (P7).
Open conversations about suicide	P9, P1, P8, P11	"On a smaller scale, I think that one obvious factor is increasing the conversations, language, and awareness about what suicide is. This is what mental health looks like. This is what mental health issues look like" (P11).
	P9, P12, P2, P4, P8	"Make it a non-controversial topic, and make it a topic everyone is willing to talk about. We can crack down on it if everyone is open to discussing it. If many people are on their way to trying, they'll open up and just talk about it" (P9).
	P9, P12, P2, P4, P8	"Make it a non-controversial topic, and make it a topic everyone is willing to talk about. We can crack down on it if everyone is open to discussing it. If many people are on their way to trying, they'll open up and just talk about it" (P9).
	P9, P12, P2, P4, P8	"Make it a non-controversial topic, and make it a topic everyone is willing to talk about. We can crack down on it if everyone is open to discussing it. If many people are on their way to trying, they'll open up and just talk about it" (P9).
Find hobbies or interests	P2, P8, P11	"Maybe different things that you can do to help yourself, like going out and doing activities, different things that you can get into that are actually for you" (P8).
Make treatment more accessible to Black community	P4, P5, P8	"I'm not sure if medications are provided for suicide. I know there are a lot of therapists and therapies. But again, certain treatments are less accessible to Black people. So making them more accessible to the Black community" (P4).

Sociocultural Factors

The sociocultural factors subtheme identifies the intersection of sociocultural experiences and their role as risk or protective factors for suicidal behavior. This subtheme helps with understanding how the Black community's view toward suicide is shaped by sociocultural experiences that can pose risk or protective factors for suicide. The study identified social and cultural risk factors specific to the Black experience that may contribute to suicidal behavior. These factors encompassed the historical roots of slavery, bullying, the perpetuation of stereotypes, social inequities, and racism. Two participants share similar sentiments to the traumatic past associated with slavery. P11 stated "Maybe it's the roots in slavery as if we're all traumatized".

Five participants expressed that bullying was a significant social factor in suicidal behavior, describing it as a relentless and distressing experience specifically targeting Black individuals. Participants further identified the essential role of caregivers and educational professionals in recognizing and addressing behavioral changes in youth to mitigate the risk. Further risk factors highlighted by the participants encompass instances of school-based bullying (n=5), incidents of racial discrimination (n=1), historical implications of slavery as a source of trauma (n=2), involvement in abusive relationships (n=5), perceptions of helplessness (n=4), and sentiments of hopelessness (n=6). These outcomes collectively reflect the participants' perceptions regarding the contributory elements to suicidal tendencies or risk within the Black community. These participants shared they believed these factors were significant cultural trends specific to the Black community that perpetuate underlining mental health symptoms that could lead to

suicidal behavior. Table 5 presents factors participants identified that may contribute or prevent suicidal behavior within the Black community.

Table 5

Social Cultural Factors Influencing Suicide

Subthemes	Participants with similar sentiments	Quote
The role of social media	P13, P2, P4, P5, P6, P7	"I feel that the social aspect plays a role in making someone feel isolated or unable to speak up or socialize, especially on social media. Then you don't know what they're going through. They feel alone and then give up" (P5).
	P8	"I feel like people see everything on social media. It shows what we are supposed to be like. People are trying to discover themselves. People commit suicide because social media can lead to depression, bad mental health, and an identity crisis. And it's influencing us all the time" (P8).
Protective factors	P9, P10, P1, P2, P5, P6, P8	"I know that if you have a great support system, like if you have good family members, your parents, brothers, sisters, and friends, that helps" (P9).
	P12, P13, P2, P7	"Maybe realizing at that moment that's not really what they want, or maybe thinking about family Sometimes, if they have people around them, I feel like that helps them realize there's something to live for" (P7).
	P9, P14, P2, P11	"Therapy. Getting medical help when you need it" (P14)
	P9, P1, P8, P11	"On a smaller scale, I think that one obvious factor is increasing the conversations, language, and awareness about what suicide is. This is what mental health looks like. This is what mental health issues look like" (P11).
	P3, P4	"Paying attention to your friends and family and other people paying attention to them, making sure they feel loved" (P3).
Sociocultural	P9, P6	"Another set of people will look at it almost like a person did it because they were soft or too sensitive. Or they think, 'I would never do that.' Or 'us Black people. We don't do that" (P9).
	P10, P11	"I feel like as a Black male, I'm judged by most people that look at me. I walk around my [neighbor]hood, and sometimes people look at me suspiciously. People would look at me and any other Black male differently. It makes you feel like there's something wrong with you just for being born. That can contribute to suicide" (P10).

Protective Factors

The protective factor subtheme is defined as conditions or attributes that support suicide prevention. This subtheme is connected to the Black specific trauma experience main theme two as it further provides additional context to mitigating the impact of the traumatic experiences. This subtheme provides meaningful insight into what the participants deemed important in suicide prevention within the Black community.

This subtheme provides a greater understanding of cultural protective factors for Black youth in suicide prevention efforts. Throughout this section, the cultural factors participants believed were important in suicide prevention efforts are presented. Participants emphasized the importance of creating a safe environment as a crucial factor in preventing suicide. The participants' responses concentrated equally on compassion, a safe environment, and family.

P12 explained that society could prevent suicide by "… sticking to their side, being a friend, and helping them see what there is to live for." P7 explained that "they need safe spaces to express feelings." She further explained and used examples that the general population often does not understand the Black culture, leading to adverse reactions from culturally inept individuals. P2 explained, "… family support definitely" a means for suicide prevention specific to the Black culture. Lastly, P1 explained, "Our religious beliefs also impact a lot in our control and our aspect of living."

The participants emphasized the need for collective action within the Black community to address mental health issues, suggesting that the historical legacy of slavery may play a role in the existing disconnect. This highlights the need for collective action within the Black community to address mental health issues and bridge the existing gaps. The participants in this study showed that suicide prevention is a proactive approach that can be addressed by providing safe, supportive, and inclusive spaces to express emotions. The participants acknowledged the importance of family, faith, and environment in suicide prevention for Black youth and young adults.

The Role of Social Media

The concluding subtheme centers on the role of social media in molding the perceptions of suicide and mental health among Black youth and young adults. This subtheme maintains a cohesive link with the overarching theme of Black-specific traumatic experience. Participants described the impact of social media on their engagement with the world, which is crucial for comprehending their perspectives. The findings indicate that Black youth have discovered support and facilitated open discourse surrounding mental health on social media platforms, while simultaneously recognizing the potential adverse effects these platforms may exert on individuals.

The participants expressed the profound influence of social media on their viewpoints, which shapes their comprehension of suicide and mental health matters. In delineating these impacts, participants articulated that social media yields a dual effect, characterized by both supportive and deleterious facets. On one hand, participants underscored how social media provides heightened access to validating content creators and fosters a sense of communal belonging. Other participants articulated that social media possesses the potential to cultivate an environment conducive to instances of bullying, thereby exacerbating prevailing sentiments of isolation rooted in the presentation of seemingly impeccable existences on these platforms. The manifestation of racism, which manifests as bullying or the dissemination of depictions of Black fatalities within the media, contributes to this adverse impact.

Participants reflected on the content consumed and interactions on platforms such as TikTok, Facebook, and Instagram. Participants explained that social media fills a gap

due to the absence of affirming communication within their immediate communities, including schools and homes. Notably, participants emphasized the significance of social media as a platform for establishing meaningful connections and seeking support among individuals (*n*=6). P5 and P8 acknowledged the influence of social media on mental well-being, underscoring its potential to contribute to feelings of isolation and impede social interaction. These perceptions show there are advantages and disadvantages to social media and mental health for this sample population. P11 summarized that social media grants access to mental health-related content shared by celebrities and professionals, which she perceived as beneficial to users.

These shared perspectives provided insight into how online platforms shape individuals' perspectives by exploring the connection between participants and social media. Recognizing the diverse effects of social media, its role in fostering connections and support, and its potential negative impact on mental well-being adds depth to understanding the complex relationship between technology and individuals' mental states. This subtheme elucidates the unexpected role of social media in participants' lives and its influence on their perspectives. Participants emphasized the significance of social media as a platform for connections and support while recognizing its potential negative effects on mental well-being. As observed within the study, these perspectives contribute to a nuanced understanding of the interplay between social media, mental health, and individuals' well-being.

Cultural Factors Necessary in Suicide Prevention

SQ2 was: What cultural factors do Black youth and young adults perceive as necessary in suicide prevention efforts? The exploration of this question can be further explained by main theme two, Black-specific traumatic experiences and three subthemes: (a) protective factors, (b) familial influence, and (c) sociocultural influence.

Firstly, the subtheme of protective factors in suicide prevention among Black youth provides significant insight into the participants' perspectives on what they consider important within the Black community. This subtheme enhances the understanding of cultural protective factors specific to suicide prevention efforts. Participants emphasized the significance of creating a safe environment, compassion, and family support as crucial elements in preventing suicide.

The study participants expressed the belief that society can prevent suicide by offering support, friendship, and helping individuals recognize reasons to live. They also emphasized the necessity of safe spaces for expressing emotions, as the general population's lack of understanding about Black culture can lead to adverse reactions. Family support was highlighted as a vital factor in suicide prevention within the Black community, as well as the influence of religious beliefs on well-being and resilience.

Secondly, the familial influence subtheme revealed the central role of the family in suicide prevention efforts. Five participants made statements that emphasized the importance of family support, open communication, and nurturing relationships within the family unit. They recognized the role of parents, siblings, and extended family members in providing emotional support, understanding, and guidance. Participants

expressed the need for families to be educated about mental health, suicide warning signs, and available resources. They emphasized the significance of creating a safe and supportive family environment where individuals can openly discuss their emotions and seek help without fear of judgment or stigma. P6 expressed a need for collaboration with educational settings and parents to address the emotional needs of youth.

Lastly, participants emphasized the significance of creating safe spaces for Black youth and young adults to share their life experiences when seeking help. P1 expressed the role of faith. P1 perceived the religious community as a crucial factor in suicide prevention. P1 highlighted the importance of faith and spirituality in coping with mental health challenges and finding hope and strength. Participants also stressed the importance of safe spaces and compassion in suicide prevention. They emphasized the significance of creating environments where Black youth and young adults feel safe, heard, and understood (*n*=5). Table 6 presents the cultural components participants perceived as important factors in suicide prevention from this sample population. The selection of quotations for inclusion in the table was predicated upon their capacity to exemplify and encapsulate the essence of each respective subtheme.

Table 6

Cultural Factors Black Youth Perceive as Necessary in Suicide Prevention

Cultural factors	Participants	Excerpt
Being kind, compassionate, friendly	P3, P10, P12, P13	"There's nothing you can do to stop a person from doing something. Still, you can help prevent it by sticking to their side, being a friend, and helping them see what there is to live for and what they could do if they were to live" (P12).
Creating a safe environment	P14, P1, P6, P7, P8	"Black youth may fear sharing their life experiences with individuals who may not understand their culture. Their thoughts may be perceived as child endangerment or abuse or may get recorded, so they are less likely to talk

		to outsiders. They need a safe environment to express feelings" (P7).
Family	P9, P12, P2, P4, P8	"I would say the biggest thing is would probably be family support definitely" (P2).
Religious community	P1	"Our religious beliefs also impact a lot in our control and our aspect of living" (P1).

Summary

Addressing the RQ2, how do Black youth, ages 12–25, perceive current efforts to reduce suicide risk? Based on the findings of this sample, participants overall are unaware of formal suicide prevention methods. Participants perceived mental health, open communication, compassion, safe environments, family, and religious communities as important to efforts to reduce suicide risk. Among the study participants, a single individual demonstrated awareness of gatekeeper training, perceiving community-based training as a viable strategy for the prevention of suicide. The remaining participants in the study were unable to discern prevailing endeavors focused on the prevention of suicide. The conclusions drawn from this sample point toward a prevailing lack of awareness among participants regarding established formalized strategies for suicide prevention.

Addressing the SQ2: What cultural factors do Black youth consider essential for effective suicide prevention efforts? The findings of the study revealed that the participants highlighted the significant presence of cultural factors inherent to the Black community, along with systemic oppressive factors that specifically affect Black culture. In their responses, the participants emphasized the indispensability of open communication and support within the Black community as crucial elements in the pursuit of reducing suicide rates. This emphasis on open communication and support

stems from a heightened awareness of the challenges surrounding accessibility to mental health services. The participants identified culturally affirming spaces that not only foster open and constructive dialogue but also offer support to Black individuals. This demand is rooted in concerns about the potential for misunderstanding or lack of acceptance, underscoring the paramount importance of fostering a safe and inclusive environment to effectively address mental health concerns within the Black community.

Conclusion

This chapter presents a detailed account of the data collection process and the subsequent analysis of the collected data. The sample for this study comprised 14 participants whose interview transcripts were subjected to rigorous analysis, resulting in the identification of two key themes: (a) Black community views toward suicide and (b): Black-specific traumatic experience. These themes shed light on the risk factors and potential protective factors specific to the Black community regarding suicide. The seven subthemes discussed in this section included: (a) stigma, (b) familial influence, (c) suicide risk and the Black experience, (d) age dependent, (e) sociocultural, (f) protective factors, and (g) the role of social media.

The data collected from participants were able to provide insight to the research questions and sub questions of this study. The results of this study focused on sociocultural factors that either prevent or pose a risk for mental distress among Black youth in the United States. These risk factors could potentially lead to suicidal behavior. In contrast, the specific cultural protective factors are methods that could prevent or reduce suicide risk within the Black youth and young adults. These results provided

insight to the role and impact of social media, social justice issues, the historical legacy of slavery, racism, discrimination, and the importance of establishing safe and supportive spaces for open conversations about mental health.

In Chapter 5, the focus shifts toward reviewing existing literature findings and outlining areas for future research. Attention is given to the implications for social change with an underrepresented group. This study provides preliminary findings that warrant further exploration and examination within this population.

Chapter 5: Discussion, Conclusions, and Recommendations

This generic qualitative study was conducted to explore the perceptions of suicide and suicide prevention efforts among Black youth and young adults, focusing on individuals aged 12–25. I aimed to address the gap in literature regarding sociocultural perspectives on suicide among this population. By adopting a sociocultural perspective, I aimed to investigate how cultural factors influence the experiences of Black/African American individuals in relation to suicidal behavior. The primary objective was to gain a deeper understanding of the perceptions Black youth have regarding suicide.

The key findings of this study contribute to both existing literature and the generation of new insights. Participants confirmed the presence of stigma surrounding mental health and suicide within the Black community, highlighting its detrimental effects. Social media emerged as a significant factor impacting mental health outcomes among Black youth and young adults. Participants expressed limited awareness of suicide prevention interventions specifically tailored to their needs. Additionally, the study findings revealed that Black-specific traumatic experiences, including present-day and historical legacies (i.e., slavery, bullying, racism, and discrimination) can act as risk factors for suicide among Black youth and young adults.

This study provides valuable confirmations of existing literature while also uncovering new insights. It highlights the importance of considering sociocultural factors in understanding suicide among Black youth and young adults. The findings emphasize the need for targeted interventions and support systems that address the specific challenges faced by this population. By shedding light on the intersection of suicide and

the Black experience, this research contributes to the broader understanding of suicide prevention efforts and informs the development of culturally appropriate strategies to support mental health among Black youth and young adults.

Interpretation of the Findings

The findings of this study generated two primary themes and seven subthemes. The primary themes that emerged from this study were: (a) Black community views toward suicide and (b) Black-specific traumatic experiences. The seven subthemes included: (a) stigma, (b) familial influence, (c) age, (d) suicide risk and the Black experience, (e) sociocultural factors, (f) protective factors, and (g) the role of social media. These themes emerged in the analysis and were used to explore the complexity of suicide within the Black community. I will use the themes and subthemes to convey the interpretations of the findings of this study.

Black Community Views Toward Suicide

The theme Black community views toward suicide explored the unique perspectives of participants in this study within the context of the Black community. These perspectives shed light on the persistent stigma surrounding suicide and mental health within the community. The findings highlight that stigma remains a prevailing concern among Black individuals when it comes to discussing mental health issues and suicide. These findings are in line with the other studies that have explored the impact of negative perspectives towards suicide within the Black community (see Campbell & Mowbray, 2016; Spates, 2019). These studies have highlighted the impact of sociocultural factors like stigma regarding help-seeking behavior, service use, outlook on

recovery and support systems. For instance, Spates (2016) highlighted the importance of more candid conversations within the Black community to mitigate risk for Black individuals contemplating suicide. This assertion supports this study, as participants expressed the impact of stigma surrounding suicide within the Black community and the desire for more safe spaces to discuss mental health concerns to reduce suicide risk. Campbell and Mowbry (2016) specifically explored the sociocultural factor specific to impact stigma has on help seeking behaviors, impact of diagnosis of depression, and service use within Black American. Campbell and Mowbry argued that the particularly strong impact of stigma within the Black community should be addressed to improve treatment outcomes.

The analysis, conducted through the application of a sociocultural framework, revealed that the understanding of suicide and prevailing perceptions surrounding it within the Black community are deeply influenced and perpetuated by the family system. Similar to established studies (Campbell & Mowbry, 2016; Spates, 2019), participants conveyed that mental health and suicide are still considered taboo subjects in many Black families. This suggests that familial attitudes and beliefs play a central role in shaping how mental health and suicide are perceived and approached within the community (Spates, 2019).

This research underscored the need for targeted interventions and awareness campaigns that address the stigma surrounding mental health within the Black community. Recognizing the influential role of the family system in shaping attitudes toward suicide is vital in developing culturally sensitive and effective strategies for

suicide prevention and mental health support among Black individuals. This is in line with the established research (Codjoe et al., 2021; Rivera et al., 2021) on addressing stigma and improving mental health outcomes for Black communities. Findings show that effective interventions have included "interventions are accessible and acceptable," "culturally appropriate," and "community engagement" (Codjoe et al., 2021). This highlights the importance of community collaboration for not only engagement of services but also participation in developing culturally supportive interventions. Researchers have found effective interventions for addressing the inequalities stigma imposes through community stakeholders like community organizations, schools, leaders/activity, and faith-based institutions (Codjoe et al., 2021; Rivera et al., 2021), which further confirms the findings of this study. The findings of this study contribute to the broader field of mental health research and can guide efforts to create a more open and supportive environment for addressing mental health concerns within the Black community (Marraccini et al., 2023).

Stigma

The findings of this study align with existing literature regarding the stigma surrounding mental health and suicide within the Black community. Stigma can have profound consequences on the mental, physical, and social health of individuals, particularly among marginalized populations such as Black youth (Bernard et al., 2022). Factors that contribute to the underutilization of psychological services within the Black community include mental illness stigma, social pressure against help-seeking, and perceived difficulties associated with seeking professional help, such as cultural mistrust

and experiences of microaggressions in therapy (Taylor et al., 2019). Thus, practitioners should focus on providing psychoeducation, addressing microaggressions in therapy, discussing the influence of race/ethnicity, and considering the impact of culture in therapeutic settings.

Further, the cycle of social inequality, medical mistrust, and unmet physical needs has negative implications for the Black community, perpetuating health disparities. Social inequality plays a significant role in fostering mistrust within marginalized communities (Jaiswal & Halkitis, 2019). These practices persist and have been evident in the disproportionate impact of COVID-19-related deaths and lower vaccination rates in communities of color (Ash et al., 2021). Additionally, the disregard for the pain tolerance of African Americans/Blacks, particularly among women during childbirth and individuals with SCD, and the underrepresentation of Black individuals in medical training contribute to the reinforcement of stereotypes and the dismissal of their healthcare needs (Haywood et al., 2013; Todd et al., 2000). These experiences, specific to SCD, pain tolerance, and symptom presentation, highlight systemic failures in the medical setting that perpetuate the mistrust and stereotypes held by people of color toward medical professionals.

Familial Influence

This subtheme centers on the impact of familial influence on suicide attitudes and perceptions among Black youth and young adults, which came from participants' comments highlighting prevailing norms within Black families. Researchers have asserted that family conflict and suicide-related behaviors manifest more robustly in

Black youth compared to their White counterparts, highlighting the influential role of familial impact on suicidal tendencies in this demographic (Assari et al., 2021). This subtheme provides insights into how familial dynamics shape youths' perspectives on suicide. A nurturing home environment with open communication was stressed by participants for its pivotal role in alleviating mental stress and diminishing suicide susceptibility in Black youth. Less support from family and non-familial sources has been associated with more severe suicidal ideation, higher levels of depression, and alcohol substance abuse among African Americans (Joe et al., 2007; Summerville et al., 1994; Hernandez, 1993).

There is a significant trend in literature exploring familiar influences and increased suicidal risk within the Black community. Hernandez (1993) researched the impact of interpersonal factors influences depressive symptomology post hospital discharge. The findings of the study found that there is positive association to strong interpersonal support regarding depressive symptomology, and their findings were consistent to literature including mixed-age samples. Summerville et al. (1994), similarly found an association among adolescents with suicide attempts and their report of family dynamics as disengaged. Ongeri et al. (2022) reaffirmed that a family history of suicidality is linked to a higher risk of suicidal behavior. These findings align with prior research (Assari, 2021; Ongeri et al., 2022) and the current study, all of which focused on strategies to reduce suicide rates among Black youth by emphasizing family involvement and community-based interventions. Participants observed that families exhibiting

dismissive attitudes or neglect toward mental health and suicide may contribute to an unfavorable environment, increasing the susceptibility to suicidal ideation and actions.

This subtheme underscores the substantial sway of family in molding attitudes of Black youth and young adults toward suicide. It highlights the significance of familial support, effective communication, and validation in cultivating a constructive milieu that positively impacts mental health and mitigates suicide risk. Implications of these findings are pertinent to suicide prevention strategies targeting Black youth. Acknowledging the potency of family dynamics, interventions can be tailored to encourage open, supportive family dialogue, heighten mental health awareness, and combat suicide stigma. By cultivating an enabling family environment, the resilience and well-being of Black youth can be fortified, reducing their susceptibility to mental strain and suicide risk.

Age-Dependent Views

The findings of this subtheme, age-dependent views, shed light on the perceived differences in attitudes toward suicide based on age within the Black community. The analysis revealed that participants in the study held contrasting perspectives compared to older Black adults concerning suicide. They expressed a heightened awareness and greater seriousness toward mental health, in general, as young individuals and young adults. In contrast, they perceived that older members of the Black community tended to dismiss or ignore mental health as an area of concern. These sentiments are established in literature that has provided insight to the role of stigma from older adults and their help-seeking behaviors and engagement in mental health treatment (see Conner et al., 2010; Karel et al., 2012). Stigma surrounding mental health negatively affects the

attitudes and intentions of older adults, especially African American seniors with depression, regarding their use of mental health services (Connor et al., 2010). Mental health disorders are viewed more critically by racial minorities when compared to majorities (Eylem et al., 2020). These findings are affirmed by this study regarding the negative views held by older adults within the Black community who are also living with untreated mental health symptoms. The participants perceived they take suicide more seriously and are more conscious of mental health issues than their older counterparts. Participants in this study seemed to suggest that age plays a significant role in shaping individuals' perspectives on mental health and suicide within the Black community

This subtheme enhances the understanding of the main theme by providing greater clarity on the diverse perspectives concerning suicide within the Black community. Through the identification of the contrasting viewpoints held by older adults, it becomes evident that generational differences play a substantial role in shaping attitudes toward suicide and mental health (Joe, 2006). The age-dependent views revealed in this study emphasize the importance of recognizing generational perspectives and attitudes towards suicide within the Black community. The findings underscore the need for targeted and tailored suicide prevention efforts that account for these intergenerational differences and seek to bridge the gap in understanding and awareness of mental health concerns among different age groups within the community (see Hankerson et al., 2022).

Suicide Risk and the Black Experience

The participants in this study emphasized the significance of accessing mental health services. However, they also highlighted the unique challenges individuals of color

face due to social and systemic inequities. These barriers encompass stigma, limited representation, and a lack of cultural inclusion by non-Black/African American mental health professionals. The literature has emphasized the presence of culturally specific barriers to accessing services, underscoring the obstacles that Black individuals encounter, such as stigma, lack of representation, and the absence of affirming spaces (Chan et al., 2016; Hooper et al., 2017; Kawaii-Bogue et al., 2017; Ongeri et al., 2022; Russell & Joyner, 2001). Stigma serves as a hindrance to accessing mental health services in addition to finances, given that African Americans generally have a lower average annual household income compared to Hispanic, White, and Asian individuals (Kawaii-Bogue et al., 2017). Additionally, African Americans are disproportionately represented in socially marginalized groups, such as those involved in foster care, the prison system, child welfare systems, poverty, exposure to trauma, and proximity violence victimization. These findings confirm the findings of this study and interpretations by highlighting the systemic contributing factors that increase risk and limit treatment efficacy.

This study expands on the existing knowledge by examining the impact of additional factors on mental health and suicide risk among Black youth and young adults. Specifically, it delves into the influence of social media, racism, discrimination, historical roots in slavery, and age-related perspective changes. These factors contribute to the complex interplay between mental health and suicide risk within the Black community, shedding light on the multifaceted challenges Black youth and young adults face. The study underscores the importance of promoting connectedness as a protective factor.

Drawing from the Durkheimian approach to suicide (Durkheim, 1951; Joiner, 2005), cultivating a sense of belonging and strong social bonds is highlighted as essential in mitigating suicide risk. Individual connectedness and social support networks, individuals are more likely to experience a sense of belonging and have the resources to cope with challenging situations, ultimately reducing their vulnerability to suicidal thoughts and behaviors.

Overall, this study contributes to the existing scholarly discourse by expanding the understanding of the barriers faced by Black individuals in accessing mental health services and by highlighting the importance of connectedness as a protective factor in suicide prevention efforts. By examining the influence of various factors on mental health and suicide risk among Black youth and young adults, this study provides valuable insights into the complex dynamics within the Black community. It could inform the development of culturally appropriate and inclusive interventions.

Black Specific Traumatic Experiences

Suicide prevention efforts are guided by established principles that involve assessing an individual's means, access, and severity of suicidal behavior to effectively address it (Turecki et al., 2019). Interventions vary based on the severity of thoughts and behaviors, encompassing therapies, harm reduction approaches, psychiatric services, and hospitalization for severe cases. However, these principles face challenges in meeting the specific needs of the Black community, particularly concerning the increase in suicide-related deaths among Black youth and young adults.

Research on suicide prevention has insufficiently represented the Black community, revealing concerning trends. For example, a nationwide survey by Abrams (2020) showed a 73% increase in suicide attempts among Black adolescents between 1991 and 2017, while national averages remained relatively stable. Further research is necessary to understand the intersecting risk factors influencing suicidal thoughts and behavior among Black youth and young adults (Opara et al., 2020). This study makes contributions to the research problem by collecting the distinct traumatic experiences unique to the Black community. These experiences encompass a wide range of challenges, including but not restricted to instances of discrimination, racial prejudice, societal stigma, and obstacles to equitable access. As well as the impact it has on mental health, wellbeing, and treatment.

Utilizing a sociocultural perspective facilitates the incorporation of race-specific variables that have surfaced during this study. These variables have the potential to shed light on their potential role in influencing suicidal behaviors within the Black community. There is emergent literature on race-based trauma and the social, emotional, and psychological impact it has on victims presenting with cluster symptoms consistent with post-traumatic stress disorder known as race-based traumatic stress (Helms et al., 2010; Carter et al., 2013). Racial-trauma or race-based traumatic stress is the mental and emotional injury caused by experiences racial bias, ethnic discrimination, racism, and hate crimes. These experiences are present on social ecological levels for Black individuals, these practice present barriers to treatment, cause treatment disparities and exacerbate risk for underserved populations (Williams, 2018).

Black individuals encounter social determinants that hinder their access to and engagement with mental health services (Rivera et al., 2021). These barriers include being overlooked by gatekeepers, stigma surrounding mental health services and providers, limited training, and experience of professionals in culturally inclusive suicide intervention, and over and under-diagnosis within the Black community (Chan et al., 2016; Kawaii-Bogue et al., 2017; Russell & Joyner, 2001; Goodwill et al., 2019; Owen et al., 2017; Paradis et al., 1992). The results of this study indicate that Black youth and young adults are cognizant of the obstacles to receiving treatment. Additionally, participants expressed a preference for environments that are both supportive and affirming when seeking services. These findings align with the existing body of literature that underscores the significance of racial trauma, social determinants, and the need for culturally tailored approaches in suicide prevention initiatives.

Throughout the data collection participants explained the role that discrimination, racism, police brutality and stereotype negatively impact their sense of safety within the United States. Experiencing racial microaggressions has significant negative effects on the mental health of Black individuals (Sue et al., 2007). Research demonstrates that these subtle forms of discrimination contribute to heightened psychological distress, chronic stress, and symptoms of anxiety and depression (Sue et al., 2007; Torres-Harding et al., 2012). Microaggressions, whether intentional or unintentional, creates a hostile environment, leading to feelings of marginalization, anger, and frustration. They undermine self-esteem, sense of belonging, and overall well-being, making it difficult to cope with stressors (Carter et al., 2019; Nadal et al., 2014).

Participants in the study also perceived discrimination, racism, and the legacy of slavery as risk factors for suicide. They reported experiencing racism and discrimination, leading to significant emotional distress. They described feelings of insecurity, being perceived as a threat based on their skin color. Historical trauma, rooted in the legacy of slavery, affects present-day recovery from trauma. Research has been established that microaggressions, social inequity, injustice, police brutality, bullying, stereotypes, and racism contribute to adverse psychological consequences for Black youth, including depression, anxiety, post-traumatic stress disorder, and other mental health challenges. Exposure to systemic racism and social inequities perpetuate chronic stress and feelings of powerlessness, exacerbating mental health disparities (Denise, 2014; Fisher et al., 2000; Jones et al., 2017; Williams et al., 2018; Zapolski et al., 2016).

The enduring impact of racism and social inequities extend beyond individual experiences and encompasses systemic issues. Racism restricts opportunities for Black youth, resulting in educational disparities, limited access to quality healthcare, and economic disadvantages. These structural injustices compound the mental health burden for Black youth, increasing vulnerability to psychological distress and diminishing overall well-being (Bailey et al., 2017; Gee et al., 2019). Recognizing and addressing the intersectionality of racism, social inequity, and mental health among Black youth fosters resilience, promotes social justice, and ensures holistic well-being. The findings from this study provide insight into the identified risk factors for Black youth and young adults.

Sociocultural Factors

The findings of this study align with existing factors that hinder proactive suicide prevention efforts within the Black community. Participants shared their experiences of limited representation in the mental health field, facing discrimination, lacking knowledge about suicide prevention beyond counseling, and relying solely on social support from loved ones. To examine the perceptions of suicide among Black youth, I adopted the sociocultural perspective, which recognizes that an individual's environment influences their thoughts, behaviors, and emotions. Vygotsky (1978) emphasized the importance of social interaction in cognitive development, suggesting that children acquire knowledge through interactions with individuals with greater expertise, such as parents, teachers, or peers. Labella's (2018) research highlighted the critical role of emotional socialization within the family unit, where children assimilate cultural norms for expressing and managing emotions, thereby challenging the prevailing mental health stigmas among Black youth. The findings of this study highlight that Black youth and young adults can shape alternative views from their familial influences. The findings show that the participants are more open to accessing services and discussing mental health. The findings also highlight the impact of environmental factors that negatively impact Black youths' mental well-being. Participants expressed the emotional distress of discrimination, police brutality, and racism.

This environmental factor encompasses various culturally specific elements for Black youth and young adults, including family, community, society, trauma, societal standards, racism, and stigma. These factors collectively shape their perspectives on

suicide and mental health. By examining the sociocultural context in which Black youth navigate their experiences, this study emphasizes the significance of considering broader societal and cultural influences contributing to their unique understanding of suicide. Due to the historical underrepresentation of the Black community in research, there is a lack of culturally appropriate screening and intervention models, highlighting the value of this study's findings in expanding knowledge in suicidology from the perspectives of Black youth and young adults (Campbell et al., 2021; Chu et al., 2010, 2017).

Protective Factors

In this study, protective factors rooted in the concept of a sense of belonging were identified. These protective factors include having supportive family members, access to safe spaces for discussing stressors, having meaningful connections or purposes in life, religion, and the availability of mental health services. These factors serve as significant sources of resilience and support for Black youth, promoting their mental well-being and potentially mitigating the risk of suicide within the Black community (Rivera et al., 2021).

The findings underscore the importance of fostering nurturing environments that cultivate a sense of belonging and provide the necessary resources and support systems to empower Black youth in their mental health journeys. These nurturing environments should include the home, educational settings, community centers, religious spaces, etc. The area of concern within this study is that participants perceive that older adults still have stigma around mental health (Codjoe et al., 2021; Rivera et al., 2021). This aligns with the extensive literature on suicidology, which consistently supports the influence of

a sense of belonging on suicide behavior (Carter et al., 2019; Durkheim, 1951; Joiner, 2005). The study's findings align with the existing research and the topics presented in the literature review, reinforcing the significance of these factors.

The participants in this study explored the unique social and cultural experiences of Black youth and young adults, shedding light on specific challenges they face. These challenges include being perceived as a threat based on their skin color, a community's disbelief in the existence of suicide, and the effects of witnessing social injustice shared on social media and television. These traumatic racial experiences further highlight the importance of creating a sense of belonging and providing supportive environments that address these social and cultural factors, as they can profoundly impact the mental well-being of Black youth and young adults. Established literature has confirmed the findings of this study (Alvarez et al., 2022; Holden et al., 2012).

Overall, the study's findings emphasize the role of protective factors rooted in a sense of belonging and highlight the significance of nurturing environments and support systems in promoting the mental well-being of Black youth and young adults. However, the study findings also revealed that participants perceive biases among older generations in the Black community, who tend to dismiss or ignore conversations related to mental health. This highlights the importance of addressing generational gaps in attitudes and knowledge surrounding mental health and fostering intergenerational dialogue to promote understanding and support within the Black community. This can be done by community advocates and professionals who are trusted in environments with Black individuals to provide education, support, and guidance to demystify mental health stigma (Marraccini

et al., 2023; Alvarez et al., 2022). These findings align with established research and the literature review, and they provide valuable insights into the unique social and cultural experiences of Black individuals, contributing to the development of culturally appropriate interventions and support systems in suicide prevention efforts (Marraccini et al., 2023; Codjoe et al., 2021; Rivera et al., 2021; Campbell & Mowbray, 2016).

The Role of Social Media

The study findings highlight social media platforms as potential sources of belonging for Black youth and young adults. Social media provides a means of social support and connection, enabling individuals to find communities of individuals who share similar experiences or challenges. Extensive research has demonstrated that online social support positively impacts mental well-being (Ellison et al., 2014). Social media platforms can raise awareness about mental health issues, disseminate information and resources, and promote mental health literacy. They also reduce mental health stigma and foster open conversations about well-being (Naslund et al., 2020). Social media has been utilized as a platform for online therapy and support, granting individuals remote access to mental health services and support groups, which is particularly advantageous for those facing barriers to traditional in-person care (Hollis et al., 2017).

However, it is crucial to acknowledge the potential risks that accompany the use of social media platforms. Exposure to idealized portrayals of others' lives on social media can contribute to negative social comparisons and diminished self-esteem (Fardouly et al., 2018). Cyberbullying and online harassment are prevalent issues, leading to increased stress, anxiety, and depression among affected individuals (Kowalski et al.,

2019). The vast amount of information on social media can be overwhelming, causing anxiety, and misinformation about mental health can be detrimental to those seeking reliable guidance (Bessi et al., 2017; Pantic et al., 2012). Excessive use of social media can also lead to sedentary behavior and disrupt healthy sleep patterns, negatively impacting mental well-being (Levenson et al., 2016).

Nonetheless, this study's findings identified social media as a potential protective factor for Black youth and young adults, as it has facilitated the destigmatization of mental health and provided safe spaces for discussions on mental health topics among peers and content curators. The findings of this study underscore the detrimental effects of perceived acts of racism and discrimination on Black individuals, aligning with existing concepts such as post-traumatic slave syndrome. These experiences contribute to a sense of burden and hinder help-seeking behavior within the Black community. The study findings highlight the evolving experiences of Black youth and young adults in the digital age. Instead of relying solely on the historically non-affirming narratives within the Black community regarding mental health, these individuals have turned to social media platforms for meaningful connections. Through engaging with content curators and peers who promote mental health and well-being, they have found supportive spaces to address their mental health needs.

Limitations of the Study

In line with the guidance from Brutus et al. (2013), it is important to recognize the limitations of this study and offer suggestions for future research to address these limitations. While this study provides valuable insights into the perceptions of suicide

and mental health among Black youth and young adults, it is crucial to acknowledge its constraints. First, it is important to acknowledge that the topic of this study addresses a highly stigmatized phenomenon within the Black community. As outlined throughout this study stigma and mental health and more importantly suicide within the Black community is high. Which plays a significant role in data collection for a voluntary study.

Additionally, the findings are based on a convenience sample of participants, which may not fully represent the entirety of the Black youth and young adult population. The skewed sample can be attributed to the use of social media algorithms and a snowball sampling strategy resulting in the majority of participants residing in Michigan. Therefore, caution is warranted when attempting to generalize these findings to broader contexts. Furthermore, this study relied on self-reported data collected through virtual interviews, a factor that introduces the potential for response biases. Participants may have been influenced by internal or external factors to provide socially desirable responses. While I made efforts to establish rapport and create a safe space for participants, it remains important to consider the potential impact of social desirability and other biases on the reported findings. Specifically, it should be noted that within this population, minors may have felt pressured by their parents to participate.

Technological limitations should also be considered for this study. Thunberg et al (2022), posited that technological advances and limitations imposed by COVID-19 resulted in more virtual interviews in research. They argued that virtual interviews can still provide research data due to increased access but pose limitation on reading body cues. This relates to this study as all interviews were conducted virtually. This study

focused on social media as a primary method of recruitment. However, it is important to acknowledge that not all individuals have equal access to technology or may have limited digital literacy skills. This may result in the underrepresentation of certain segments of the parents of Black youth and young adult population who may not engage with social media platforms to the same extent as others.

The recruitment methods employed in this study may have influenced the composition of the participant sample. Convenience sampling or snowball sampling techniques may introduce selection biases and limit the diversity of perspectives represented. Lopez et al (2013) posited that the limitation to convenient sampling is that there can be an over or under representation of groups within the population. Acknowledging that the findings may not capture the full range of experiences and perspectives within the Black youth and young adult population is important. Lastly, the study's geographic limitations should be considered. Thirteen out of 14 participants in this study were Michigan residents, and the findings may not apply to other geographical locations with different sociocultural contexts and experiences. Despite these limitations, this study contributes valuable insights into the perceptions of suicide and mental health among Black youth and young adults. Future research should address these limitations by employing larger and more diverse samples, utilizing mixed methods approaches, and conducting studies in various geographical locations to enhance the sample population and robustness of the findings.

Recommendations

Based on the findings of this study, the identified limitations, and the existing literature, recommendations for future research can be made. Firstly, future research should aim to diversify the recruitment and data collection methods beyond virtual platforms to ensure a more representative sample population. Webber et al (2013), explained that utilizing multiple recruitment strategies supports the initiative of establishing a diverse participant pool. This could involve utilizing traditional offline methods such as in-person interviews or focus groups and exploring other avenues for participant recruitment while promoting accessibility for all eligible participants.

Given the limited research on this phenomenon and sample population, employing a mixed methods approach would be beneficial for collecting data. Warfa (2016) posited that concurrent nested mixed methodological designs aim is to better understand or obtain more developed understanding of an understudied phenomena. Further research projects on this topic and population can enhance knowledge and inform targeted interventions. This would involve combining qualitative and quantitative methods (i.e., surveys, records review, questionnaires, focus groups and interviews) to gather a more comprehensive understanding of the perceptions and experiences of Black youth and young adults regarding suicide and mental health. This may also include doing more than one interview with participants. An additional research focus would include doing an experimental research design that encompasses pre interview, training/educational intervention tailored to mental health awareness and then conduct follow up interviews.

Considering the significant role of social media in the lives of Black youth and young adults, it would be valuable for future research to incorporate social media monitoring and analysis. Social media monitoring is a new method of research regarding public health, but it could provide researchers with authentic perspectives of populations regarding a phenomenon (Karafillakis et al., 2021; Woodall et al., 2017). This could involve examining online conversations, trends, and interactions related to mental health and suicide prevention on various social media platforms. Such an approach could provide up-to-date insights into the evolving dynamics and potential interventions within the online space.

Implementing community-based participatory research methods could offer a meaningful impact and foster community education and awareness of the subject matter. Collaborating with community organizations, stakeholders, and individuals with lived experiences could ensure that research initiatives are culturally sensitive, inclusive, and responsive to the specific needs of the Black community. This approach would facilitate the co-creation of knowledge and the development of interventions grounded in the community's context and priorities.

Implications

The findings of this study have significant social change implications, underscoring the need to establish affirmative spaces within the Black community for open discussions about mental health. Creating supportive environments that foster dialogue without judgment or stigma is crucial (Rivera et al., 2021). Additionally, targeted gatekeeper training programs are necessary to increase awareness and

knowledge about suicide prevention strategies within the Black community. Alvarez et al (2022) posit that there is a need for suicide preventions methods to incorporate structural racism and suicide prevention efforts towards youth of color due to disparities in access to services and the increased risk youth of color experience. The fact that only one participant in this study was aware of the Question, Persuade, and Refer (QPR) training highlights the need to bridge the gap in access to such resources. Establishing relationships with community leaders, utilizing trainers and advocates representative of the Black community, and building trust and buy-in for training can help minimize these risks.

The study findings also highlighted the profound impact of adverse cultural experiences, including racism, police brutality, bullying, and discrimination, on Black youth's sense of belonging and safety. Addressing and confronting these systemic issues are essential for creating an environment that fosters resilience and well-being (Alverez et al., 2022; Denise, 2014; Fisher et al., 2000). Interventions and initiatives should be implemented to raise awareness and provide support mechanisms for Black youth and young adults. Leveraging social media platforms effectively can play a vital role in promoting mental health and well-being. Key strategies include disseminating accurate and culturally sensitive mental health information, creating safe spaces for discussion and connection, and linking individuals to appropriate mental health resources and services (Ellison et al., 2014; Naslund et al., 2020).

Engaging in healthy dialogue around mental health within the Black community is crucial. Mental health awareness campaigns, community forums, and educational

programs can help normalize conversations, reduce stigma, and encourage help-seeking behaviors among Black youth, young adults, older adults, and caregivers. Gatekeeper training initiatives play a pivotal role in endowing community members with essential competencies to discern indicators indicative of suicide risk and deliver an intervention (Teo et al., 2016). These interventions are consistent with the theoretical framework that forms the foundation of this investigation, as they actively involve themselves in the sociocultural paradigm. They concentrate on the factors that shape, reshape, and influence attitudes and behaviors regarding the reduction of suicide risk within the Black community, all within the context of a sociocultural model. In this manner, these interventions make substantial contributions to the theoretical aspects of the study.

These recommendations should be complemented by broader efforts to address the underlying social determinants of mental health, including systemic racism, social inequalities, and barriers to mental health care (Alvarez et al., 2022; Codjoe et al., 2021; Rivera et al., 2021). Collaboration among mental health professionals, community organizations, policymakers, and educators are essential for implementing and sustaining these recommendations (Alvarez et al., 2022; Helms et al., 2010). Based on the findings of this study, further research, consultation with relevant stakeholders, and intervention evaluation are necessary to refine and tailor these recommendations to the specific needs and contexts of Black youth and young adults. By adopting evidence-informed strategies and a comprehensive approach, significant progress can be made in reducing suicide risk and promoting mental well-being within the Black community.

The social implications of these findings underscore the importance of targeting suicide prevention efforts toward Black youth on social media and addressing the unique stressors related to racism (Alvarez et al., 2022; Holden et al., 2012). Social media platforms have become critical spaces for Black youth to seek support, express their emotions, and engage in mental health conversations (Ellison et al., 2014; Hollis et al., 2017; Naslund et al., 2020). Suicide prevention initiatives should leverage these platforms effectively by implementing culturally sensitive and inclusive strategies (Hankerson et al., 2022). Promoting mental health resources, establishing peer support networks, and fostering discussions on racial trauma and resilience can effectively meet Black youth's specific needs and experiences (Naslund et al., 2020; Rivera et al., 2021; Alvarez et al., 2022; Holden et al., 2012).

Furthermore, these findings highlight the urgent need to incorporate an anti-racist lens into suicide prevention strategies. Efforts should be directed toward dismantling racism, advocating for social justice, and ensuring equitable access to mental health resources and support services (Alvarez et al., 2022; Rivera et al., 2021). By addressing the distinct stressors of racism and providing targeted interventions within social media platforms, society can work towards reducing the disproportionate impact of suicide on Black youth and promoting mental well-being for all. Addressing these social change implications requires a multifaceted approach that involves creating affirmative spaces for mental health discussions, increasing access to gatekeeper training within the Black community, and developing resources for mental health professionals working with Black individuals (Kawaii-Bogue et al., 2017). By implementing these changes, one can

work towards reducing mental health disparities and improving the overall well-being of Black individuals.

Conclusion

I conducted a qualitative research study to collect the perspectives of Black youth and young adults. The purpose of this study was to add to the body of knowledge of suicidology an underrepresented population with increasing suicide rates. At the same time, national averages, which are based on White counterparts, have decreased. The findings of this study show there are some changes in perspectives based on age regarding suicide and mental health overall. The public display of publicized police brutality, injustice, and discrimination has adversely impacted black youth and young adults. They also found solace in the support from social media outlets, where they are affirmed and supported in their journey of emotional exploration. The study also confirmed established work on the negative impact that American history had on Black Americans. While the effect of present-day systemic oppression and discrimination has on the mental well-being of Black individuals, there needs to be more intentional work to deconstruct systems of pressure due to their negative impact on our society. At the same time, it provides more affirming and supportive spaces for underrepresented individuals to be included in decision-making and research implications.

References

Abdel-Rahman, O. (2019). Socioeconomic predictors of suicide risk among cancer patients in the United States: A population-based study. *Cancer Epidemiology*, *63*, Article 101601. https://doi.org/10.116/j.canep.2019.101601

Abrams, Z. (2020, January 28). *Sounding the alarm on Black youth suicide*. American Psychological Association. http://www.apa.org/news/apa/2020/01/Black-youth-suicide

Acevedo-Garcia, D., Lochner, K. A., Osypuk, T. L., & Subramanian, S. V. (2003). Future directions in residential segregation and health research: A multi-level approach. *American Journal of Public Health*, *93*(2), 215–221. https://doi.org/10.2105/AJPH.93.2.215

Alvarez, K., Polanco-Roman, L., Samuel Breslow, A., & Molock, S. (2022). Structural racism and suicide prevention for ethnoracially minoritized youth: A conceptual framework and illustration across systems. *American Journal of Psychiatry*, *179*(6), 422–433. https://doi.org/10.1176/appi.ajp.21101001

Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among Black mental health consumers. *Journal of Health Care for the Poor and Underserved*, *19*(3), 874–893. https://doi.org/10.1353/hpu.0.0058

American Psychological Association. (2016). *APA college dictionary of psychology*. United Book Press.

Angelakis, I., Austin, J. L., & Gooding, P. (2020). Association of childhood maltreatment with suicide behaviors among young people: A systematic review and meta-

analysis. *JAMA Network Open*, *3*(8), Article e2012563. https://doi.org/10.1001/jamanetworkopen.2020.12563

Ash, M. J., Berkley-Patton, J., Christensen, K., Haardörfer, R., Livingston, M. D., Miller, T., & Woods-Jaeger, B. (2021). Predictors of medical mistrust among urban youth of color during the COVID-19 pandemic. *Translational Behavioral Medicine*, *11*(8), 1626–1634. https://doi.org/10.1093/tbm/ibab061

Assari, S., Boyce, S., Bazargan, M., & Caldwell, C. H. (2021). Race, family conflict and suicidal thoughts and behaviors among 9-10-Year-Old American children. *International Journal of Environmental Research and Public Health*, *18*(10), Article 5399. https://doi.org/10.3390/ijerph18105399

Assari, S., Lankarani, M. M., & Moazen, B. (2012). Religious beliefs may reduce the negative effect of psychiatric disorders on the age of onset of suicidal ideation among African Americans in the United States. *International Journal Preventive Medicine*, *3*(5), 358–364. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3372078/

Avenevoli, S., Baio, J., Bitsko, R. H., Blumberg, S. J., Brody, D. J., Crosby, A., Gfroerer, J., Ghandour, R. M., Hall., J. E., Hedden, S. L., Huang, L. N., Kogan, M. D., Parks, S. E., Pastor, P. N., Perou, R., Schieve, L. A., Simile, C., Thompson, W. W., & Visser, S. N. (2013). *Mental health surveillance among children--United States, 2005-2011*. Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/13598

Bailey, R. K., Mokonogho, J., & Kumar, A. (2019). Racial and ethnic differences in

depression: current perspectives. *Neuropsychiatric Disease and Treatment, 15*, 603–609. https://doi.org/10.2147/NDT.S128584

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet (London, England)*, *389*(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.

Barzilay, S., Apter, A., Snir, A., Carli, V., Hoven, C. W., Sarchiapone, M., Hadlaczky, G., Balazs, J., Kereszteny, A., Brunner, R., Kass, M., Bobes, J., Saiz, P. A., Cosman, D., Haring, C., Banzer, R., McMahon, E., Keeley, H., Kahn, J.-P., . . . Wasserman, D. (2019). A longitudinal examination of the interpersonal theory of suicide and effects of school-based suicide prevention interventions in a multinational study of adolescents. *Journal of Child Psychology and Psychiatry*, *60*(10), 1104–1111. https://doi.org/10.1111/jcpp.13119

Beckford, C. (2016). Connecting the dots through a case report: A child's unmet needs, neuropsychological impairment and entrance into the juvenile justice system. *Journal of Infant, Child & Adolescent Psychotherapy*, *15*(3), 188–209. https://doi.org/10.1080/15289168.2016.1214447

Benson, R., Rigby, J., Brunsdon, C., Cully, G., Too, L. S., & Arensman, E. (2022). Quantitative methods to detect suicide and self-harm clusters: A systematic review. *International Journal of Environmental Research and Public Health*,

19(9), Article 5313. https://doi.org/10.3390/ijerph19095313

Bernard, D. L., Adams, L. B., Lateef, H. A., Azasu, E., & Joe, S. (2022). Investigating the role of suicidality and ethnic identity among Black adolescents: A latent profile analysis. *Archives of Suicide Research*, 1–17. https://doi.org/10.1080/13811118.2022.2114868

Bessi, A. (2017). On the statistical properties of viral misinformation in online social media. *Physica A: Statistical Mechanics and Its Applications*, pp. *469*, 459–470.Bilsen, J. (2018). Suicide and youth: Risk factors. *Frontiers In Psychiatry*, *9*, Article 540. https://doi.org/10.3389/fpsyt.2018.00540

Bock, J., & Brown, R. P. (2019). Burdens of honor: Examining honor ideology, suicide risk-factors, and ageism in older adults. *Innovative Aging*, *3*(Suppl 1), S311. https://doi.org/10.1093/geroni/igz038.1138

Borum, V. (2012). African American women's perceptions of depression and suicide risk and protection: A womanist exploration. *Affilia*, *27*(3), 316–327. https://doi.org/10.1177/0886109912452401

Brent, D. A., Melhem, N. M., Oquendo, M., Burke, A., Birmaher, B., Stanley, B., Biernesser, C., Keilp, J., Kolko, D., Ellis, S., Porta, G., Zelazny, J., Iyengar, S., & Mann, J. J. (2015). Familial pathways to early-onset suicide attempt: A 5.6-year prospective study. *JAMA Psychiatry*, *72*(2), 160–168. https://doi.org/10.1001/jamapsychiatry.2014.2141

Brinkmann, S., & Kvale, S. (2018). Interview variations. *In Doing interviews* (pp. 73–88). SAGE Publications. https://doi.org/10.4135/9781529716665

Brodsky, B. S., Spruch-Feiner, A., & Stanley, B. (2018). The zero suicide model: Applying evidence-based suicide prevention practices to clinical care. *Frontiers in Psychiatry*, *9*, Article 33. https://doi.org/10.3389/fpsyt.2018.00033

Brody, G. H., Yu, T., Chen, E., Miller, G. E., Barton, A. W., & Kogan, S. M. (2021). Family-centered prevention effects on the association between racial discrimination and mental health in Black adolescents: Secondary analysis of 2 randomized clinical trials. *JAMA Network Open, 4*(3), Article e211964. https://doi.org/10.1001/jamanetworkopen.2021.1964

Brown, G. K., Ten Have, T., Henriques, G. R., Xie, S. X., Hollander, J. E., & Beck, A. T. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. *JAMA*, *294*(5), 563–570. https://doi.org/10.1001/jama.294.5.563

Brutus, S., Aguinis, H., & Wassmer, U. (2013). Self-reported limitations and future directions in scholarly reports: analysis and recommendations. *Journal of Management*, *39*(1), 48–75. https://doi.org/10.1177/0149206312455245

Burke, T. A., Connolly, S. L., Hamilton, J. L., Stange, J. P., Abramson, L. Y., & Alloy, L. B. (2016). Cognitive risk and protective factors for suicidal ideation: A two year longitudinal study in adolescence. *Journal of Abnormal Child Psychology*, *44*(6), 1145–1160. https://doi.org/10.1007/s10802-015-0104-x

Cadaret, M. C., & Speight, S. L. (2018). An exploratory study of attitudes toward psychological help seeking among African American men. *Journal of Black Psychology*, *44*(4), 347–370. https://doi.org/10.1177/0095798418774655

Caine, E. D., Reed, J., Hindman, J., & Quinlan, K. (2018). Comprehensive, integrated

approaches to suicide prevention: Practical guidance. *Injury Prevention*, *24*(Suppl 1), i38–i45. https://doi.org/10.1136/injuryprev-2017-042366

Campbell, R. D., Dennis, M. K., Lopez, K., Matthew, R., & Choi, Y. J. (2021). Qualitative research in communities of color: Challenges, strategies, and lessons. *Journal of the Society for Social Work & Research*, *12*(1), 177–200. https://doi.org/10.1086/713408

Campbell, R. D., & Long, L. A. (2014). Culture as a social determinant of mental and behavioral health: A look at culturally shaped beliefs and their impact on help-seeking behaviors and service use patterns of Black Americans with depression. *Best Practices in Mental Health*, *10*(2), 48–62. https://www.proquest.com/openview/db10fed1194bffb3c5828d8a971447ce/1?pq-origsite=gscholar&cbl=2035674

Campbell, R. D., & Mowbray, O. (2016). The stigma of depression: Black American experiences. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice*, *25*(4), 253–269. https://doi.org/10.1080/15313204.2016.1187101

Carter, R. T., Mazzula, S., Victoria, R., Vazquez, R., Hall, S., Smith, S., Sant-Barket, S., Forsyth, J., Bazelais, K., & Williams, B. (2013). Initial development of the race-based traumatic stress symptom scale: assessing the emotional impact of racism. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(1), 1–9. https://doi.org/10.1037/a0025911

Carter, S. E., Ong, M. L., Simons, R. L., Gibbons, F. X., Lei, M. K., & Beach, S. R. H.

(2019). The effect of early discrimination on accelerated aging among African Americans. *Health Psychology*, *38*(11), 1010–1013. https://doi.org/10.1037/hea0000788

Centers For Disease Control and Prevention. (2018). *Suicide prevention*. https://www.cdc.gov/suicide/facts/index.html

Centers For Disease Control and Prevention. (2020). *Web-based injury statistics query and reporting system (WISQARS)*. https://www.cdc.gov/injury/wisqars/index.html

Centers For Disease Control and Prevention. (2021). *Underlying cause of death, 1999-2020 request deaths occurring through 2020* [Data file]. https://wonder.cdc.gov/ucd-icd10.html

Chan, M. K., Bhatti, H., Meader, N., Stockton, S., Evans, J., O'Connor, R. C., Kapur, N., & Kendall, T. (2016). Predicting suicide following self-harm: Systematic review of risk factors and risk scales. *British Journal of Psychiatry*, *209*(4), 277–283. https://doi.org/10.1192/bjp.bp.115. 170050

Cheref, S., Lane, R., Polanco-Roman, L., Gadol, E., & Miranda, R. (2015). Suicidal ideation among racial/ethnic minorities: Moderating effects of rumination and depressive symptoms. *Cultural Diversity and Ethnic Minority Psychology*, *21*(1), 31–40. https://doi.org/10.1037/a0037139

Cho, S., Lee, H., Peguero, A. A., & Park, S. M. (2019). Social-ecological correlates of cyberbullying victimization and perpetration among African American youth: Negative binomial and zero-inflated negative binomial analyses. *Children and*

Youth Services Review, *101*, 50–60. https://doi.org/10.1016/j.childyouth.2019.03.044

Chu, J. P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology*, *14*(1–4), 25–40. https://doi.org/10.1016/j.appsy.2011.11.00

Chu, J. P., Poon, G., Kwok, K. K., Leino, A. E., Goldblum, P., & Bongar, B. (2017). An assessment of training in and practice of culturally competent suicide assessment. *Training and Education in Professional Psychology*, *11*(2), 69–77. https://doi.org/10.1037/tep0000147

Claassen, C. A., Yip, P. S., Corcoran, P., Bossarte, R. M., Lawrence, B. A., & Currier, G. W. (2010). National suicide rates a century after Durkheim: Do we know enough to estimate error? *Suicide and Life-Threatening Behavior*, *40*(3), 193–223. https://doi.org/10.1521/suli.2010.40.3.193

Codjoe, L., Barber, S., Ahuja, S., Thornicroft, G., Henderson, C., Lempp, H., & N'Danga-Koroma, J. (2021). Evidence for interventions to promote mental health and reduce stigma in Black faith communities: systematic review. *Social Psychiatry and Psychiatric Epidemiology, 56*(6), 895–911. https://doi.org/10.1007/s00127-021-02068-y

Colucci, E., & Lester, D. (2012). *Suicide and culture*. Hogrefe.

Comtois, K. A., Jobes, D. A., O'Connor, S., Atkins, D. C., Janis, K., Chessan, C. E., Landes, S. J., Holen, A., & Yuodelis-Flores, C. (2011). Collaborative assessment and management of suicidality (CAMS): Feasibility trial for next-day

appointment services. *Depression and An*xiety, *28*(11), 963–972. https://doi.org/10.1002/da.20895

Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reynolds, C. F., III, & Brown, C. (2010). Mental health treatment seeking among older adults with depression: the impact of stigma and race. *The American Journal of Geriatric Psychiatry*, *18*(6), 531–543. https://doi.org/10.1097/JGP.0b013e3181cc0366

Conner, K. O., Copeland, V. C., Grote, N. K., Rosen, D., Albert, S., McMurray, M. L., & Koeske, G. (2010). Barriers to treatment and culturally endorsed coping strategies among depressed African American older adults. *Aging & Mental Health*, *14*(8), 971–983. https://doi.org/10.1080/13607863 .2010.501061

Craig, S. L., & McInroy, L. (2013). The relationship of cumulative stressors, chronic illness and abuse to the self-reported suicide risk of Black and Hispanic sexual minority youth. *Journal of Community Psychology*, *41*(7), 783–798. https://doi.org/10.1002/jcop.21570

Crepeau-Hobson, F. (2010). The psychological autopsy and determination of child suicides: A survey of medical examiners. *Archives of Suicide Research*, *14*(1), 24–34. https://doi.org/10.1002/jcop.21570

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches"*. SAGE.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design are*

chosen among five approaches. SAGE Publications.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine*, *49*(3), 354–361. https://doi.org/10.1016/j.amepre.2015.02.001

Curtin, S. C., Warner, M., & Hedegaard, H. (2016, April). *Increase in Suicide in the United States, 1999–2014.* Centers For Disease Control and Prevention. https://www.cdc.gov/nchs/products/databriefs/db241.html.

Davidson, J. M. (2007). "Resurrection men" in Dallas: The illegal use of Black bodies as medical cadavers (1900–1907). *International Journal of Historical Archaeology*, *11*(3), 193–220. https://doi.org/10.1007/s10761-007-0029-3

Del Quest, A., Nedegaard, R., & Koch, C. (2019). How much is enough? Suicide training for MSW students. *Journal of Social Work Education and Practice*, *4*(3), 11–21. https://www.jswep.in/index.php/jswep/article/view/81/80

Denise E. J. (2014). Multiple disadvantaged statuses and health: the role of multiple forms of discrimination. *Journal of Health and Social Behavior*, *55*(1), 3–19. https://doi.org/10.1177/0022146514521215

DeVille, D. C., Whalen, D., Breslin, F. J., Morris, A. S., Khalsa, S. S., Paulus, M. P., & Barch, D. M. (2020). Prevalence and family-related factors associated with suicidal ideation, suicide attempts, and self-injury in children aged 9 to 10 years. *JAMA Network Open*, *3*(2), Article e1920956. https://doi.org/10.1001/jamanetworkopen.2019.20956

Diamond, G. S., Wintersteen, M. B., Brown, G. K., Diamond, G. M., Gallop, R., Shelef, K., & Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*(2), 122–131. https://doi.org/10.1016/j.jaac.2009.11.002

Douglas, B. C. (1993, August 20). *Psychotherapy with troubled African American adolescent males: Stereotypes, treatment amenability, and clinical issues* [Paper presentation]. Annual Meeting of the American Psychological Association Toronto, Ontario, Canada. https://files.eric.ed.gov/fulltext/ED375360.pdf

Durkheim, E. (1951). *Suicide: A study in sociology*. Translated by J. A. Spaulding & G. Simpson. Free Press.

Eder, D., & Fingerson, L. (2001). Interviewing children and adolescents. In J. F. Gubrium & J. A. Holstein, (Eds.), *Handbook of Interview Research* (pp. 181–201). SAGE Publications.

Ellison N. B., Vitak J., Gray R. & Lampe C. (2014). Cultivating social resources on social network sites: Facebook relationship maintenance behaviors and their role in social capital processes. *Journal of Computer-Mediated Communication*, (4), 855–870. https://doi.org/10.1111/jcc4.12078

Eylem, O., De Wit, L., Van Straten, A., Steubl, L., Melissourgaki, Z., Danışman, G. T., de Vries, R., Kerkhof, A. J. F. M., Bhu, K., & Cuijpers, P. (2020). Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis. *BMC Public Health*, *20*(1), 1–20.

https://doi.org/10.1186/s12889-020-08964-3

Fardouly J., Willburger B.K., Vartanian L.R.(2018). Instagram use and young women's body image concerns and self-objectification: testing mediational pathways. *New Media Soc. 20*:1380–1395. https://doi.org/10.1177/1461444817694499

Feagin, J. R., & McKinney, K. D. (2003). *The many costs of racism.* Rowman & Littlefield Publishers.

Feldman, B. N., & Freedenthal, S. (2006). Social work education in suicide intervention and prevention: An unmet need?. *Suicide and Life-Threatening Behavior*, *36*(4), 467–480. https://doi.org/10.1521/suli.2006.36.4.467

Fisher C. B., Wallace S. A., Fenton R. E. (2000). Discrimination distress during adolescence. *Journal of Youth and Adolescence*, 29, 679-695.

Fountoulakis, K. N., Kawohl, W., Theodorakis, P. N., Kerkhof, A. J., Navickas, A., Höschl, C., Lucic-Tosevski, D., Sorel, E., Rancans, E., Palova, E., Juckel, G., Isacsson, G., Korosec Jagodic, H., Botezat-Antonescu, I., Warnke, I., Rybakowski, J., Azorin, J. M., Cookson, J., Waddington, J., & Lopez-Ibor, J. (2014). Relationship of suicide rates to economic variables in Europe: 2000–2011. *The British Journal of Psychiatry*, *205*(6), 486–496. https://doi.org/10.1192/bjp.bp.114.147454

Franklin, A. J. (2004). *From brotherhood to manhood*. Wiley. https://doi.org/10.1111/j.1545-5300.2004.00037.x

Friedman, S., Paradis, C., Constantino, M. J., & Goldfried, M. R. (2019). A commentary on Black American psychological help-seeking intention. *Journal of*

Psychotherapy Integration, *29*(4), 338–344. https://doi.org/10.1037/int0000145

Fuller, T. E., Baird, S. L., Dhrodia, R., & Brennenstuhl, S. (2016). The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study. *Child Care, Health & Development*, *42*(5), 725–734. https://doi.org/10.1111/cch.12351

Gara, M. A., Minsky, S., Silverstein, S. M., Miskimen, T., & Strakowski, S. M. (2019). A naturalistic study of racial disparities in diagnoses at an outpatient behavioral health clinic. *Psychiatric Services*, *70*(2), 130–134. https://doi.org/10.1176/appi.ps.201800223

Gee, G. C., Hing, A., Mohammed, S., Tabor, D. C., & Williams, D. R. (2019). Racism and the life course: Taking time seriously. *American Journal of Public Health*, *109*(S1), S43–S47. https://doi.org/10.2105/AJPH.2018.304766

Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of Pediatrics*, *206*, 256–267. https://doi.org/10.1016/j. jpeds.2018.09.021

Gobbi, G., Atkin, T., Zytynski, T., Wang, S., Askari, S., Boruff, J., Ware, M., Marmorstein, N., Cipriani, A., Dendukuri, N., & Mayo, N. (2019). Association of cannabis use in adolescence and risk of depression, anxiety, and suicidality in young adulthood: A systematic review and metanalysis. *JAMA Psychiatry*, *76*(4), 426–434. https://doi.org/10.1001/jamapsychiatry.2018.4500

Gomez, S. H., Tse, J., Wang, Y., Turner, B., Millner, A. J., Nock, M. K., & Dunn, E. C.

(2017). Are there sensitive periods when child maltreatment substantially elevates suicide risk? Results from a nationally representative sample of adolescents. *Depression and Anxiety*, *34*(8), 734–741. https://doi.org/10.1002/da.22650

Goodwill, J. R., Taylor, R. J., & Watkins, D. C. (2019). Everyday discrimination, depressive symptoms, and suicide ideation among African American men. *Archives of Suicide Research*, 1–20. https://doi.org/10.1080/13811118.1660287

Goodwill, J. R., & Yasui, M. (2022). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: Examining within and cross-race group differences. *Child and Adolescent Social Work Journal*, 1–16. https://doi.org/10.1007/s10560-022-00888-8

Gould, M. S., Cross, W., Pisani, A. R., Munfakh, J. L., & Kleinman, M. (2013). Impact of applied suicide intervention skills training on the National Suicide Prevention Lifeline. *Suicide and Life-Threatening Behavior*, *43*(6), 676–691. https://doi.org/10.1111/sltb.12049

Hankerson, S. H., Moise, N., Wilson, D., Waller, B. Y., Arnold, K. T., Duarte, C., Lugo-Candelas, C., Weissman, M. M., Wainberg, M., Yehuda, R., & Shim, R. (2022). The intergenerational impact of structural racism and cumulative trauma on depression. *The American Journal of Psychiatry*, *179*(6), 434–440. https://doi.org/10.1176/appi.ajp.21101000

Hankerson, S. H., Suite, D., & Bailey, R. K. (2015). Treatment disparities among African American men with depression: Implications for clinical practice. *Journal of*

Health Care for the Poor and Underserved, *26*(1), 21–34. https://doi.org/10.1353/hpu.2015.0012

Harris, Y., Gorelick, P. B., Samuels, P., & Bempong, I. (1996). Why African Americans may not be participating in clinical trials. *Journal of the National Medical Association*, *88*(10), 630–634. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2608128/

Hart, L. M., Bond, K. S., Morgan, A. J., Rossetto, A., Cottrill, F. A., Kelly, C. M., & Jorm, A. F. (2019). Teen mental health first aid for years 7–9: A description of the program and an initial evaluation. *International Journal of Mental Health Systems*, *13*(1), 1–13. https://doi.org/10.1186/s13033-019-0325-4

Haywood, C., Jr., Tanabe, P., Naik, R., Beach, M. C., & Lanzkron, S. (2013). The impact of race and disease on sickle cell patients wait times in the emergency department. *The American Journal of Emergency Medicine*, *31*(4), 651–656. https://doi.org/10.1016/j.ajem.2012.11.005

Hedegaard, H., Curtin, S. C., & Warner, M. (2020). *Increase in suicide mortality in the United States, 1999–2018*. National Center for Health Statistics. https://stacks.cdc.gov/view/cdc/86670

Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: enhancing professional training. *Traumatology, 16*(4), 53–62. https://doi.org/10.1177/1534765610389595

Hernandez J. T., Lodico M, DiClemente R. J. (1993). The effects of child abuse and race

on risk-taking in male adolescents. *Journal of the National Medical Association. 85*(8):593–597.

Hoge, M. A., Stuart, G. W., Morris, J., Flaherty, M. T., Paris, M., Jr., & Goplerud, E. (2013). Analysis & commentary mental health and addiction workforce development: Federal leadership is needed to address the growing crisis. *HEALTH AFFAIRS*, *32*(11), 2005–2012. https://doi.org/10.1377/hlthaff.2013.0541

Holden, K. B., McGregor, B. S., Blanks, S. H., & Mahaffey, C. (2012). Psychosocial, sociocultural, and environmental influences on mental health help-seeking among African-American men. *Journal of Men's Health*, *9*(2), 63–69. https://doi.org/10.1016/j.jomh.2012.03.002

Hollis C., Falconer C. J., Martin J. L., Whittington C., Stockton S., Glazebrook C., Davies E. B. (2017). Annual research review: Digital health interventions for children and young people with mental health problems–a systematic and meta-review. *Journal of Child Psychology and Psychiatry*, 58(4), 474–503.

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, *60*(*3*), 353–366. https://doi.org/10.1037/a0032595

Hooper, L. M., Tomek, S., Jaggers, J., Idigo, C., Church, W. T., Williams, J., & Bolland, J. (2017). Changes in perceived levels of environmental stress before and after a suicide attempt in Black American adolescents: A 14-year longitudinal study. *Journal of Mental Health Counseling*, *39*(3), 242–262.

https://doi.org/10.17744/mehc.39.3.05

Hunkeler, E. M., Katon, W., Tang, L., Williams, J. W., Jr., Kroenke, K., Lin, E. H. B., Harpole, L. H., Arean, P., Levine, S., Grypma, L. M., Hargreaves, W. A., & Unutzer, J. (2006). Long term outcomes from the IMPACT randomized trial for depressed elderly patients in primary care. *BMJ*, *332*(7536), 259–263. https://doi.org/10.1136/bmj.38683.710255.BE

Jaiswal, J., & Halkitis, P. N. (2019). Towards a more inclusive and dynamic understanding of medical mistrust informed by science. *Behavioral Medicine*, *45*(2), 79–85. https://doi.org/10.1080/08964289.2019.1619511

James, S. A. (2003). Confronting the moral economy of US racial/ethnic health disparities. *American Journal of Public Health*, *93*(2), 189. https://doi.org/10.2105/AJPH.93.2.189

Jobes, D. A. (2012). The collaborative assessment and management of suicidality (CAMS): An evolving evidence-based clinical approach to suicidal risk. *Suicide Life Threatening Behavior*, *42*(6), 640–653. https://doi.org/10.1111/j.1943-278X.2012.00119.x

Joe, S. (2006). Explaining changes in the patterns of Black suicide in the United States from 1981 to 2002: An age, cohort, and period analysis. *The Journal of Black Psychology*, *32*(3), 262–284. https://doi.org/10.1177/0095798406290465

Joe, S., Clarke, J., Ivey, A. Z., Kerr, D., & King, C. A. (2007). Impact of familial factors

and psychopathology on suicidality among African American adolescents. *Journal Of Human Behavior In The Social Environment*, *15*(2-3), 199–218. https://doi.org/10.1300/J137v15n02_12

Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., Rasberry, C. N., Robin, L., & Underwood, J. M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report*, *68*(3), 67–71. https://doi.org/10.15585/mmwr.mm6803a3

Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.

Jones, C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health*, *90*(8), 1212–1215. https://doi.org/10.2105/ajph.90.8.1212

Jones, C. P. (2001). Race, racism, and the practice of epidemiology. *American Journal of Epidemiology*, *154*(4), 299–304. https://doi.org/10.1176/ps.45.1.27

Jones, K. P., Arena, D. F., Nittrouer, C. L., Alonso, N. M., & Lindsey, A. P. (2017). Subtle discrimination in the workplace: A vicious cycle. *Industrial and Organizational Psychology*, *10*(1), 51–76. https://doi.org/10.1017/iop.2016.91

Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods*, *13*(1), 37–52. https://doi.org/10.1177/160940691401300119

Karafillakis E, Martin S, Simas C, Olsson K, Takacs J, Dada S, Larson HJ. (2021).

Methods for social media monitoring related to vaccination: systematic scoping review. *JMIR Public Health Surveill*, *7*(2) https://doi.org/10.2196/17149

Karel, M. J., Gatz, M., & Smyer, M. A. (2012). Aging and mental health in the decade ahead: what psychologists need to know. *American Psychologist*, *67*(3), 184–198. https://doi.org/10.1037/a0025393

Kawaii-Bogue, B., Williams, N. J., & MacNear, K. (2017). Mental health care access and treatment utilization in African American communities: An integrative care framework. *Best Practice in Mental Health, 13*(2), 11–29. https://www.proquest.com/openview/f26a12a6128cc389815047061d489ca8/1?pq-origsite=gscholar&cbl=2035674

Khan, F. A. (2011). The immortal life of Henrietta Lacks. *The Journal of IMA*, *43*(2), 93-94. https://doi.org/10.5915/43-2-8609

Kleiman, E. M., & Riskind, J. H. (2013). Utilized social support and self-esteem mediate the relationship between perceived social support and suicide ideation: A test of a multiple mediator model. *Crisis, 34*(1), Article 42. https://doi.org/10.1027/0227-5910/a000159

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing, *European Journal of General Practice*, *24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

Kowalski, R. M., Limber, S. P., & McCord, A. (2019). A developmental approach to cyberbullying: Prevalence and protective factors. *Aggression and Violent Behavior, 45*, 20-32.

Kral, M. (1994). Suicide as social logic. *Suicide and Life-Threatening Behavior*, *24*(3), 245–255. https://doi.org/10.1111/j.1943-278X.1994.tb00749.x

Krieger, N. (2001). The ostrich, the albatross, and public health: An ecosocial perspective—Or why an explicit focus on health consequences of discrimination and deprivation is vital for good science and public health practice. *Public Health Reports*, *116*(5), 419–423. https://doi.org/10.1093/phr/116.5.419

Krieger, N. (2003). Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: An ecosocial perspective. *American Journal of Public Health*, *93*(2), 194–199. https://doi.org/10.2105/AJPH.93.2.194

Krippner, S., & Barrett, D. (2019). Transgenerational trauma: The role of epigenetics. *Journal of Mind and Behavior*, *40*(1), 53–62. https://www.jstor.org/stable/26740747

Labella, M. H. (2018). The sociocultural context of emotion socialization in African American families. *Clinical Psychology Review*, *59*, 1–15. https://doi.org/10.1016/j.cpr.2017.10.006

Lambert, S. F., Boyd, R. C., & Ialongo, N. S. (2022). Protective factors for suicidal ideation among Black adolescents indirectly exposed to community violence. *Suicide and Life-Threatening Behavior*, *52*(3), 478–489. https://doi.org/10.1111/sltb.12839

Levenson, J.C., Shensa, A., Sidani, J.E., Colditz, J.B., & Primack, B.A. (2016). The association between social media use and sleep disturbance among young

adults. *Preventive Medicine*, 85, 36–41

Lincoln, K. D., Taylor, R. J., Chatters, L. M., & Joe, S. (2012). Suicide, negative interaction and emotional support among Black Americans. *Social Psychiatry and Psychiatric Epidemiology*, *47*, 1947–1958. https://doi.org/10.1007/s00127-012-0512-y

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Lindsey, M. A., Brown, D. R., & Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet mental health needs of African American boys. *American Journal of Orthopsychiatry*, *87*(4), 377–383. https://doi.org/10.1037/ort0000198

Lindsey, M. A., Sheftall, A. H., Xiao, Y., & Joe, S. (2019). Trends of suicidal behaviors among high school students in the United States: 1991–2017. *Pediatrics*, *144*(5), Article e20191187. https://doi.org/10.1542/peds.2019-1187

Linehan, M. M., Comtois, K. A., Murray, A. M., Brown, M. Z., Gallop, R. J., Heard, H. L., Korslund, K. E., Tutek, D. A., Reynolds, S. K., & Lindenboim, N. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, *63*(7), 757–766. https://doi.org/10.1001/archpsyc.63.7.757

Linney, C., Ye, S., Redwood, S., Mohamed, A., Farah, A., Biddle, L., & Crawley, E. (2020). Crazy person is a crazy person. It doesn't differentiate: An exploration into Somali views of mental health and access to healthcare in an established UK Somali community. *International Journal for Equity in Health*, *19*(1), 1–15.

https://doi.org/10.1186/s12939-020-01295-0

Litteken, C., & Sale, E. (2018). Long-term effectiveness of the question, persuade, refer (QPR) suicide prevention gatekeeper training program: Lessons from Missouri. *Community Mental Health Journal*, *54*(3), 282–292. https://doi.org/10.1007/s10597-017-0158-z

Liu, R. T., Case, B. G., & Spirito, A. (2014). Injection drug use is associated with suicide attempts but not ideation or plans in a sample of adolescents with depressive symptoms. *Journal of Psychiatric Research*, *56*, 65–71. https://doi.org/10.1016/j.jpsychires.2014.05.001

Lopez, V., & Whitehead, D. (2013). Sampling data and data collection in qualitative research. *Nursing & midwifery research: Methods and appraisal for evidence-based practice*, *123*, 140.

Markus, H. R., & Hamedani, M. G. (2007). Sociocultural psychology: The dynamic interdependence among self systems and social systems. In S. Kitayama & D. Cohen (Eds.), *Handbook of Cultural Psychology* (pp. 3–39). The Guilford Press. https://perpus.univpancasila.ac.id/repository/EBUPT190092.pdf#page=22

Marraccini, M. E., Lindsay, C. A., Griffin, D., Greene, M. J., Simmons, K. T., & Ingram, K. M. (2023). A trauma- and justice, equity, diversity, and inclusion (jedi)-informed approach to suicide prevention in school: Black boys' lives matter. *School Psychology Review*, *52*(3), 292–315. https://doi.org/10.1080/2372966X.2021.2010502

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, *13*(6), 522–

525. https://doi.org/10.1093/fampra/13.6.522

Matlin, S. L., Molock, S. D., & Tebes, J. K. (2011). Suicidality and depression among African American adolescents: The role of family and peer support and community connectedness. *American Journal of Orthopsychiatry*, *81*(1), 108–117. https://doi.org/10.1111/j.1939-0025.2010.01078.x

McDermott, E., Roen, K., & Piela, A. (2013). Hard-to-reach youth online: methodological advances in self-harm research. *Sexuality Research & Social Policy*, *10*(2), 125–134. https://doi.org/10.1007/s13178-012-0108-z

McKenzie, K. (2012). Suicide studies in ethnic minorities: Improving the science to help develop policy. *Ethnicity & Health*, *17*(1/2), 7–11. https://doi.org/10.1080/13557858.2012.678306

McManama O'Brien, K. H., Becker, S. J., Spirito, A., Simon, V., & Prinstein, M. J. (2014). Differentiating adolescent suicide attempters from ideators: Examining the interaction between depression severity and alcohol use. *Suicide and Life-Threatening Behavior*, *44*(1), 23–33. https://doi.org/10.1111/sltb.12050

Meeker, E. C., O'Connor, B. C., Kelly, L. M., Hodgeman, D. D., Scheel-Jones, A. H., & Berbary, C. (2021). The impact of adverse childhood experiences on adolescent health risk indicators in a community sample. *Psychological Trauma: Theory, Research, Practice & Policy*, *13*(3), 302–312. https://doi.org/10.1037/tra0001004

Mendez, D. D., Scott, J., Adodoadji, L., Toval, C., McNeil, M., & Sindhu, M. (2021). Racism as public health crisis: Assessment and review of municipal declarations and resolutions across the United States. *Frontiers in Public Health*, 9, Article

686807. https://doi.org/10.3389/fpubh.2021.686807

Mendoza, N. S., Moreno, F. A., Hishaw, G. A., Gaw, A. C., Fortuna, L. R., Skubel, A., Porsche, M. V., Roessel, M. H., Shore, J., & Gallegos, A. (2020). Affirmative care across cultures: Broadening application. *Focus*, *18*(1), 31–39. https://doi.org/10.3389/fpubh.2021.686807

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.

Merriam-Webster. (n.d.). *BIPOC definition & meaning*. Merriam-Webster. https://www.merriam-webster.com/dictionary/BIPOC#:~:text=The%20acronym%20stands%20for%20%22black,Indigenous%20and%20people%20of%20color.%22

Meyer, E. R., & Cui, D. (2019). Diversity and inclusion in anatomy and physiology education, degree programs, and professional societies. *HAPS Educator*, *23*(2), 396–419. https://doi.org/10.21692/haps.2019.012

Meyer, M. N. (2018). Practical tips for ethical data sharing. *Advances in Methods and Practices in Psychological Science*, *1*(1), 131–144. https://doi.org/10.1177/2515245917747656

Moller, C. I., Cotton, S. M., Badcock, P. B., Hetrick, S. E., Berk, M., Dean, O. M., MChanen, A., & Davey, C. G. (2021). Relationships between different dimensions of social support and suicidal ideation in young people with major depressive disorder. *Journal of Affective Disorders*, *281*, 714–720. https://doi.org/10.1016/j.jad.2020.11.085

Money, T. T., & Batterham, P. J. (2019). Sociocultural factors associated with attitudes toward suicide in Australia. *Death Studies*, *45*(3). https://doi.org/10.1080/07481187.2019.1626943

Morgan-Brett, B. (2021). *How do I ask well-worded interview questions?* [Video]. SAGE Research Methods. https://doi.org/10.4135/9781529763140

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Moseley, K. L., Freed, G. L., Bullard, C. M., & Goold, S. D. (2007). Measuring African-American parents' cultural mistrust while in a healthcare setting: A pilot study. *Journal Of The National Medical Association*, *99*(1), 15–21. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569607/

Nadal K. L., Wong Y., Griffin K. E., Davidoff K., Sriken J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. *Journal of College Student Development*, 55(5), 461–474.

Nagata, J. M., Palar, K., Gooding, H. C., Garber, A. K., Whittle, H. J., Bibbins-Domingo, K., & Weiser, S. D. (2019). Food insecurity is associated with poorer mental health and sleep outcomes in young adults. *Journal of Adolescent Health*, *65*(6), 805–811. https://doi.org/10.1016/j.jadohealth.2019.08.010

Namageyo-Funa, A., Rimando, M., Brace, A. M., Christiana, R. W., Fowles, T. L., Davis, T. L., Martinez, L. M., & Sealy, D. (2014). Recruitment in qualitative public health research: Lessons learned during dissertation sample recruitment.

The Qualitative Report, *19*(4), 1–17. https://doi.org/10.46743/2160-3715/2014.1282

Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social Media and Mental Health: Benefits, Risks, and Opportunities for Research and Practice. *Journal of Technology in Behavioral Science*, *5*(3), 245–257. https://doi.org/10.1007/s41347-020-00134-x

National Association of Social Workers. (2008). *Preamble to the code of ethics*. http://www.socialworkers.org/pubs/ Code/code.asp

National Council of Mental Well-Being. (2022). *Mental health first aid*. https://www.thenationalcouncil.org/our-work/mental-health-first-aid/?gclid=CjwKCAjwkaSaBhA4EiwALBgQaJ8YEIqvl_AjF1EzaPw5Q9mvr6UwBApcC4SYIYLPbEMiWHJnAHbE7xoCicMQAvD_BwE

National Strategy for Suicide Prevention. (2001). *National Strategy for Suicide Prevention: Goals and Objectives for action*. U.S. Department of Health and Human Services, Public Health Service. https://www.sprc.org/sites/default/files/migrate/library/glossary.pdf

Nazroo, J. Y. (2003). The structuring of ethnic inequalities in health: Economic position, racial discrimination, and racism. *American Journal of Public Health*, *93*(2), 277–284. https://doi.org/10.2105/AJPH.93.2.277

Neeleman, J., Wessely, S., & Lewis, G. (1998). Suicide acceptability in African- and White Americans: The role of religion. *Journal of Nervous and Mental Diseases*, *186*(1), 12–16. https://doi.org/10.1097/00005053-199801000-00003

Ngai, M., Delaney, K., Limandri, B., Dreves, K., Tipton, M. V., & Horowitz, L. M. (2022). Youth suicide risk screening in an outpatient child abuse clinic. *Journal of Child and Adolescent Psychiatric Nursing*, *35*(1), 38–44. https://doi.org/10.1111/jcap.12335

Nguyen, A., Taylor, R., Chatters, L., Taylor, H., Lincoln, K., Mitchell, U., & Mitchell, U. A. (2017). Extended family and friendship support and suicidality among African Americans. *Social Psychiatry & Psychiatric Epidemiology*, *52*(3), 299–309. https://doi.org/10.1007/s00127-016-1309-1

Nock, M. K., Green, J. G., Hwang, I., McLaughlin, K. A., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: Results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA Psychiatry, 70*(3), 300–310. https://doi.org/10.1001/2013.jamapsychiatry.55

Ongeri, L., Nyawira, M., Kariuki, S. M., Theuri, C., Bitta, M., Penninx, B., Newton, C. R. J. C., & Tijdink, J. (2022). Sociocultural perspectives on suicidal behaviour at the Coast Region of Kenya: An exploratory qualitative study. *BMJ Open*, *12,* Article e056640. https://doi.org/10.1136/ bmjopen-2021-056640

Opara, I., Assan, M. A., Pierre, K., Gunn, J. F., Metzger, I., Hamilton, J., & Arugu, E. (2020). Suicide among Black children: An integrated model of the interpersonal-psychological theory of suicide and intersectionality theory for researchers and clinicians. *Journal of Black Studies*, *51*(6), 611–631. https://doi.org/10.1177/0021934720935641

Owen, J., Drinane, J., Tao, K. W., Adelson, J. L., Hook, J. N., Davis, D., & Fookune, N. (2017). Racial/ethnic disparities in client unilateral termination: The role of therapists' cultural comfort. *Psychotherapy Research*, *27*(1), 102–111. https://doi.org/10.1080/10503307.2015.1078517

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Pantic, I., Damjanovic, A., Todorovic, J., Topalovic, D., Bojovic-Jovic, D., Ristic, S., & Pantic, S. (2012). Association between online social networking and depression in high school students: behavioral physiology viewpoint. *Psychiatria Danubina*, *24*(1), 90–93.

Paradis, C. M., Friedman, S., Lazar, R. M., Grubea, J., & Kesselman, M. (1992). Use of a structured interview to diagnose anxiety disorders in a minority population. *Hospital & Community Psychiatry*, *43*(1), 61–64. https://doi.org/10.1176/ps.43.1.61

Parent, R. B., & Verdun-Jones, S. (1998). Victim-precipitated homicide: Police use of deadly force in British Columbia. *Policing*: *An International Journal of Police Strategies & Measurement*, *21*(3), 432–448. https://doi.org/10.1108/13639519810228741

Park, C., Park, I. H., Yoo, T., Kim, H., Ryu, S., Lee, J. Y., Kim, J. M., & Kim, S. W.

(2021). Association between childhood trauma and suicidal behavior in the general population. *Chonnam medical journal*, *57*(2), 126–131. https://doi.org/10.4068/cmj.2021.57.2.126

Parker, C., Scott, S., & Geddes, A. (2019). Snowball Sampling. In P. Atkinson, S. Delamont, A. Cernat, J.W. Sakshaug, & R.A. Williams (Eds.), *SAGE research methods foundations.* https://doi.org/10.4135/9781526421036831710

Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, *20*(2), 76–85. http://www.nova.edu/ssss/QR/QR20/2/percy5.pdf

Pérou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., ... & Huang, L. N. (2013). Mental health surveillance among children: United States, 2005–2011. MMWR Surveillance Summaries, 62 (Suppl. 2), 1–35. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm

Perry, B. L., Stevens-Watkins, D., & Oser, C. B. (2013). The moderating effects of skin color and ethnic identity affirmation on suicide risk among low-SES African American women. *Race and Social Problems*, *5*(1), 1–14. https://doi.org/10.1007/s12552-012-9080-8

Peterson, S. (2018). *The effects of complex trauma*. The National Child Traumatic Stress Network. https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects.

Philadelphia ACE Project. (2013). *Philadelphia ACE Survey*. https://www.philadelphiaaces.org/philadelphia-ace-survey

Phillips, D. (2020). *Mental health and discipline in California community schools* (Publication No. 28258233) [Doctoral dissertation, Brandman University]. ProQuest Dissertations and Theses Global.

Prather, C., Fuller, T. R., Jeffries, W. L., 4th, Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: A review of historical and contemporary evidence and implications for health equity. *Health Equity*, *2*(1), 249–259. https://doi.org/10.1089/heq.2017.0045

Raifman, J., Progovac, A. M., Rose, S., & McDowell, A. (2020). Association of nondiscrimination policies with mental health among gender minority individuals. *JAMA Psychiatry*, *77*(9), 952–958. https://doi.org/10.1001/jamapsychiatry.2020.0770

Ramchand, R., Gordon, J. A., & Pearson, J. L. (2021). Trends in suicide rates by race and ethnicity in the United States. *JAMA Network Open*, *4*(5), Article e2111563. https://doi.org/10.1001/jamanetworkopen.2021.11563

Ravitch, S. M., & Carl, N. M. (2016). Critical qualitative research design. In *Qualitative research: Bridging the conceptual, theoretical, and methodological* (pp. 85–89). SAGE Publications.

Reed, D. (2019). *Social work's contribution to research Regarding suicide among African Americans* [Doctoral dissertation, Kutztown University]. Research Commons. https://research.library.kutztown.edu/socialworkdissertations/7

Reed, D., & Adams, R. D. (2020). Risk and protective factor specific to African

American youth and adolescents: A systematic review. *Journal of Family Strengths*, *20*(2), Article 5. https://digitalcommons.library.tmc.edu/jfs/vol20/iss2/5

Rich, J. A., & Roe, M. (2002). A poor man's plight: Uncovering the disparity in men's health. In *A series of community voices publications*. W.K. Kellogg Foundation.

Riddell, C. A., Harper, S., Cerdá, M., & Kaufman, J. S. (2018). Comparison of rates of firearm and nonfirearm homicide and suicide in Black and White non-Hispanic men, by US state. *Annals of Internal Medicine*, *168*(10), 712–720. https://doi.org/10.7326/M17-2976

Rivera, K. J., Zhang, J. Y., Mohr, D. C., Wescott, A. B., & Pederson, A. B. (2021). A narrative review of mental illness stigma reduction interventions among African Americans in the United States. *Journal of mental health & clinical psychology*, *5*(2), 20–31. https://doi.org/10.29245/2578-2959/2021/2.1235

Robinson, W. L., Whipple, C. R., Jason, L. A., & Flack, C. E. (2021). African American adolescent suicidal ideation and behavior: The role of racism and prevention. *Journal of Community Psychology*, *49*(5), 1282–1295. https://doi.org/10.1002/jcop.22543

Rockett, I. H., Wang, S., Stack, S., De Leo, D., Frost, J. L., Ducatman, A. M., & Kapusta, N. D. (2010). Race/ethnicity and potential suicide misclassification: Window on a minority suicide paradox? *BMC Psychiatry*, *10*(1), 35–43. https://doi.org/10.1186/1471-244X-10-35

Roulston, K. (2012). The pedagogy of interviewing. In *The SAGE handbook of interview research: The complexity of the craft* (pp. 61–74). SAGE Publications.

https://doi.org/10.4135/9781452218403

Rubenstein, L. V., Chaney, E. F., Ober, S., Felker, B., Sherman, S. E., Lanto, A., & Vivell, S. (2010). Using evidence-based quality improvement methods for translating depression collaborative care research into practice. *Families, Systems, & Health*, *28*(2), 91–113. https://doi.org/10.1037/a0020302

Rubin, H. J., & Rubin, I. S. (2005). Structuring the interview. In *Qualitative interviewing: The art of hearing data* (pp. 129–151). SAGE Publications. https://doi.org/10.4135/9781452226651

Ruch, D. A., & Bridge, J. A. (2022). Epidemiology of suicide and suicidal behavior in youth. In *Youth suicide prevention and intervention* (pp. 3–12). Springer, Cham.

Ruch, D. A., Sheftall, A. H., Schlagbaum, P., Rausch, J., Campo, J. V., & Bridge, J. A. (2019). Trends in suicide among youth aged 10 to 19 years in the United States, 1975 to 2016. *JAMA. Network Open*, *2*(5), Article e193886. https://doi.org/10.1001/jamanetworkopen.2019.3886

Russell, R., Metraux, D., & Tohen, M. (2017). Cultural influences on suicide in Japan. *Psychiatry and Clinical Neuroscience*, *71*(1), 2–5. https://doi.org/10.1111/pcn.12428

Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, *91*(8), 1276–1281. https://doi.org/10.2105/AJPH.91.8.1276

Saldaña, J. (2014). Coding and analysis strategies. In *The Oxford handbook of qualitative research* (pp. 581–598). Oxford Academic. https://doi.org/10.1093/oxfordhb/9780199811755.013.001

Savitt, T. L. (1982). The use of Blacks for medical experimentation and demonstration in the old South. *The Journal of Southern History*, *48*(3), 331–348. https://doi.org/10.2307/2207450

Scavenius, C., Chacko, A., Lindberg, M. R., Granski, M., Vardanian, M. M., Pontoppidan, M., Hansen, H., & Eiberg, M. (2020). Parent management training Oregon model and family-based services as usual for behavioral problems in youth: A national randomized controlled trial in Denmark. *Child Psychiatry and Human Development*, *51*, 839–852. https://doi.org/10.1007/s10578-020-01028-y

Sharpe, T. L. (2015). Understanding the sociocultural context of coping for African American family members of homicide victims: A conceptual model. *Trauma Violence & Abuse*, *16*(1), 48–59. https://doi.org/10.1177/1524838013515760

Sheftall, A. H., & Boyd, R. C. (2022). Black youth suicidal behavior: What we know and where we go from here. In *Youth suicide prevention and intervention* (pp. 107–113). Springer, Cham.

Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2022). Black youth suicide: Investigation of current trends and precipitating circumstances. *Journal of the American Academy of Child and Adolescent Psychiatry*, *61*(5), 662–675. https://doi.org/10.1016/j.jaac.2021.08.021

Silverman, M. M., & De Leo, D. (2016). Why there is a need for an international

nomenclature and classification system for suicide. *Crisis 37*, 83–87. https://doi.org/10.1027/0227-5910/a000419

Spates, K. (2019). We have closed our eyes and sealed our lips: Black women's accounts of discussing suicide within the Black community. *Sociological Focus*, *52*(1), 34–49. https://doi.org/10.1080/00380237.2018.1484229

Standley, C. J. (2022). Expanding our paradigms: Intersectional and socioecological approaches to suicide prevention. *Death Studies*, *46*(1), 224–232. https://doi.org/10.1080/07481187.2020.1725934

Stone, D. M., Holland, K. M., Bartholow, B., Crosby, A. E., Davis, S., & Wilkins, N. (2017). *Preventing suicide: A technical package of policies, programs, and practices*. Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/44275

Stoute, B. J., & Slevin, M. (2021). Introduction - African American children in the world of structural racism: Psychoanalytic perspectives. *Psychoanalytic Study of the Child*, *74*(1), 44–46. https://doi-org/10.1080/00797308.2020.1859297

Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge University Press. https://doi.org/10.1017/CBO9780511557842

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Summerville M. B., Kaslow N. J., Abbate M. F., Cronan S. (1994). Psychopathology,

family functioning, cognitive style in urban adolescents with suicide attempts. *Journal of Abnormal Child Psychology. 22*:221–235.

Talley, D., Warner, S. L., Perry, D., Brissette, E., Consiglio, F. L., Capri, R., Biolano, P., & Coker, K. L. (2021). Understanding situational factors and conditions contributing to suicide among Black youth and young adults. *Aggression and Violent Behavior*, 58, Article 101614. https://doi.org/10.1016/j.avb.2021.101614

Taylor, R. E., Kuo, B. C. H., Constantino, M. J., & Goldfried, M. R. (2019). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration*, *29*(4), 325–337. https://doi.org/10.1037/int0000131

Taylor, R. J., Chatter, L. M., & Joe, S. (2011). Religious involvement and suicidal behavior among African Americans and Black Caribbeans. *Journal of Nervous and Mental Disease, 199*(7), 478–486. https://doi.org/10.1097/NMD.0b013e31822142c7

Teo, A.R., Andrea, S.B., Sakakibara, R. et al. (2016). Brief gatekeeper training for suicide prevention in an ethnic minority population: a controlled intervention. *BMC Psychiatry 16*, 211 https://doi.org/10.1186/s12888-016-0924-4

Thompson, M. P., Kingree, J. B., & Lamis, D. (2019). Associations of adverse childhood experiences and suicidal behaviors in adulthood in a U.S. nationally representative sample. *Child: Care, Health & Development*, *45*(1), 121–128. https://doi.org/10.1111/cch.12617

Thunberg. S. & Arnell, L. (2022) Pioneering the use of technologies in qualitative

research – A research review of the use of digital interviews, International Journal of Social Research Methodology, 25:6, 757-768, DOI: 10.1080/13645579.2021.1935565

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, *48*, 388–396. https://doi.org/10.1111/j.1365-2648.2004.03207.x

Todd, K. H., Deaton, C., D'Adamo, A. P., & Goe, L. (2000). Ethnicity and analgesic practice. *Annals of Emergency Medicine*, *35*(1), 11–16. https://doi.org/10.1016/s0196-0644(00)70099

Todd, K. H., Samaroo, N., & Hoffman, J. R. (1993). Ethnicity as a risk factor for inadequate emergency department analgesia. *JAMA*, *269*(12), 1537–1539. https://doi.org/10.1001/jama.1993.03500120075029

Torres-Harding S. R., Andrade A. J., Romero Diaz C. E. (2012). The Racial Microaggressions Scale (RMAS): A new scale to measure experiences of racial microaggressions in people of color. *Cultural Diversity and Ethnic Minority Psychology*, 18(2), 153–164.

Tomek, S., Hooper, L. M., Church, W. T., II, Bolland, K. A., Bolland, J. M., & Wilcox, K. (2015). Relations among suicidality, recent/frequent alcohol use, and gender in a Black American adolescent sample: A longitudinal investigation. *Journal of Clinical Psychology*, *71*(6), 544–560. https://doi.org/10.1002/jclp.22169

Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature Reviews Disease Primers*,

5(1), 1–22. https://doi.org/10.1038/s41572-019-0121-0

United States Census Bureau. (2022). *About the topic of race*. https://www.census.gov

United States Department of Health & Human Services. (2021). *The surgeon general's call to action on suicide prevention*. https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf

Unutzer, J., Tang, L., Oishi, S., Katon, W., Williams, J. W., Hunkeler, E., Hendrie, H., Lin, E. H. B., Levine, S., Grypma, L., Steffens, D. C., Fields, J., & Langston, C. (2006). Reducing suicidal ideation in depressed older primary care patients. *Journal of American Geriatric Society*, *54*(10), 1550–1556. https://doi.org/10.1111/j.1532-5415.2006.00882.x

Vogel, D. L., Wester, S. R., Hammer, J. H., & Downing-Matibag, T. M. (2014). Referring men to seek help: The influence of gender role conflict and stigma. *Psychology of Men & Masculinity*, *15*, 60–67. https://doi.org/10.1037/a0031761

Vygotsky, L. (1978). Interaction between learning and development. In M. Gauvain & M. Cole (Eds.), *Readings on the development of children* (pp. 34–41). Scientific American Books. https://ia.eferrit.com/ea/a6589cd862231ed3.pdf

Walker, R., Francis, D., Brody, G., Simons, R., Cutrona, C., & Gibbons, F. (2017). A longitudinal study of racial discrimination and risk for death ideation in African American youth. *Suicide and Life-Threatening Behavior*, *47*(1), 86–102. khttps://doi.org/10.1111/sltb.12251

Warfa A. M. (2016). Mixed-methods design in biology education research: approach and uses. *CBE life sciences education*, *15*(4), https://doi.org/10.1187/cbe.16-01-0022

Wasserman, D., Carli, V., Iosue, M., Javed, A., & Herrman, H. (2021). Suicide prevention in childhood and adolescence: a narrative review of current knowledge on risk and protective factors and effectiveness of interventions. *Asia-Pacific Psychiatry*, *13*(3), e12452. https://doi.org/10.1111/appy.12452

Wasserman, D., Hoven, C. W., Wasserman, C., Wall, M., Eisenberg, R., Hadlaczky, G., Kelleher, I., Sarchiapone, M., Apter, A., Balazs, J., Bobes, J., Brunner, R., Corcoran, P., Crosman, D., Guillemin, F., Haring, C., Louse, M., Kaess, M., Khan, J., & Carli, V. (2014). School-based suicide prevention programmes: The SEYLE cluster randomised, controlled trial. *Lancet*, *385*(9977), 1536–1544. https://doi.org/10.1016/S0140-6736(14)61213-7

Webber-Ritchey K.J., Aquino E, Ponder T.N., et al. (2021). Recruitment strategies to optimize participation by diverse populations. *Nursing Science Quarterly*. *34*(3):235-243. doi:10.1177/08943184211010471

Weiss, R. S. (1994). *Learning from strangers: The art and method of qualitative interviews*. Free Press.

Williams D. R. (2018). Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *Journal of health and social behavior*, *59*(4), 466–485. https://doi.org/10.1177/0022146518814251

Woodall W. H., Zhao M. J., Paynabar K., Sparks R., Wilson J. D., (2017) An overview and perspective on social network monitoring, *IISE Transactions, 49*:3, 354-365, DOI: 10.1080/0740817X.2016.1213468

World Health Organization. (2013). *Mental health action plan 2013–2020*.

https://apps.who.int/iris/handle/10665/89966

World Health Organization. (2016). *World health statistics 2016 [OP]: Monitoring health for the sustainable development goals (SDGs)*.

Wyman, P. A. (2014). Developmental approach to prevent adolescent suicides: Research pathways to effective upstream preventive interventions. *American Journal of Preventive Medicine*, *47*(3), S251–S256. https://doi.org/10.1016/j.amepre.2014.05.039

Wyman, P. A., Brown, C. H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q., Walsh, E., Tu, X., & Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health*, *100*(9), 1653–1661. https://doi.org/10.2105/AJPH.2009.190025

Yule, K., Houston, J., & Grych, J. (2019). Resilience in children exposed to violence: A meta-analysis of protective factors across ecological contexts. *Clinical Child and Family Psychology Review*, 22, 406–431. https://doi.org/10.1007/s10567-019-00293-1

Zapolski, T. C., Fisher, S., Hsu, W. W., & Barnes, J. (2016). What can parents do? Examining the role of parental support on the negative relationship between racial discrimination, depression, and drug use among African American youth. *Clinical Psychological Science: A Journal of the Association for Psychological Science*, *4*(4), 718–731. https://doi.org/10.1177/2167702616646371

Appendix A: Demographic Information

Asked in the interview:

1. Year of Birth:
2. Place of Birth:
3. Marital Status: Single, Married, Widowed
4. Education: School Aged, High School, College,
5. Highest Degree Obtained: Assoc, Bach, Mast, PhD
6. Racial Identity:
7. Sexual Identity:
8. Sexual Orientation:

Appendix B: Exclusion From Research Notice

Hello,

I am contacting you first and foremost to thank you for your interest in participating in the study of The Collected Voices of Black Youth on Their Perceptions of Suicide. Unfortunately, you have been excluded from this study because (Choose an item). Thank you for taking the time to express interest.

Sincerely,

Carlos Brown, MSW

Doctoral Student

Walden University

If you or someone you know is struggling with a mental health crisis, please call 1-800-273-8255 or text HOME 741-741 for free 24/7 Support.

Appendix C: Interview Script and Questions Age 12–25

Hi good _____, (morning, afternoon, evening)

Thank you for being willing to participate in my study: *The Collected Voices of Black Youth on Their Perspectives of Suicide.*

I am Carlos Brown, a doctoral student at Walden University. The interview we will conduct today will be with only the youth. When we are done there will be a debrief option that will only disclose information regarding risk to self or others.

Questions:

1. How do you feel about this interview?
    - If need help - Scale of 1-5 (1 being bad and 5 being good)
2. First, I will ask a few questions to confirm demographics?
    - How old are you?
    - Do you identify as Black, African American or Bi-racial with Black or African American heritage?
    - Year of Birth:
    - Place of Birth:
    - Marital Status: Single, Married, Widowed
    - Education: School Aged, High School, College,
    - Highest Degree Obtained: Assoc, Bach, Mast, PhD
    - Racial Identity:
    - Sexual Identity:
    - Sexual Orientation:
3. What is suicide?
4. How does your community view suicide?

5. What would cause someone to think about suicide?
6. How do Black youth perceive the influence of social or cultural factors on suicide?
7. What do you believe causes someone to attempt suicide?
8. What are factors that might protect (stop) someone from attempting suicide?
9. What cultural factors do Black youth perceive as important in suicide prevention efforts?
10. What can be done to prevent suicide?
11. If you or someone you knew was suicidal, what would you do?
12. What efforts have you seen or know about to reduce suicide?
    - In general?
    - Specific to your community (church, school, and more.)
13. Would you like to share any other thoughts you have regarding suicide?
14. How do you feel after this interview?
    - If need assistance - Scale of 1-5 (1 being bad and 5 being good)

Debrief (Minors)

1. Invite Guardian back into the room (if applicable)
2. Discuss any concerns (if applicable)
    - During the interview _____ (you) expressed that they (you) could be at risk

- Or due to the nature of the topic, youth may more openly discuss suicide with you for themselves or their peers, this is how you could help them: by supporting them, access the crisis line at **1-800-273-8255 (988 effective July 16th) or text HOME 741-741 for free 24/7 Support, or receive support for local support like the emergency room or community health agency**
- Do you feel your youth is safe? Or that you have the resources to keep your youth safe should you need them? If not – would you like to have more support with creating a safety plan?

3. If no concerns, thank both for attending and explain how the preferred method of receipt of the $25.00 gift card, via email or mailed addressed to the participant.

Debrief (18-25)

1. Thank them for participating
2. Discuss any concerns (if applicable)
   - During the interview (you) expressed _____ and that (you) could be at risk
   - Or due to the nature of the topic, and current stressors I want to ensure that you have resources available to you, access the crisis line at **1-800-273-8255 (988 effective July 16th) or text HOME 741-741 for free 24/7 Support, or receive support for local support like the emergency room or community health agency**

- Do you feel you are safe? Or that you have the resources to keep you safe should you need them?
- If not – would you like to have more support with creating a safety plan?

3. If no concerns, thank both for attending and explain how the preferred method of receipt of the $25.00 gift card, via email or mailed.

Closure

Do you have any questions for me? Do you know of anyone else who would like to be interviewed? (If so, please have them contact me.) As a reminder, there will be not any identifying information used in the study. Again, thank you so much for your time and thoughtful responses. I really appreciate you. To express my appreciation for your participation, you will receive a $25.00 gift card that can be emailed to you or mailed. Can you verify your email address/where you would like the gift card mailed to?

Appendix D: Field Memo

Date:

Thoughts:
Take-Aways:
Resolutions (If needed):
Areas of improvement: