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Crystal L. Barksdale, PhD, MPH
Minority Mental Health Research Program
Office for Disparities Research and Workforce Diversity
6001 Executive Boulevard, Room 7212
Bethesda, MD 20852

Submitted Electronically

RE: NOT-MH-20-055 – Notice of Special Interest in Research on Risk and Prevention of Black Youth Suicide

Dear Dr. Barksdale,

The Association of American Medical Colleges (AAMC) is pleased to submit comments regarding the National Institute of Mental Health (NIMH)'s Notice of Special Interest in Research on Risk and Prevention of Black Youth Suicide.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Additional information about the AAMC is available at aamc.org.

In the United States in 2017, suicide was the second leading cause of death for individuals aged 10 to 24 years old.¹ While ensuring mental health for all youth in the US is a priority, certain young people, including those from the Native American, sexual and gender minority, and Black communities are at disproportionate risk for ideation, attempts, and, tragically, completion. The AAMC is grateful that through the efforts of the Congressional Black Caucus' (CBC) Emergency Task Force as well as this Notice of Special Interest, the NIH and the Federal government are focusing on the research needed to ensure and enhance mental health treatment and suicide prevention for Black youth, specifically. We encourage future efforts to

¹ Curtin, S.C. Heron, M. (2019). National Center for Health Statistics. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017.

focus on young people from other communities experiencing mental health and suicide inequities.

As noted by the CBC's 2019 report "Ring the Alarm: The Crisis of Black Youth Suicide in America," the correlates and causes of increased suicidality among Black youth are complex and span individual-, familial-, community- and societal-level factors. At the individual and familial levels, research has shown Black Americans might be less willing to discuss and disclose mental health issues due to fear of stigmatization or due to the belief that symptoms will abate on their own.^{2,3} The dearth of Black mental health providers may also contribute to decreased willingness to seek care.⁴ Black families are also almost twice as likely as white families to be uninsured, decreasing access to mental health services. In 2018, nearly 60% of young Black adults ages 18-25 with serious mental illness did not receive any treatment.^{5,6} Evidence also suggests that Black people in the US with mental illness are far more likely to end up in prison than in mental health treatment, a pattern that begins far earlier with Black youth, who are significantly more likely to experience school-based discipline than their white peers are for the same behavior.^{7,8} The impact of this pervasive, long-standing, and enduring racism at both individual- and societal- levels has significant effects on the mental health of Black youth, and those effects may persist into adulthood.⁹

The AAMC has focused its recommendations for future research into five domains that reflect the complexities and interrelations between these risk factors. AAMC encourages NIMH to increase support and funding for:

Research that engages youth and parents as Co-Investigators and partners

- We urge the NIMH to fund research that takes a life course perspective to suicide prevention and is predicated on liaising with Black youth to develop, implement, and evaluate efforts.
- Building trusted relationships with Black youth and their families is a critical part of discovering both facilitators and barriers to suicide prevention among this population.

² Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185-194.

³ Anglin, D.M., Alberti, P.M., Link, B.G. *et al.* (2008). Racial Differences in Beliefs About the Effectiveness and Necessity of Mental Health Treatment. *Am J Community Psychol* 42(17).

⁴ American Psychological Association. (2017). Demographic characteristics of APA members by membership characteristics. Retrieved from <https://www.apa.org/workforce/publications/17-member-profiles/table-1.pdf>

⁵ Kaiser Family Foundation. (2020). Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018.

<https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>

⁶ CDC. (2019). Summary Health Statistics: National Health Interview Survey: 2017. Table A-7. <https://www.cdc.gov/nchs/nhis/shs/tables.htm>

⁷ American Psychiatric Association. (2017). Mental Health Disparities: African Americans. <https://www.psychiatry.org/Filepercent20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf>

⁸ Riddle, T., & Sinclair, S. (2019). Racial disparities in school-based disciplinary actions are associated with county-level rates of racial bias. *Proceedings of the National Academy of Sciences*, 116(17), 8255–8260. <https://doi.org/10.1073/pnas.1808307116>

⁹ Assari, S., Moazen-Zadeh, E., Caldwell, C. H., & Zimmerman, M. A. (2017). Racial Discrimination during Adolescence Predicts Mental Health Deterioration in Adulthood: Gender Differences among Blacks. *Frontiers in Public Health*, 5, 104.

- Research should prioritize and leverage community expertise to ensure and improve efforts to increase mental health care access, utilization, and outcomes among Black youth.

Research at the intersection of identities

- We recommend NIMH support future research that explores intersecting factors that may increase the risk of suicide among Black youth.
- Research at the intersection of identities such as race, gender, sexual orientation, socioeconomic status, and other demographic variables can highlight the impact of various intersecting effects on the suicide risk of Black youth.¹⁰
- Furthermore, this research can lead to the development of community-based prevention interventions and other strategies to aid in the mitigation of suicide risks.

Multi-sector engagement and systems science

- We recommend that the NIMH support research that trains other stakeholders (e.g., social workers, community health workers, faith leaders) in mental health screening and referral and engages sectors beyond public health and health care.
- Multi-sector research will undoubtedly promote a better understanding of available assets and best practices for a more effective mental health care system for Black youth.
- Suicide prevention among Black youth will require identifying *all* relevant players (e.g., education, community, business, politics, entertainment) and understanding how these sectors can best work together to enhance prevention and increase treatment seeking and availability for Black youth with mental health needs.

Research that helps us reimagine school health and training

- Research shows that there are differences in school-based behavioral health services usage among racial and ethnic minority children.¹¹
- We recommend that the NIMH support research that develops new models for in-school behavioral supports which are culturally responsive and create a positive and inclusive school culture.
- The Oakland Unified School District utilizes two innovative models to strengthen school communities: Positive Behavioral Intervention and Supports (PBIS) and Restorative Justice.¹²

¹⁰ 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.

¹¹ Locke, J., Kang-Yi, C. D., Pellecchia, M., Marcus, S., Hadley, T., & Mandell, D. S. (2017). Ethnic Disparities in School-Based Behavioral Health Service Use for Children with Psychiatric Disorders. *The Journal of school health*, 87(1), 47–54.

¹² Oakland Unified School District-Restorative Justice. (2021). <https://www.ousd.org/Page/12326>

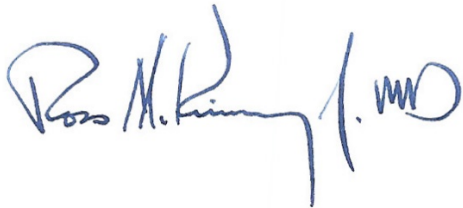
- Further research and evaluation of these models will ensure that students, staff, and families are equipped to address challenges together and create healthier school environments.¹³

Gun violence research

- We recommend that the NIMH support and increase funding for research related to firearm violence and its relationship, via trauma and stress, to Black youth mental health and suicide risk.
- We recommend that the NIMH support and increase funding for research that investigates the impact of gun control policies on prevention of Black youth suicide.

The AAMC appreciates the opportunity to comment on research into prevention of Black youth suicide and remains committed to work with NIMH on this issue. Please do not hesitate to contact Philip M. Alberti, PhD, AAMC's Senior Director, Health Equity Research and Policy with any questions or to follow up.

Sincerely,

A handwritten signature in blue ink that reads "Ross M. McKinney Jr., MD". The signature is stylized and cursive.

Ross McKinney Jr., MD
Chief Scientific Officer

¹³ The Center on Positive Behavioral Interventions and Supports (2021). <https://www.pbis.org/>