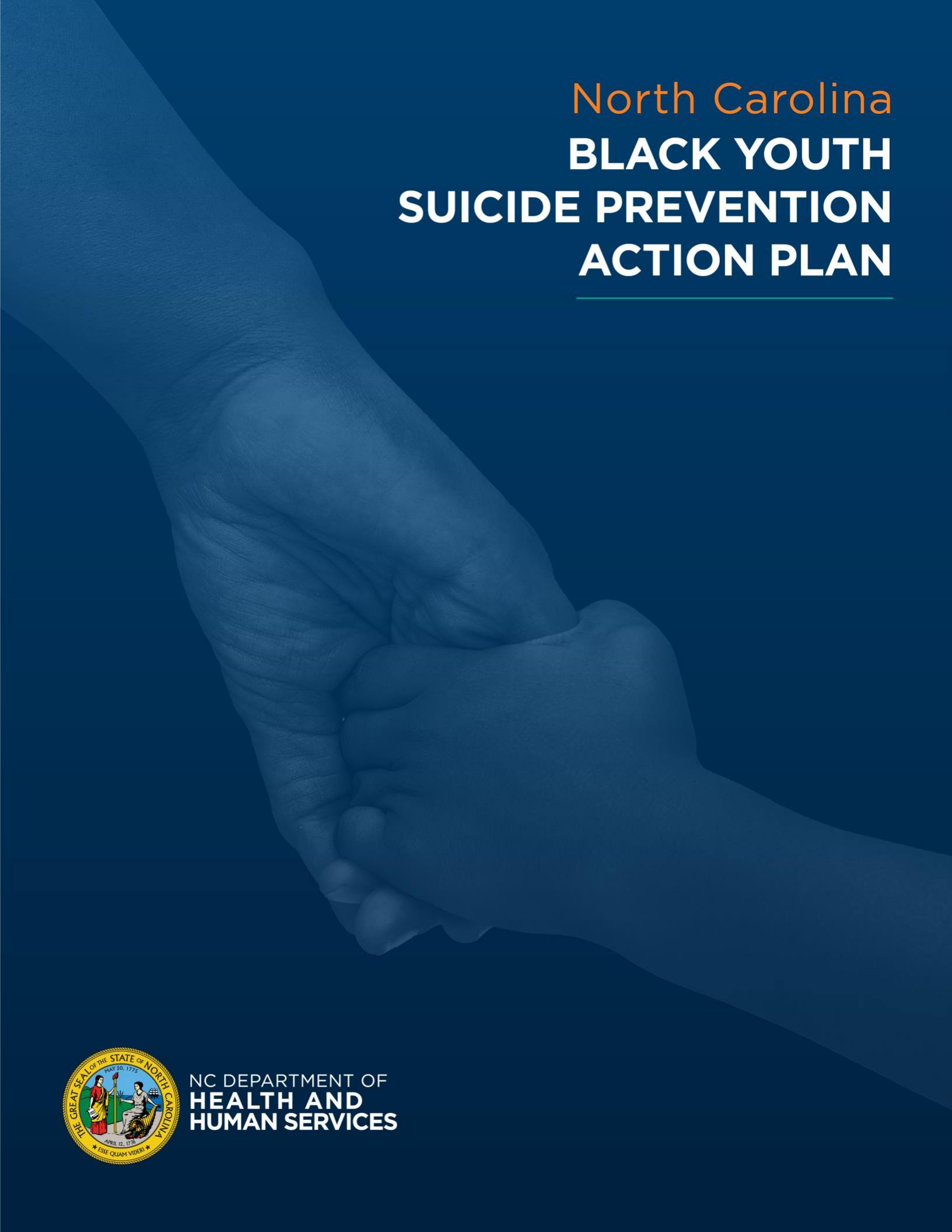


North Carolina

BLACK YOUTH SUICIDE PREVENTION ACTION PLAN

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Development of the North Carolina Black Youth Suicide Prevention Action Plan

Background

Suicide represents a complex and significant public health issue with enduring consequences for individuals, families, and communities. Specific populations have experienced alarming increases in the rates of suicidal behavior and deaths by suicide. Notably, there has been a concerning national rise in suicide rates among Black youth and young adults (Congressional Black Caucus, 2019). To effectively tackle suicide prevention in this demographic, a grassroots/ground-up approach is essential, as previous initiatives have not adequately addressed the specific needs of this diverse group (Sheftall & Boyd, 2022). Additionally, the 2024 US National Strategy for Suicide Prevention is a 10-year plan that emphasizes strategic directives, with the fourth strategy specifically addressing health equity in suicide prevention (U.S. Department of Health and Human Services, 2024).

In NC, suicide ranks as a leading cause of death for people aged 10-24. Specifically, it is the second leading cause of death among youth aged 10-18 and the third leading cause for those aged 19-34 (North Carolina Department of Health and Human Services [NCDHHS], 2024). Analysis of suicide data from North Carolina reveals concerning results among Black youth and young adults (NCDHHS, 2024; Richardson et al., 2024). Notably, around 16.9% of high school students and 36.6% of Black middle school students reported experiencing serious thoughts of suicide (North Carolina Department of Instruction, 2024). Furthermore, a review of statewide data from 2013 to 2022 indicates that suicide death rates peaked at age 24 for both Black males and females.

Accordingly, this NC Black Youth Suicide Prevention Action Plan outlines specific initiatives to be implemented over the next five years aimed at reducing injury and death by suicide among Black youth and young adults. This targeted initiative advances the broader objective of suicide prevention across all populations, with a focused emphasis on addressing the needs of a group that is disproportionately affected.

About this Plan

The overall goal of this plan is to align suicide prevention initiatives in NC with the 2024 US National Strategy for Suicide Prevention. Specifically, this plan develops an NC implementation plan for “Strategic Direction 4: Health Equity in Suicide Prevention.”

We specifically address the four goals outlined in Strategic Direction 4, which are as quoted below:

- **GOAL 12:** Embed health equity into all comprehensive suicide prevention activities.
- **GOAL 13:** Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on communities which have been historically marginalized, people with suicide-centered lived experience, and youth.

- **GOAL 14:** Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of the communities they serve.
- **GOAL 15:** Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the lifespan through improved data, research, and evaluation.

In July 2024, NC participated in the 2nd Annual Substance Abuse Mental Health Services Administration (SAMHSA) Black Youth Suicide Prevention Policy Academy in Bethesda, Maryland. Under the direction of Hannah Harms (NC Suicide Prevention Coordinator), state experts and leaders were invited to participate in the NC Black Youth Suicide Prevention Planning Team. The team included representatives from the following organizations: (1) NCDHHS Division of Public Health, (2) NC DPI, (3) Village of Care Community Organization, (4) Village HeartBEAT, Inc., (5) UNC Suicide Prevention Institute, (6) UNC School of Social Work, (7) NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services and (8) Young Adult with lived experience.

Sonyia Richardson, Ph.D., M.S.W. (UNC School of Social Work and UNC Suicide Prevention Institute) was appointed by SAMHSA as the subject matter expert. Dr. Richardson and Ms. Harms guided the team through developing and formulating the initial version of the NC plan. In addition, the team organized listening sessions via Zoom and in person on October 10, 2024, November 14, 2024, and November 19, 2024, to gather additional public input to develop the plan. The information was then compiled to create the working draft of a five-year suicide prevention plan (2025-2029). The Black Youth Suicide Prevention Leadership Team is committed to overseeing, implementing, and leading this crucial plan and potentially serving as a model for other states.

The development of this plan incorporated suicide data, evidence-based prevention strategies, and insights from subject matter experts as well as individuals with lived experience. Additionally, it drew on the national reports Ring the Alarm: The Crisis of Black Youth Suicide in America and Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide published by the Congressional Black Caucus (CBC) Emergency Taskforce on Black Youth Suicide and Mental Health and The Johns Hopkins Bloomberg School of Public Health Center for Gun Violence Solutions, respectively. These reports detail mental health trends among Black youth and recommend policies and strategies to address these issues. The action plan is structured to align with the findings and recommendations from these reports. It also can serve as a model for focused suicide prevention planning and activities for other populations who have been marginalized.

Data and Justification

Suicide, the intentional act of taking one's own life, is a serious public health issue at national, state, and local levels. While NC has a statewide action plan for suicide, targeted strategies are needed to specifically address the unique needs of Black youth in the state. This action plan aims to bridge this gap by implementing tailored suicide prevention approaches for Black youth in NC.

Suicide Deaths among Black Youth and Young Adults

From 2013-2022, approximately 1,843 non-Hispanic (NH) Black North Carolina residents ages 10 to 24 died as a result of violence (NC Department of Health and Human Services [NCDHHS], 2024). Of these violent deaths, 377 (20.5%) were suicides. Males consistently had a higher number of suicides than females, regardless of age, except among 15-year-olds. Additionally, the number of suicide deaths peaked for NH Black males at age 24 (37 suicides) and for NH Black females at age 24 (9 suicides). Fifty-three percent (52.7%) of female and 35.7% of male suicide victims were characterized as having a current mental health problem when they died by suicide. A similar trend was observed for mental health treatment. Females (33.8%) were more likely than males (19.6%) to be receiving treatment for a current mental health problem at the time of suicide. Twenty-seven percent (27.0%) of female and 27.9% of male suicide victims had an intimate partner problem. Fifty-one percent (51.4%) of female and 49.6% of male suicide victims had experienced a recent or imminent crisis. Twenty-six percent (25.7%) of female and 28.2% of male suicide victims had disclosed their suicide intent to someone else before they died. Females (29.7%) were more likely to leave a suicide note than males (21.4%, NCDHHS, 2024).

Among NC NH Black youth and young adults dying by suicide from 2013-2022, the most common method of suicide was firearms (54.9%), followed by hanging, strangulation, and suffocation (32.6%, NCDHHS, 2024). There are opportunities for increasing outreach regarding gun locks and strategies to decrease access to lethal means among this population. Child Access Prevention (CAP) laws, as well as safe storage laws, have reduced suicide by firearm as well as firearm homicides among youth (Smart, 2024). Previous efforts to introduce legislation focused on safe storage policy failed to progress beyond the initial proposal stage. However, local initiatives have been implemented to promote safe storage, including Project Child Safe, Lock It For Love, and other grassroots efforts. (Hoban, 2022). Notably, between 6 to 32% of youth suicides and firearm-related injuries could be prevented with proper storage and motivation through educative means for adults to lock up their firearms (Monuteaux et al., 2019).

Suicidal Behaviors among Black Youth and Young Adults

A review of 2023 data indicated that Black populations were overrepresented in emergency department (ED) visit data for suicidal ideation and self-injury (NCDHHS & UNC School of Medicine, n.d.). More specifically, age groups of 10-24 are overrepresented in ED visit data for suicidal ideation and self-inflicted injury, demonstrating that this is a significant problem facing young Black people. A review of January - March 2024 self-inflicted data among Black youth and young adults ages 10-24 indicated that rates of self-inflicted injury ED visits peaked during 2023 and are on track to be higher in 2024. From 2022-2024, Black youth self-inflicted injury ED visits appear to peak during the months of January, March, May, August, and October. Rates of self-inflicted injury ED visits were highest among females, Black residents, and children when examining ages 10-18. Similar to causes of self-inflicted injury hospitalizations, most NH Black youth self-inflicted injury ED visits from January to March 2024 were due to medication/drug poisoning (55.0%, NCDHHS & UNC School of Medicine, n.d.). Preventing self-injury among Black youth and young adults may require attention to safe medication storage and limiting access. There is a lack of research into safe storage practices of controlled medications within adolescents' homes despite the fact that deaths by poisoning are rising among this population. Improper storage of medicines prescribed to adolescents, from locked cupboards to lack of supervision from caregivers, may facilitate adolescents' risk of lethal poisoning (Ross-Durow et al., 2014).

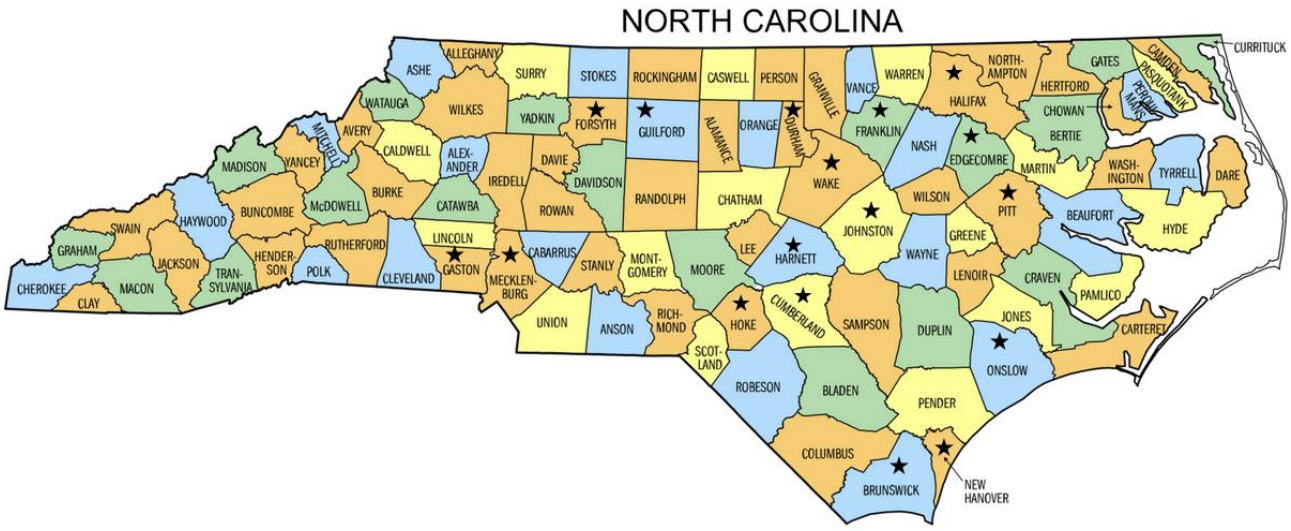
Further, an analysis of the 1991-2019 Centers for Disease Control and Prevention Youth Risk Behavioral Surveillance System data was analyzed for 17,419 ethnoracially minoritized high school adolescents in NC (Richardson et al., 2023). Findings indicated that Black female adolescents unsure of their sexual orientation reported the highest rates of suicide attempts among all ethnoracial subgroups (Richardson et al., 2023). This data indicates the need for suicide prevention efforts to target diverse identities.

Crisis Call Data among Black Populations

A review of aggregated data from 988 indicates that Black populations in NC utilize fewer 988 services than white residents (NCDHHS, 2023-2024). The call rates peak in quarter one of 2023 and gradually decline until quarter two of 2024. The rates have increased since quarter three of 2024 and peaked again in quarter four of 2024 (NCDHHS, 2023-2024). Targeted outreach for 988 utilization among this population may be helpful for prevention and crisis stabilization efforts.

An examination of NC suicide data among Black youth populations ages 10-24 illuminates a pressing and critical need for immediate suicide prevention and intervention efforts in 17 counties. These counties were found to have the highest rates of Black youth suicides based on population statistics and/or the highest call volume to the 988 Crisis and Suicide Hotline, commensurate with at least 25% representation of Black residents. There is a need for a statewide effort and an urgency to have concentrated and strategic outreach in higher-risk areas. Based on data, the 17 counties with a need for more concentrated outreach include the following: (1) Durham, (2) Guildford, (3) Wake, (4) Mecklenburg, (5) Forsyth, (6) Pitt, (7) Gaston, (8) Johnston, (9) Cumberland, (10) Harnett, (11) Onslow, (12) Brunswick, (13) Edgecombe, (14) Franklin, (15) Halifax, (16) Hoke, and (17) New Hanover.

Figure 1. Statewide Effort and Concentrated Counties of Focus



Barriers to Care Among Black Youth Populations

Black families experience significant barriers to their access to mental and medical health services from a variety of socio-economic and cultural factors (Akkas & Corr, 2024; Summers et al., 2021). Limited healthcare coverage often prevents families from accessing affordable care. In regards to medical care and prevention, effective cultural communication methods from providers, lack of access to a provider with a shared identity, and lack of cultural experience all impede care efforts for Black families and limit the number of providers they can easily access. Culturally, there also exists a stigma associated with seeking out mental health services within Black communities, impacting behavior that would encourage them to seek professional help regarding mental health (Akkas & Corr, 2024). These factors compound to create individual and systemic barriers to Black youth and families accessing and utilizing mental and medical health care services.

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Hannah Harms | Suicide Prevention Coordinator, NCDHHS and UNC Suicide Prevention Institute

Sonyia Richardson, Ph.D., M.S.W. | UNC Chapel Hill, UNC Suicide Prevention Institute

Brittany Jones, MA, LCAS, CCS | Crisis Team Lead NCDHHS

Isley Cotton, MSW, Mdiv | Youth Suicide Prevention Coordinator, NCDHHS

Pachovia Lovett, MSW | School Social Work Consultant, NC DPI

Rodney Harris, Ph.D, LCMHC-S | UNC Suicide Prevention Institute

Bettie Murchison | Village of Care

Reggie Love, Jr. | UNC Chapel Hill

Pastor Jordan Boyd | Rockwell AME Zion Church

Margaret Phipps-Bennett, MSW, LCSW | UNC Chapel Hill

Austin Trujillio, BSW | UNC Charlotte

Nyree Beachum, BSW, MSW | UNC Charlotte

North Carolina Black Youth Suicide Prevention Action Plan Version of 11/2/2024

This NC Black Youth Suicide Prevention Action Plan includes evidence-based strategies and promising practices to prevent death by suicide, suicidal behaviors, and self-injury among Black youth and young adults in NC. This focused initiative supports the overarching goal of suicide prevention for all populations by addressing the needs of a population that is disproportionately impacted.

Focus Areas

1. **Increase coordination of infrastructure across NC**
2. **Increase peer support services**
3. **Increase community awareness and education**
4. **Reduce access to lethal means**
5. **Increase protective factors**

Action Plan

OBJECTIVE 1: Establish the Community of Practice and Education (COPE) initiative to lead, develop, and champion suicide prevention efforts targeting Black youth and young adults in North Carolina.

Goals:

- Identify and recruit strategic partners from across the state.
- Foster connections and collaboration with COPE initiatives in other states.
- Create a structured COPE framework that includes representation of Black youth.
- Implement a regular meeting schedule and organize an annual conference to support ongoing efforts.

OBJECTIVE 2: Strengthen supportive mental health services for Black youth, incorporating both peer support specialists and peer-to-peer support systems.

Goals:

- Identify and assess existing resources and support systems for Black youth suicide prevention.
- Develop a comprehensive toolkit tailored for Black youth from elementary through high school ages.
- This toolkit will be designed to support the implementation of pilot programs for suicide prevention through peer support initiatives.
- To identify and increase access to evidence-based and culturally tailored treatment.

OBJECTIVE 3: Enhance awareness and training for suicide prevention, specifically for Black youth.

Goals:

- Develop and provide training for community support roles, including youth, on safe and supportive suicide prevention practices.
- Identify and use the most effective language to communicate these initiatives.
- Design and launch a targeted 988 campaign specifically for Black youth.
- Integrate youth perspectives and voices throughout the initiative.

OBJECTIVE 4: Reduce access to lethal means among Black youth.

Goals:

- Promote safe storage practices for firearms, medications, substances, and other potentially lethal items, including the use of gun locks, medication disposal methods, and lock boxes.
- Educate families of Black youth on the importance of safe storage practices, emphasizing voluntary and temporary measures.
- Increase awareness of safe storage practices through targeted campaigns for key stakeholders.
- Align safe storage messaging with statewide initiatives while adapting it to address specific needs within the community.

OBJECTIVE 5: Strengthen protective factors for Black youth to support mental well-being.

Goals:

- Define and prioritize protective factors as identified by diverse groups of Black youth.
- Identify, create, and promote wellness-centered spaces for Black youth.
- Connect Black youth with mentors to provide guidance and support.
- Build a supportive ecosystem to address social determinants impacting mental health.
- Expand education on building healthy relationships.
- Foster the development of effective coping skills for Black youth.

OBJECTIVE 6: Establish a comprehensive understanding of the suicide prevention needs of Black youth through data analysis and reporting to inform targeted interventions and increase awareness.

Goals:

- Gather and analyze the quantitative and qualitative data to create a one-page summary and presentation highlighting the critical need for suicide prevention efforts.
- Build upon and expand current qualitative data to deepen understanding.
- Gather data on the suicide prevention plan activities.

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