'i'm Never Saying A Damn Word Again': Approaches To Community Support And Help Seeking Among Black Youth Experiencing Suicidal Thoughts

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‘I’m never saying a damn word again’: Approaches to community support and help seeking among Black youth experiencing suicidal thoughts

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Master of Public Health
2021

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April 2nd, 2021
Acknowledgements

I would like to begin by thanking Drs. Ashley Hagaman and Kirsty Clark for their mentorship, support, and contributions to this research project. I am forever grateful for the time and energy they contributed in helping me shape this research study. I would additionally like to thank Dr. Trace Kershaw and the Department of Social and Behavioral Sciences for the grant I received that enabled this research to be conducted. Finally, I would like to thank all participants who shared their stories with vulnerability and grace.
ABSTRACT

Background. Suicidal behavior among Black youth is rising in the United States, yet little is known about how Black Youth engage and navigate suicidality. While we know that suicide ideation and death by suicide is decreasing overall among youth in the U.S., incidences of death by suicide are still rising among Black youth. There is very little understanding of what community support is accessible to Black youth who are experiencing suicidality. The present study examines how Black young adults who experienced suicidality in their youth turned to their social support systems and communities for support. Method. Seventeen semi-structured in-depth interviews were conducted between February 2020 and March 2020 with Black young adults [range=18-25] who reported experiencing suicidal thoughts and/or behaviors during their childhood [range=7-17]. Drawing upon a grounded theory approach, the analysis generated themes related to interpersonal relationships and community supports during the youth’s period of suicidality in order to understand their approach to seeking help. Results. Two central themes detailed Black youth’s experience turning to their social support systems while experiencing suicidality. First, participants described how they believed that seeking help would only further isolate them and perhaps even make their life worse. Drawing upon past experiences, both their own and others, Black youth saw that expressing negative emotions could result in getting in trouble with their parents, their friends ostracizing them, or their educators revealing their suicidality to the school or to their parents. Second, participants described a strong sense of responsibility to their communities (e.g., family, peer group, school) and how the interpersonal roles they played in those communities prevented them from disclosing their suicidality and seeking help. Although participants often felt isolated from their communities, they still perceived themselves as integral pieces of them. This dichotomy infused a sense of guilt at the idea of further burdening their communities or leaving their communities to deal with the aftermath of their suicide. Conclusion. We uncovered novel Black youth-specific experiences that were associated with hesitancy to disclose their suicidality, limited help-seeking, and elucidated the impact of community on Black youth’s suicidality. Findings delineate important considerations for suicide prevention messaging and interventions for this understudied and vulnerable population.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Pages</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-5</td>
<td>1. Intro</td>
</tr>
<tr>
<td>5-6</td>
<td>2. Protective factors against suicide</td>
</tr>
<tr>
<td>7-9</td>
<td>3. Methods</td>
</tr>
<tr>
<td></td>
<td>3.1 Participants</td>
</tr>
<tr>
<td></td>
<td>3.2 Data collection</td>
</tr>
<tr>
<td></td>
<td>3.3 Data analysis</td>
</tr>
<tr>
<td>9-20</td>
<td>4. Results</td>
</tr>
<tr>
<td></td>
<td>4.1 Hierarchy of Communities</td>
</tr>
<tr>
<td></td>
<td>Guided Help Seeking Behavior</td>
</tr>
<tr>
<td></td>
<td>4.2 Getting help will further isolate and make life worse</td>
</tr>
<tr>
<td></td>
<td>4.3 Responsibility to communities</td>
</tr>
<tr>
<td>20-24</td>
<td>5. Discussion</td>
</tr>
<tr>
<td></td>
<td>5.1 Getting help will just further isolate and make life worse</td>
</tr>
<tr>
<td></td>
<td>5.2 Responsibility to communities</td>
</tr>
<tr>
<td></td>
<td>5.3 Limitations</td>
</tr>
<tr>
<td></td>
<td>5.4 Interventions and Implications</td>
</tr>
<tr>
<td>24</td>
<td>6. Conclusion</td>
</tr>
</tbody>
</table>

FIGURES

Figure 1 Hierarchy of communities and the barriers that prevented seeking help.
Figure 2 Help seeking methods participants either engaged in or considered.
Figure 3 Cycle created by thwarted belongingness.
Figure 4 Cycle created by the responsibility participants felt to their communities.
1. INTRO

Suicide is a leading cause of death in the United States. Since 1999, rates of suicide have been increasing (CDC, 2018). Beyond the loss of individual life, suicide also has far-reaching effects on the community. Research shows that exposure to suicide—knowing someone who died by suicide—is pervasive and that suicide-exposed people are at an elevated risk for psychopathology and suicidal ideation (Cerel et al., 2016). Among people aged 10 to 24, suicide is the second leading cause of death (NIMH » Suicide, 2020). In addition to suicide being the second leading cause of death, between 2007 and 2017, suicide rates for persons 10 to 24 nearly tripled (CDC, 2019). Although death by suicide has increased, there has been a decrease in self-reported suicidal ideation and plans between 1991 and 2017 amongst adolescents (Lindsey et al., 2019).

When considering data related to sub-populations in the United States, rates of suicide on average are higher among white individuals than Black. But the gap has been narrowing within the past 50 years, as there has been an increase in incidence of suicide death and suicide attempts by Black youth (Joe et al., 2009). A 2015 study found that suicide rates were increasing among Black children aged 5 to 11 years old, while they were decreasing for white children of the same age (Bridge et al., 2018). This study revealed that Black children had a significantly higher incidence of suicide—almost two times—than that of white children between the ages of 5 to 12, whereas the suicide rate is approximately 50% lower than white adolescents aged 13 to 17. Additionally, from 1980 to 1995, suicide rates among Black children ages 10 to 14 increased by 233%. Between the years of 2001 and 2017, death by suicide amongst Black males increased by 60% and rates amongst females increased by 82% all between the ages of 5 and 17 (CDC, 1998; Bridge et al., 2018). Although Bridge and colleagues did not have data to illuminate why these findings may have occurred, they were able to eliminate economic recession as a reason due to the findings maintaining consistent over the course of the study period.

Stigma surrounding mental illness is reported at higher rates amongst Black people than white (Brown et al., 2010). This heightened stigma was found to cut across ethnic groups among Black people in the United States as well. One study found that Black U.S. born women, Black Caribbean women, and Black African women all reported higher rates of stigma surrounding mental illness when compared to U.S. born white women (Nadeem et al., 2007). Studies have also shown that suicide is perceived as a non-issue by many in the Black community because it is perceived as a “white thing” (Early & Akers, 1993). The minimization of suicide in the Black community has made conversing about suicide especially challenging (Spates, 2019). Spates and Slatton find that not only are conversations regarding suicide in the Black community often non-existent but that suicide is considered a non-option for Black women due to their
role as care taker (2017). This stigma has been shown to be a serious barrier to help seeking for Black adult’s seeking mental health care (Alvidrez, Snowden, & Kaiser, 2008; Cooper-Patrick et al., 1997; Thompson, Bazile, & Akbar, 2004).

In addition to the stigma surrounding mental illness within the Black community, systematic racism and structures of inequity make accessing mental health care more difficult for Black Americans. Structural barriers that prevent many Black people from seeking mental health care are the cost of care, knowledge of the system, past experiences of racism and discrimination and fear of the system (Richman et al., 2007; Ward, et al., 2009; Copeland & Snyder, 2011). In addition to Black people’s experiences engaging with this structural racism in medicine, mental illness has historically been weaponized against Black people to perpetuate stereotypes of violence (Metzel, 2010). The systematic and historic racism Black people face creates constant barriers and stigma in receiving mental health care.

Current literature has well documented the disparities in suicide and the increasing rate of suicide amongst Black youth. There is also literature discussing the protective factors among Black people in preventing suicide (Wang et al., 2013; Vinson and Oser, 2016; Droege et al., 2017). Large networks of kin, community support, as well as peer support are each associated with decreased suicidality among Black people (Droege et al., 2017; Wang et al., 2013; Vinson & Oser, 2016). Community support consists of support that is organized via kin, peer, religious, community programs and neighborhood networks. Although community support is considered a protective factor, there is very little understanding of what community support is accessible to youth who are experiencing suicidality. Indeed, the perceptions of Black youth who are or were suicidal are often not included in research regarding Black youth’s mental health. While research has analyzed Black youth’s perspectives on help seeking and perceptions on mental health services (Lindsey et al., 2013; Molock et al., 2007), to our knowledge no qualitative research has focused on help seeking for those experiencing suicidal thoughts. The purpose of this research study is to uncover what community supports Black youth experiencing suicidality perceived available to them and what their experience was in seeking help or disclosing to these communities. This study is significant in many ways. First, the author focuses solely on the perspectives of Black people who experienced suicidality during youth which is significant because it contributes unique personal insight from individuals with lived experience as a Black young person experiencing suicidal thoughts. Second, Black people who experienced suicidality in their youth are often not given a space to share their perspectives on the current suicide crisis among Black youth. Thus, this research creates the opportunity for them to share their experience and contribute to public health’s understanding of the aforementioned crisis. Third, this research explores the mechanism regarding stigma, community support, and Black youth’s experiences navigating through them. Finally, the retrospective nature of participants’ perspectives as young adults enables insight and reflection they may have not been free or able to share as children.

2. PROTECTIVE FACTORS AGAINST SUICIDE
Emile Durkheim first presented a comprehensive theory of suicide that focused on suicide at a societal level. Durkheim theorized that lower social integration, the collective consciousness that binds people together, and lower social regulation, the normative and moral demands that create meaning, are key precursors of suicide (Durkheim, 1897). He posited that depending on where one falls on these two axes can determine the reason for which one dies by suicide. In particular, Durkheim hypothesized that low social integration correlates to higher incidence of death by suicide. Theorists have continued the work of Durkheim by considering how social interaction can influence one’s suicidality. Edwin Shneidman discussed the concept of “psychache” seeing damaged relationships as one of the unmet needs experienced that leads to death by suicide (1993). Additionally, Joiner’s Interpersonal Theory of Suicide posits thwarted belongingness—the absence of meaningful connections or the strain of a loss of previously strong relationships—as one of the three factors needed to be present for suicide (2005). The interpersonal nature of suicide is explored by Sanger and Veach’s (2008) work which showed that individuals attempting suicide consider positive and negative aspects of relationships in their notes, and they attempt to maintain and reconcile relationships even in the face of death. Yet deviations from Joiner’s Interpersonal Theory of Suicide have been noted amongst underrepresented minorities in research which demonstrate that it may not be the clearest explanation for the social dynamics these groups parse through when experiencing suicidal thoughts (Gulbas et al., 2019; Pelton et al., 2020).

Research shows that collectivism—a social phenomenon where individuals define themselves as interdependent members of a collective—is a defining characteristic of Black communities within the United States (Cohen and Vandello, 1999; Jagers and Mock, 1995). This further explains how social support is a key protective factor that mitigates the risk of suicide among African Americans (Gibbs, 1997; Droege et al., 2017). Yet, the protective social networks of Black youth can become risk factors when there is family dysfunction, conflict, violence, or interpersonal discord (Gibbs, 1997).

To date, existing suicide theory inadequately explains the reluctance of Black youth experiencing suicidality to seek help from their communities. For example, literature robustly explains stigma surrounding mental illness and suicidality in African American communities (Alvidrez, Snowden, and Patel 2010; Brown, Conner, Koeske, 2009; Brown et al., 2010; Crosby and Marlock 2006) but little insight is offered into how this stigma informs Black youth’s decision making for receiving help when experiencing suicidality.

3. METHODS

This research study employed a grounded theory approach. Grounded theory is used to develop integrated concepts that provide a thorough theoretical explanation of social phenomena under study (Corbin and Strauss, 1990). Through this methodological approach, data—participant’s interviews—drive the developed theory. Thus, allowing the exploration of complex social dynamics that lead to Black youth disclosing and seeking help for their suicidality. The use of a grounded theory approach provided the
opportunity to explore this social phenomenon that is lacking in breadth with little to no paradigms or theories to explain it.

3.1 Participants

Seventeen people from an urban town in Connecticut participated in this study. Eligibility requirements were as follows: a) between the ages 18-25, b) experienced suicidality between the ages of 7 and 17, c) self-identify as Black, d) not currently experiencing thoughts of suicide, and e) fluent in English. Participants were recruited by social media, physician outreach, and word of mouth. Although this sample is not as representative as might have been achieved through other sampling methods, the specificity of the demographic this study aimed to enroll demanded this approach to achieve rich, detailed data. All but two participants were born in the United States and a total of ten participants indicated that at least one of their parents was not American born. Most participants indicated that their first thoughts of suicide began during middle school (between the ages of 11 and 13) with the youngest reported age of onset being seven years old. Eleven participants identified as female, three identified as non-binary, and three identified as male. All participants but one reported some college education. The context in which participants grew up varied widely. Yet all participants described the stressors their parents faced—such as economic instability, racism at work, raising multiple children, marital problems, etc. Many participants were in active psychiatric care at university mental health enter or state run care facilities. Accessing care at either of these places come with various barriers. At university mental health care facilities students are met with long intake wait periods and months before connection to care occurs. Although guaranteed care eventually the process of receiving care can take weeks or months. Additionally, when in care meetings with clinicians are infrequent due to the high number of patients and few clinicians. For those being treated at the state run mental health care facility, they qualify for care because of their socioeconomic status and not having any insurance.

3.2 Data Collection

Semi-structured interviewed were utilized to unearth nuanced and complex phenomenon regarding access to community support and help-seeking experiences among Black youth experiencing suicidal thoughts. Semi-structured interviews were a useful approach because of the flexibility to modify the interview script to collect rich and nuanced details (Fylan 2005). As a Black woman, the author's insider status enabled a level of comfort with participants. Additionally, at the time interviews were conducted the author was still a graduate student. Her age and race enabled an easy rapport with participants that was reflected in their vulnerability and willingness to share. Many participants noted that they had never shared this information with anyone before. Research suggests that when the investigator comes from the same or similar cultural or experiential background as participants the findings from the qualitative research are more likely to be correctly represented and interpreted (Spradley, 1979). To capture the rich data desired an interview guide was used but deviated from where the conversation deemed appropriate to further gain insight and context for the discussion. After obtaining consent via an electronic encrypted consent document, interviews were
conducted via phone or Zoom video conferencing software by the author based on the preference of the interviewee. Interviews lasted between 60 and 75 minutes. Interviews were recorded and transcribed verbatim. Participants were encouraged to find a quiet and private space that would allow for the comfort necessary to discuss the sensitive subject matter.

The interview guide was developed by the first author in conjunction with two senior researchers with expertise in qualitative methods. Interview questions aimed to produce descriptions of the participant’s communities growing up and how participants related to their identified communities, their suicidality, and their experiences and thought processes regarding disclosing their suicidal thoughts and seeking help from said communities. Sample interview questions included: Could you describe your community growing up? What community was most central to you? Did you think about telling anyone you were having thoughts of suicide? Can you walk me through your thought process for telling or not telling someone? The finalized interview guide is included in Appendix A. As codes became more salient an iterative approach was taken to sampling, where questions that probed emergent themes were more focused on throughout interviews. Saturation was assessed first for concept then meaning. Once it was evident that participants were bringing up the same idea repeatedly concept saturation was considered met (often after eight interviews) then saturation of meaning was sought. This occurred when the essence and explanation of the idea was illuminated by participants constantly (after 12 interviews typically).

3.3 Data Analysis

Corbin and Strauss’(1990) approach to grounded theory research was the method of data analysis. After each interview was conducted and transcribed the author/interviewer generated a preliminary list of concepts. After about ten percent of data was collected, the author developed a codebook of categories and patterns that captured similar concepts relayed throughout the interviews. As the codebook developed so did the interview guide and direction of the interviews to reach saturation of all codes. Every interview was re-coded by the interviewer. Codes were discussed in regular meetings with the entire research team. The author in consultation with her study team discussed these codes and then reviewed thick descriptions developed by the author; subsequent themes were unveiled. Once themes were identified, the author wrote descriptions of each theme that then enabled a nuance analysis. One example of this process was the concept of loneliness. This concept was present in the very first interview and was discussed at length but in various contexts. The author probed this idea in subsequent interviews to continue to understand the context and nuance. This led to the development of the code loneliness and ostrazation. This code was defined as any text related to feeling lonely, ostracized, or different. The code encompasses feelings of having no one or being alone without anyone. It was critical because almost all participants have expressed some feeling of loneliness and not belonging. Isolation was important to understand as it gave insight to why they may have not sought help. Pseudonyms were used for presentation of results.

4. RESULTS
4.1 Hierarchy of Communities Guided Help Seeking Behavior

To conceptualize the emergent themes a pyramid depicting the various communities, their importance, and the barriers in help seeking Black youth experienced was created (See Fig.1). The conceptual model shows how the primary community Black youth identified with was their family, then peers, and lastly school. Although schools tend to have the most resources for help seeking youth, this system was also the most inaccessible to participants due to the systematic racism they experienced. At each level, Black youth were met with barriers that prevented participants from receiving help. At the family level participants discussed how burdensomeness, shame, and subsequent punishment were barriers in seeking help and receiving help. Among peers participants identified isolation, belonging, and responsibility as barriers in seeking help. Within schools the concepts of systematic racism and interaction with the system were prevalent barriers that reduced help seeking. Figure 2 displays the various manners of help seeking that participants considered when experiencing their suicidality. Help seeking occurred, or was considered, in many different forms. While no participants mentioned directly asking for help other help seeking behaviors and tactics were employed (see Fig. 2).

Figure 1. Hierarchy of communities and the barriers that prevented seeking help.
4.2. Getting help will further isolate and make life worse
The first theme identified was that getting help will further isolate participate and lead to their life becoming worse. They felt that getting help would ultimately lead to their life quality decreasing in such a manner that it would worsen their suicidal thoughts and behaviors and make them feel even worse; and potentially alter the material aspects of their life as well.

4.2.1. Punishment and ridicule anticipated if seeking help from family or parents
Participants discussed how disclosing their suicidal thoughts to their family, one form of help seeking they considered, would result in punishment, ridicule and further isolation from their family—a belief that came from past experiences. Rachel described how “one time in middle school, I was just crying at dinner, [her] mom...was just so upset. So she just, like, beat me [Rachel] up” while asking “why are you crying?”. This experience illustrates the punitive reactions that participants faced when sharing negative emotions. This is further elaborated on by Mia:

There would never be a conversation where it's like, how did that make you feel? Why were you angry about blah, blah, blah? Like, I think I just kind of learned implicitly that, like, outward...being very emotionally expressive. I thought it was always negatively reinforced where it was like, you know, if I can take something I didn't agree with and I told them [my parents] how I felt about it, like. They would see that as disrespectful or if one of us [my siblings and I] got really angry when we were younger, my parents...used to beat us. So if you got really angry or hit your sibling, that was really rude to someone...you would get hit. So I just feel like, again, I just kind of learned implicitly to just not be emotionally expressive unless it was like positive emotions, you know?

Mia's use of “blah,blah, blah” was used to indicate that trivial matters resulted in this reaction from her parents. Her brushing off of the details of what instigated these
reactions were due to the trivial nature of the situations that led to her parents volatile reactions. Similar linguistic patterns were found amongst other participants who aimed to indicate that the details were irrelevant because they were trivial.

When describing their first time experiencing suicidal thoughts Sam stated:

“The first time I was seven and I wrote on the wall, I want to die. And I got in trouble for that. And I think I wrote something like, I wish my dad would die too I just remember. I don't know. I remember it was some shit because he was mad and he beat me.”

Although Sam could not remember exactly what they had written about their dad they were able to recall how signaling for help resulted in punishment. While stating this the participant chuckled recalling that they had written something about their dad. The ability to laugh at this moment and other instances of getting in trouble was later paired with a conversation that explained how all their beatings and punishments were due to trivial matters. This common reflection by all participants reinforced the idea that serious matters—their suicidality—would be met with even more severe punishments. This phenomenon was not uncommon, multiple participants recalled hearing the phrase “stop crying before I [the parent] give you something to cry about”. Sidney described “if I was getting a punishment and I’d cry I’d be punished more.” Consistently, participants described the phenomenon of being punished for revealing their negative feelings. The expectation was that they were supposed to take their punishments and not cry or express that they were upset.

Participants described the racism their parents faced at work, the stress of work, raising children, immigrating to a new country, economic burden and more as stressors their parents faced. The structural marginalization the parents faced created environments where participant’s safety—emotional and physical—was in a precarious position. Most participants expressed that no one would understand them. That the disconnect between their parents and them would not lead to getting the help they needed. As they shared their fears of being a burden, they also discussed how their parents would minimize their feelings. In their youth, participants understood that because their parents had faced so much hardship that their own feelings of suicidality didn’t “make sense”. For example, Darrius stated “like the math did not add up in terms of why I should be feeling this way. And so, I was like...it doesn't make sense to tell anybody because like mathematically this doesn’t make any sense.” In addition to the perceived disconnect between their lives and their suicidality, participants also felt that their suicidality would be minimized. Many attributed this to the perception that their parents did not believe in mental health and/or mental illness or did not believe that mental illness was debilitating or a legitimate illness. Two participants discussed how their parents worked in the mental health field, yet saw their patients as faking their ailments, or as their ailments a uniquely white and American problem. A sentiment that is aligned with the findings of Early and Akers that suicide is perceived as a ‘white thing’ (1993). This minimization made participants feel dejected, like their problems were not serious and that they could only rely on themselves.
4.2.2 Seeking help from peers will just further isolate and put self on fringes

For the Black youth experiencing suicidality who went to school with or lived around majority Black peers, they did not reach out to their peers because they did not perceive suicidality a problem that Black people experience. Throughout all interviews, participants equated wealth with whiteness and discussed how themselves or their parents believed that mental illness was a made-up problem for the wealthy and white.

For Black youth at schools with mainly white peers the lack of perceived belonging was attributed to a multitude of factors, including their Blackness. For example, Cassie stated:

I was surrounded by white people, so ... there was a lot of like ...self-hatred or not self-hatred, well yeah self-hatred... Not embracing my culture because I wanted to fit in, I want to assimilate like I wanted my hair to be like super straight hair... I wanted to look white.

Here, Cassie exemplifies the desire for whiteness that she and other participants experienced. Linguistically, Cassie fluctuates on whether to name her feelings as self-hatred. This back-and-forth shows that she is working through identifying these feelings as self-hatred. As Cassie is processing her experience, we see she is still grappling with how her identity in white spaces impacted her feelings and her suicidality. This was common throughout interviews when participants identified being in majority-white schools. Tiffany discussed processing this impact throughout her youth stating:

I was surrounded by a lot of white people...And that also meant that, like most of my friends were white and I since I was in the same school system...until high school, I kind of stayed with those people for all that time. And it took me a long time to realize that, like, those relationships were kind of founded in white supremacy and them thinking that they were better than me or other Black people or that I was somehow exceptional in a way that put down other Black people. And I come to that realization probably, like...sophomore year of high school, and then becoming very detached from all of those friendships because I realized that they were not healthy and not positive and founded in racism.

While only some participants in white spaces articulated the detrimental impacts that the ideal of whiteness had on them, all were able to describe instances, like that of Cassie, where they desired to be white or have the privileges that whiteness afforded their peers. Not only did this contribute to their suicidality, but for Black youth in white spaces, it also stopped them from disclosing their suicidality to their peers. The ‘model minority’ status endowed by their white peers not only furthered white supremacist tenets of intelligence and race, often isolated participants from their Black peers. These experiences fostered the sentiment that their white peers would not understand their suicidality, because they do not understand the troubles of a Black person. Participants continued to highlight that a major difference between them and their peers was the
relationship their white peers had with their parents when compared to their own. Mia describes how they differed and the shock she experienced upon this realization.

I had other classmates where they were talking about how they would tell their parents all the drama that was going on in their friend groups or like they would go to their parents for advice on like their homework assignments, like they would ask them for their input on certain things. And like, I just remember it like I didn't realize that it was possible to have that kind of relationship with your parents.

Realizing that their white peers would not understand and have such vastly different experiences at home stopped participants from disclosing to their white peers. These experiences showed Black youth a different context to envision their relationship with their parents, and that potential reality deterred them from admitting their current reality to their white peers and, ultimately, isolating themselves further.

Across interviews, all participants discussed that disclosing their suicidality would lead them to being further ostracized and remove any sense of belonging among their peers; even though they often already felt this way, they saw disclosing their suicidal thoughts as making this even worse. Alex exemplified this fear when describing how he thought about telling a friend he talked to everyday saying, “But I never did [tell the friend]. Maybe I was afraid that they would not know how to handle it or not talk to me afterwards...” This fear of further isolation was again discussed by Alex when he stated that “The only thing that was really said about suicide is that like you're a pussy if you kill yourself.” This quote highlights the harsh sentiment his peers made clear to him, and the weakness that was associated with suicide. While he recognized the harshness of these beliefs, he also joined in on this perception. When asked how he held his own suicidality in his mind while also having this perception he reflected that he was able to “separate the two because I'm different.” The feeling that he was different was shared by all participants to further explain how they would not be understood if they disclosed their suicidal thoughts.

4.2.3. Seeking help from educators will involve them in systems out of their control

The perception from Black youth in majority-white spaces that they were different than their white peers, also translated to how they approached their teachers and guidance counselors. All participants discussed how most, if not all, their teachers and guidance counselors were white. Participants understood that their teachers and guidance counselors would not understand them. This perception was furthered by the lack of bonds created between Black youth and their teachers and guidance counselors, which was elucidated by Jessica, who reflected:

In seventh grade, I can't really say, like, I like, I really didn't have a favorite teacher, a teacher I feel like I could go to until I was a junior in high school. So prior to that, I, like, teachers, were just my teachers. Like, I would see other students have relationships with teachers, and, like, I would envy that. But I've never really, like. My person just never came along.
Jessica describes that despite yearning to be able to turn to a teacher for support, she did not have a teacher that she was able to turn to. This created the belief that she was even more on the outskirts of her school community than she already felt. Participants saw it as their responsibility to form these bonds with their teachers. They feared that not only would their teacher reject this effort, but in the process, they would face even more systemic racism, such as punishment or suspension for talking during class or distracting from lessons with their efforts. The lack of bonds between these students and their teachers only furthered the distrust that they felt. Participants were adamant that if they disclosed their suicidality to their teachers or guidance counselors then they would tell others.

When considering reaching out to teachers or guidance counselors, participants routinely mentioned that they were fearful their parents would be told, their peers would find out, or they would be taken from their homes. Teachers and guidance counselors were not trusted. Some participants cited previous experiences where the guidance counselors or teachers had shared the mental health problems of other students—resulting in gossip throughout the school. Others cited biases and racism they experienced by their white teachers and guidance counselors as an experience that solidified further their belief that they could not disclose their suicidality to them.

I've heard stories not just POC [people of color], but mostly other POC....Like, if you're talking about a friend...she'd [the guidance counselor] be like, well, I heard from so-and-so that, like, this is what happened, like blah, blah, blah. But she just was not very good at confidentiality and maintaining people's privacy. And there were also situations where, like, she would go to people's parents or people's teachers with information that she said would not be shared with them...

Mia's story reveals how not only did she fear her issues would be revealed to the whole school but also recognized that privacy was less respected for minority students. Ultimately, Black youth saw that their confidentiality would be treated differently than that of their white peers. Beyond the fear that their suicidality would fodder gossip for their school, participants anticipated that they would be taken from their homes or experience a dramatic negative situation if they disclosed their suicidal thoughts to an adult at their school.

If I told the school- I mean I did tell the school one time and they ended up making a huge deal out of the situation...like I felt bad about something like my mom said or did, and they called CPS [child protective services] on me. And now I'm worried about being taken from my home because I spoke out... And I'm like, I'm never saying a damn word again...it [the educator] was like someone white. So it's like as soon as I say one thing, they like have this like pre— like they have this thought of like, oh my gosh, she's living in like, you know, I'm going to just— I'm just going to say the ghetto and how she's being treated. When it was nothing like that, it was just a simple misunderstanding. And the most I could have just got...was like a pep talk...instead of, like, being called the CPS people on me.
This quote from Angie reveals the disconnect felt between her and her white educators. When she shares an instance of being upset with her mom, she finds the reaction by her teachers unreasonable. Angie recognizes that her white educators do not understand the context of her home life. Attributing this disconnect to race, she understands that her white teachers and guidance counselors cannot possibly offer the necessary support she desires. Instead she sees their reactions as rooted in stereotypes and racism, that lead them to perceiving her home as “ghetto”. This experience deterred Angie from seeking help with her suicidality later.

Kelvin describes this sentiment as well when he responded to the question “why wouldn't you want to bring this up to your teachers?”:

Because I didn't at first... didn't think like I - I wasn't really. I was, I was really a class clown, and I wasn't really good with any of teachers. Like, I don't, I don't think any of the teachers, I wasn't disrespectful to teachers, but I was very - I was, I wanted attention, so I don't think they would... Like me personally ...I didn't, I didn't want to - I wouldn't want to tell them that. Like, I just didn't, I wasn't comfortable with telling them that.

Here Kelvin struggles to describe how his teachers felt about him. While he describes not feeling comfortable, his struggle to find language to detail how his teachers felt about him reveals the lack of connection he shared with his teachers. He saw himself as someone the teachers would not want to hear disclose their problems. This experience created the illusion that the support he needed was not available.

Rachel also describes how she believed her suicidality would be met with an inappropriate response from adults at her school.

Either it can be met with some extreme like, oh, we have to put you in this place, blah, blah, blah, or something, that would really change my life. I didn't want all that because I would have been away from school. [School] was a place that I really wanted to go to or would have been taken away from my family.

Rachel, like other participants, uses “blah, blah, blah” to indicate that the details of what would happen were not important, but what was important was that her life would change. The fear of being taken from home or their parents being told made participants more distrusting of their teachers and guidance counselors. Beyond the fear of being taken from their home, participants consistently discussed not having a say in how they would be helped. They saw that the inevitable involvement with the child protection system would strip them of their autonomy and rights to address their suicidality in the ways they wanted to. Not only did they believe they would not be understood, they also thought that punishment would be inevitable if they involved these people.
One participant did deviate from the rest in regards to feeling that their teachers understood them and like they had a bond with teachers. Sierra recalled how some of her middle school teachers would visit her family at home. When asked what community was central to her Sierra responded, “I mean, I would say like probably a few of my teachers in middle school. Like one there’s one [who] really knew me, but also my family. So, like, I felt like you’re going to talk about things that relate to my family with her...” While Sierra never disclosed her suicidality to her teacher, she was able to find solace through her teacher when facing hardships. This indicates that the effort made by this educator to get to know Sierra, her family, and her culture had a positive impact that allowed Sierra to connect deeply with them.

4. 3 Responsibility to communities
Participants identified the responsibilities they had to their communities. Within their communities they saw themselves as having a role that came with responsibilities that made awaking help a non-option. Although they did not perceive their role as integral to the community they did perceive it as important to the community structure and functioning.

4.3.1 Responsibility to not add burden to family and parents and to be strong
All participants discussed not wanting to be an additional burden for their parents. Four participants in particular talked about their mother’s mental health, three of whom attempted to label what their mothers were experiencing. This is exemplified by Shelly who stated:

I know my mom's struggles with OCD and anxiety as well, and like I only knew that because, like, I found her like in just like a state of like trying to calm herself down and like doing yoga and like trying to breathe and but like being very upset.

This rationalization for her mother’s behaviors and her need to not burden her mother additionally was made evident in the need to share her diagnosis. This exposure to her mother's mental health troubles did not create an environment where she felt able to share her own struggles with suicidality, but instead strengthened Shelly’s resolve to not ask for help. Shelly and others viewed it as their responsibility to deal with their suicidality on their own. Shelly continued on to say that “...my parents, like, very much appreciate, like the few amount of problems that I give them, so I just wanted to be like, yeah, that I can deal with my own stuff.” Shelly is hesitant to name her suicidality. While she was able to rationalize her mother’s behavior with the label OCD and anxiety, she was unable to use explicit language to describe her own suicidal thoughts.

Beyond the concern of parent’s mental health, participants discussed how their suicidality would impact their family as whole, particularly their siblings. When Sidney was asked what they thought would happen if they told their twin about their suicidal thoughts they responded that "Really she’d [their twin] be really sad, actually, hurt even, um, because, like I said, it's like imagine like a twin being left behind. I don't know, but yeah.” When prompted to explain how hurting their twin makes them feel Sidney responded “Like a disappointment.” This quote not only describes how Sidney, when
they were only 12 years old, knew that their suicidality would hurt their twin, but also illuminated how hurting their twin made them feel like a disappointment. This feeling of disappointment does not come from the suicidality but more so not being able to maintain the role and responsibility demanded of a sibling. The failure to meet the understood responsibility of a sibling stopped people from disclosing their suicidality.

Tiffany describes this phenomenon stating:

I was always fairly sure that even though I wanted to be dead, very, very bad, I wasn't going to commit suicide. And I think that's because of my brother. We are very close in age and he's like the most important thing in my life. And I was like, if I committed suicide, like he it would derail his whole life, like it would derail his life. Getting an education, like all these sorts of things, he'd have to deal with a funeral. Like, that's not what he needs right now. There were times when I would think about this whole plan of like, OK, once I'm an adult I'll like go off on my own and, like, not keep in contact with anyone from my family and then they'll slowly start to hate me. And once they hate me, then I can kill myself because they won't be sad about it anymore.

The guilt at the prospect of altering the life trajectory of her brother was Tiffany’s main approach from stopping herself from attempting suicide and disclosing her suicidality. Not only does she describe the concern of the impact on her brother, but she also continues to describe how she formulated a strategy where she could shed the responsibility she felt to her family—by them hating her. This quote provides insight on the guilt many participants felt at the prospect of leaving their families, and additionally reveals how they could not just stop the responsibilities to and their role within their family. To end their responsibilities and role it demanded action from their family, i.e. hating them.

Although participants describe violence, emotional stress, and disconnection at home, the responsibility remains because they recognized they were integral to the family unit. Mia described this feeling telling the interviewer “I think that's what made it so hard was I felt like even though she [her mother] was disrespecting me, like to say anything about it would be ungrateful, almost especially because I knew that she loved me”. A similar sentiment was expressed by Chelsea:

I think so at that point, I was like I knew that it was something like. I don't want to say that I thought of it as selfish, but I knew that it would bring harm. I didn't think I would be better off so much because the fact I knew, like my family still loved me... like people...will be impacted by it [my suicide].

Both of these quotes reveal how participants knew that they were loved and critical to their family even though they felt disconnected to their family and lonely. Mia's use of the word “ungrateful” when describing how speaking out against the disrespect she endured, reveals the exchanges that were conducted. She understood that
to be a part of a family it requires sacrifice of her own emotional wellbeing—i.e. accepting disrespect.

This was further exemplified when Alex describes how he believed his parents would get in trouble if he sought help for his suicidal thoughts with someone at church. When asked what he thought they would get in trouble for he explains “It’s not like trouble it’s being talked about not being as good [of parents] as they thought they were or something like [that].” Although, throughout his interview Alex described his home life as the main contributing factor to his suicidality, he still felt this responsibility to his parents. He does not ask for help for his suicidality because he recognizes that it will alter the perception of his parents within the community, potentially bringing shame not only to him but to his family. This concern was reiterated by Demi who shared “I definitely felt that it was shameful to have a mental illness, that it’s shameful to have to raise a kid with a mental illness. I think a lot of that shame is what prevented me from speaking to my parents.” Participants did not ask for help to avoid the guilt and shame it came with. They felt guilt at the thought of burdening their families further by sharing their suicidality. Participants’ perceived responsibility was to not add further burden to their family, thus disclosing their suicidality was not an option.

4.3.2. Responsibility to protect peers

Participants who did not have peers that were experiencing suicidality described not wanting to burden them with their suicidality. Shelly recalled:

Well, her [Shelly’s best friend at the time] life seems like very perfect. And I don’t want to interrupt any of that either...Well, I just like I remember the feeling, I guess, when, like... in fifth grade and stuff, when there’s this one particular girl who...kind of like was talking about like her self harming things like that. I felt like...[as] a fifth grader, obviously, like ill equipped to deal with that. And so I just wanted to, like, be listening ear and things like that and, you know, be really encouraging. Like, I just wanted to be a good friend to that person. And then I realized, like, I like I was just kind of like been receiving a lot of, like, scary information that I didn't know what to do with.

As Shelly reflects on her own experience having to be a confidant for someone else, she recognized she did not want to put her friend in that same position. She does not want to burden her friend with this “scary information” and ruin her friend’s “perfect” life. By not disclosing her suicidality to her friend, Shelly is able to protect her from the same experience that she had. She positions herself as protector of her friend, which reveals how Shelly valued the friend she felt was closest to her. Not only does her role as protector prevent her from disclosing it also protects her from the full extent of loneliness she perceived as possible.

The role of protector was similarly mirrored by participants who described having friends who were also suicidal. Gray explained
I was trying my best like... [to] keep my friends alive and like. That depended on like who I was talking to and like to what extent each individual person had been caught for what self-harm things they were doing... I tried my best to like be a support for other people while also trying to keep myself [alive]... which was hard, but it was like I knew that if one of my friends died or killed themselves, like I would follow right after them, like I wouldn't be able to handle that, just like all of you [their friends] have to be OK, because otherwise I'm not going to be OK. And so I was like very selfishly trying to make sure that they were OK.

Gray describes not only their role as protector, but how being the protector kept them safe from themselves. The benefits of this role were also discussed by Darrius, who explained the dynamic with his sixth grade girlfriend who was also suicidal.

So it was really difficult because we...both talked to each other about it [their suicidality] and like, rotate unwellness... A large part of me, like not desiring to take action [on his suicidal thoughts], at least when I was in middle school, was because I know like she was [suicidal]...like she was much more actionable than I was...I feel like a personal responsibility, like...I can't do this [die by suicide]...it was also very selfish because it was on a level of self-importance, which is really, really messed up. And so it was just like it was it was like, yes, I wanted to like, support her, but also like I like the feeling of knowing I'm needed by somebody. And so because I feel that I don't want to give that up, like it's like it's still worth being alive because I feel like so integral to somebody's life... But like that did stop me from from like at least like acting on suicidal thoughts because I was like, oh, I don't like I don't want to in my head, I was like, I don't want to leave her behind.

Darrius’ responsibility to his girlfriend not only stopped him from attempting suicide, but also gives him a renewed purpose and a sense of importance. This importance is a common thread discussed that indicates how the responsibilities these participants have to their peers motivated them to continue living. In the same vein, though, it also motivated them to continue concealing the gravity of their suicidality instead minimizing it to protect those around them.

4.3.3 No responsibility to school and that system

Participants did not reveal feeling a responsibility to their school. This speaks to their perspective of school as an institution opposed to a space with many interpersonal relationships. As discussed in section 4.2.3. most participants did not feel close bonds to their teachers. Gray goes as far as to note that they eventually did confide their depression, not suicidality, to a teacher because they thought it would not hurt the teacher.

I just thought they wouldn't care as much, which feels bad to say, but. Like, I was just a student, like I was going to graduate anyways, like I didn't think it would matter as much if I was around, I didn't think people would really miss me
besides my family. So I wasn't, like, super worried that I would like [hurt] them by, like, not being OK.

Gray reveals how they believed the relationships with their teachers were just a function of time and space. They saw the relationship as finite and only existing in the structure of school. Although this quote is aimed to explain why they believed that teachers would not be upset by their depression and suicidality, it also reveals how they perceived their responsibility to their family. Gray recognizes that their role in their family is more important than the relationship they have with these teachers. Thus, only further solidifying the claim that their role and responsibility within their family prevented disclosure to meet the expectation of strength and support.

Participants consistently revealed that they felt no responsibility to their school because they saw school as a system that did not work for them. As discussed in section 4.2.2 participants saw how their white peers, and their schools, valued the model minority status. Consistently participants noted that when they did not fit this model minority expectation, their teachers took no interest in getting to know them further. Sam noted that “I was really good at school and I enjoyed school work, but I did not have a good relationship with teachers. I was not the teacher’s pet. Some teachers thought I was too full of myself and [had] a little bit of an attitude.” They later explain how the expectations of their teachers to conform to the model minority role only signified that these teachers weren’t actually interested in them as a person, but instead the ways in which they represented the school. The disregard participants were met with when they didn’t meet the expectations of their educators, only distanced them further from their school. Ultimately, this solidified the lack of responsibility they felt towards their school.

5. DISCUSSION

This study aimed to uncover what community supports Black youth experiencing suicidality had available to them and what their experience was in seeking help or disclosing to these communities. Results revealed that although Black youth can identify communities they are a part of, they perceive disclosing their suicidality and seeking help as a non-option due to feelings of loneliness and responsibility. The novel findings of this study lay the groundwork for future research regarding suicide prevention tactics for Black youth.

5.1 Getting help will just further isolate and make life worse

The paradox of social support and how it protects from but also increases risk of suicidal thoughts was apparent throughout interviews. Consistently, participants discussed feeling that they lacked intimate bonds, were lonely, and did not feel as if they belonged even though they were integrated into multiple social networks. Thus, displaying further how within collectivist groups loneliness is felt more intensely (Lykes and Kemmelmeir, 2014) and can be a risk factor for suicide death. The lack of meaningful social connectedness provides an explanation of why Black youth consistently did not disclose their suicidality nor seek help from their communities.
Thwarted belongingness and perceived burdensomeness are the two factors Joiner posits are necessary for a desire for suicide (Joiner, 2005). Tenets of thwarted belongingness seemed to pervade all interviews, but when participants brought up feelings of burdensomeness it was usually in regards to this specific notion of disclosure. Instead perceived burdensomeness, along with the fear of further isolation, prevented disclosure. This potentially signifies the Interpersonal-Psychological Theory of Suicide (IPTS) may not be valid for Black youth, a group Stewart et al. suggest further research focus on (2017), which calls into question IPTS evaluation tools. Previous research comments on how a higher desire of an individual to interact with others predicted multiple suicide attempts within Black adolescents (Merchant et al., 2009). The present research additionally suggests that lower perceived support also prevents Black youth from disclosing their suicidal thoughts. Additionally, their suicidality furthered the perception of thwarted belongingness or “being different”. This cyclical nature—thwarted belongingness leading to their suicidality, which makes them feel further isolated, which leads to concealment of their suicidality, leading to more severe suicidality—revealed in this research offers critical insight into Black youth’s approach to disclosure (Fig. 3).

![Figure 3. Cycle created by thwarted belongingness.](image)

Studies have also shown that suicide is perceived as a non-issue by many in the Black community because it is perceived as a “white thing” (Early & Akers, 1993). The minimization of suicide in the Black community has made conversing about suicide especially challenging and has prevented these conversations from occurring (Spates, 2019). The present research confirms the impact of stigma on Black youth experiencing suicidality, but also goes a step further to describe how Black youth see this stigma manifested. Participants discussed at length the humiliation, mockery, ostracization, and physical punishment they anticipated occurring upon disclosure. A perception that
was backed by past experiences of disclosing negative emotions and feelings including suicidality. Thus, this research begins to uncover the complicated concept of stigma and specifically how it impacts Black youth’s suicidality.

5.2 Responsibility to communities

Spates and Slatton (2017) show how Black women are highly regarded in their support systems, thus their level of responsibility and commitment to others often results in the dismissal of suicide as an option. The present study draws a similar conclusion pertaining to Black youth. What differs is that Black youth do not perceive their role as highly regarded but instead integral to their community’s functioning and structure. Participants that grew up experiencing material need, experienced poverty, food insecurity, parental unemployment etc., described how they were expected to be strong. That the role they had to maintain in a situation with lacking resources demanded strength. This led to them not seeking help. Participants who grew up with all their material needs met did not experience this loop. But they both also experienced a feedback loop where their responsibility to their communities meant they had to avoid bringing shame to said communities. The shame that their suicidal ideation and behaviors would bring lead them to feeling the need to solve their own suicidality. Ultimately, this all increased the responsibility they felt (Fig.4 ).

![Figure 4. Cycle created by the responsibility participants felt to their communities.](image)

While family disfunction is understood to be a suicide risk factor amongst Black youth (Gibbs, 1997) research has yet to explore how even in the presence of family
disfunction, collectivism and responsibility to the family unit still guide Black youth’s decision to disclose their suicidality. The present research shows that not only do Black youth feel responsibility to their communities but they feel guilty at the thought of shirking those responsibilities. Ultimately, their role and the responsibilities endowed motivated them to continue living as well. Reason for living has been identified as a protective factor amongst Black college students (Wang, et al., 2012) and the present research confirms that it is amongst Black youth as well. But the present research goes further to explain how this reason for living also prevents disclosure.

5.3 Limitations

This is a preliminary study in which a small sample size was used and is not representative of the Black population in the United States. A convenience sample was used, and the lack of randomization likely resulted in some selection bias. Approximately 65% of participants identified as female. Further, 94% of participants indicated some college education. Further research might consider a larger sample size and stratify by education to determine whether education-related differences in disclosure patterns exist. Finally, this research was conducted with individuals between the ages of 18 and 25, thus potentially leaving room for recall bias. Future studies may want to consider interviewing younger participants.

5.4 Interventions and Implications

Public health messaging and strategy for suicide prevention is to create opportunities for one to talk about their suicidal thoughts. But this research study shows this is likely not a salient approach for Black youth as they are wary to have these conversations due to the potential consequences (i.e. further feelings of loneliness, getting in trouble, minimization, perceived burdensomeness). Instead the focus of suicide prevention amongst Black youth could be on creating safe spaces, trusted relationships or anonymous avenues to talk. It would also be worthwhile for interventionist to explore non-school based suicide prevention programs for Black youth. Distrust of educators and the school system paired with the lack of bonds between educators and Black youth may lead to validated interventions being ineffective for Black youth.

It would be worthwhile to explore interventions that train teachers on anti-racism and how to best connect with their Black students. Consistently participants noted that nearly all their educators were white, they discussed the power dynamic created by these white representatives of the school system and themselves. This power dynamic fed into participant’s concerns in seeking help from school based resources. Trainings and courses to educate teachers on the ways in which their biases are affecting their Black students and provide strategies to better bond with these students could be an effective intervention strategy. Interventions might be best optimized if they focus on after school programs and community organizations that are run by trusted adults. To work towards de-stigmatizing suicide and providing support to Black youth families and children need to be given the language to discuss emotions without fear. Communities should work to educate parents on mental health and how to have conversations about their child’s mental health. These interventions should equip parents with the skills to
create safe spaces to have these conversations so that the child can discuss their emotions without weakness, fear, getting in trouble, etc. Interventions should come from trusted community organizations that children use (after school groups, sports, libraries, etc.). These organizations should aim to provide parallel interventions and information for the children as well.

6. CONCLUSION

This study represents the first qualitative inquiry on Black youth’s disclosure of their suicidality and help seeking behaviors to their communities. While the novel findings of this research illuminate the reasons Black youth conceal their suicidality, further work needs to be completed to continue understanding this phenomenon. First, it is recommended to reproduce this study on a larger scale and take into account ethnic differences. This can help reveal deviations between the various Black ethnic groups residing in the United States. Additionally, this study could be reproduced with youth who are currently experiencing suicidality. It would also be interesting to focus entirely on Black youth who do not have parents or siblings in their life (i.e. those at juvenile detention centers, in foster care, etc.). Although this was not examined in the current study, it would be worthwhile to inspect how these findings vary across racial demographics to compare and contrast across racial lines as well. Finally this study calls for the continued research on, intervention development of, and attention to the crisis of suicide amongst Black youth.

Appendix A

Semi-Structured Interview Guide

Given the nature of this semi-structured qualitative study, the interviews in this study will cover the topics presented below in an organic matter. Questions may not be phrased in precisely the same manner or presented the exact same as documented below. This guide aims to document key topics to be explored and examples of types of questions that could be asked. The research team will explore any emergent topics that arise for possible inclusion into future interviews. Any changes to the below topics will be submitted and approved by the Yale University Institutional Review Board prior to proceeding.
“Thank you for taking the time to speak with me today. Today we are going to be spending time talking about past suicidal thoughts or behaviors you have had. Usually, when referring to suicidal thoughts or behaviors I use language like “self-harmed”, “thoughts of killing yourself” or “attempted to kill yourself”—what kind of language do you prefer to use when we talk about that?”

Participant answer

Okay, great, I will use “[use their language]” when we talk about that today.

Section One: Community description

“So to begin I want to just hear some background about you and your community”
Could you describe where you grew up? Who was in your household? And what was your life like growing up?
How do you define your community growing up?
Prompters:
Can you please describe the different aspects of your community? i.e. home, extended family, peers…
What community was most central to you?
What was the racial make up of your community?
How did you feel about your community growing up?
Prompters:
What were some positive aspects of your community?
What aspects of your community do you wish were different?

Section Two: Suicidal Ideation (the narrative)
Thank you for those answers, I want to talk about your past thoughts of suicide, now.

Could you tell me about your first thoughts of suicide?
Prompters:
How old were you when you first started thinking of suicide (OR THEIR LANGUAGE)?
What was happening in your life and what feelings were you experiencing that led to thoughts?

How did you cope with these thoughts?
Was suicide—or mental health— a topic of conversation in your community?
Can you describe your perspectives on suicide?
What stopped you from acting on these thoughts?

Section Three: Reporting/Disclosing
Did you think about telling anyone you were having thoughts of suicide? Can you walk me through your thought process for telling or not telling someone?
Prompter:
Did you feel like you could tell someone? Why or why not? Did you tell anyone? Why or why not? What did discussions around suicide and/or mental health look like within your community?

Prompters:
- Were these conversations happening?
- Who was having these conversations?
- Was mental health/suicide/mental illness a taboo topic?

How did these conversations (or lack their of) make you feel when you were experiencing suicidal thoughts?

Section Four: Community support
During this time, who could you have asked for help? Did you reach out to any of these people? What stopped you from reaching out to them? OR Why did you reach out to them? What happened when you told them? OR What do you think would have happened if you had talked to them?

Were you encouraged to talk about your feelings and emotions during your youth? When dealing with suicidal thoughts, did you feel like you were heard when you talked about your feelings and thoughts? Can you describe an experience where you tried to share your feelings and thoughts? How did your community support you during this time?

Section Five: Reflection
How could your community have supported you better when you had suicidal thoughts? In an ideal world, what would support have looked like? How has this experience changed your perceptions on community? How has your experience shaped your perceptions of mental health?
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