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Social Work's Contribution to Research Regarding Suicide Among African Americans

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Running head: SOCIAL WORK'S CONTRIBUTION TO RESEARCH ON SUICIDE

Social Work's Contribution to Research Regarding Suicide Among African Americans

A Dissertation Presented to
the Faculty of the Doctor of Social Work Program of
Kutztown University | Millersville University of
Pennsylvania

In Partial Fulfillment
of the Requirements for the Degree Doctor of
Social Work

By Darius Reed

May 2019

SOCIAL WORK'S CONTRIBUTION TO RESEARCH ON SUICIDE

This Dissertation for the Doctor of Social Work Degree

by Darius Douglas Reed

has been approved on behalf of

Kutztown University|Millersville University

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SOCIAL WORK'S CONTRIBUTION TO RESEARCH ON SUICIDE

ABSTRACT OF THE DISSERTATION

Social Work's Contribution to Research Regarding Suicide Among African Americans

By

Darius Reed

Kutztown University | Millersville University, 2019

Kutztown, Pennsylvania

Directed by Stephen W. Stoeffler, PhD

Suicide among African Americans has increased significantly in the past 15 years, yet it remains a neglected topic in social work research. Social workers are the largest direct provider of mental health services in the United States. However their valuable person-in-environment perspective has not been incorporated into research to provide insight on ways to decrease incidents of suicide among African Americans. This systematic review examines social work's contribution to suicide research while focusing on the social context in which African Americans live. The systematic review also examines protective factors specific to African Americans that can be used to mitigate suicide risk while utilizing critical race theory (CRT) as a lens to understand how ongoing oppression has led to increased incidents of suicide and why treatment interventions continue to be generalized. Implications are provided for practice, research, and education, while incorporating CRT into social work practice.

Keywords: social work, suicide, critical race theory, African Americans, mental health, systematic review, protective and risk factors

Signature of Investigator _____ Date _____

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Table of Contents

ABSTRACT OF THE DISSERTATION	ii
Acknowledgments	iii
List of Tables.....	vi
List of Figures	vii
Definitions of Key Terms.....	viii
Chapter 1: Introduction.....	1
Statement of the Problem.....	2
Social Worker Training and the Need for a Social Work Perspective.....	4
Social Worker as a Mental Health Professional.....	6
Suicide Statistics and Facts	7
Comparison of Suicide Data for White and African Americans.....	8
Summary	10
Chapter 2: Literature Review.....	12
Critical Race Theory	12
An Analysis of Critical Race Theory	15
Durkheim's Theory of Suicide.....	20
Cultural Variables and Protective Factors for Suicide	22
Trends on Suicide Among African Americans	27
Suicide Risk & Protective Factors Among Young African Americans.....	28
Suicide Among Elderly African Americans.....	30
Relevance to Social Work Education and Leadership	31
Gaps in Literature.....	32
Chapter 3: Methodology.....	34
Search Strategy	35
Inclusion Criteria	36
Exclusion Criteria	37
Data Analysis.....	38
Protection of Human Subjects (Institutional Review Board).....	40
Summary	40
Chapter 4: Results.....	42
Study Selection	42
Data Extraction	46
Description of Included Studies	46
Social Work Knowledge, Values, Skills, and Practice.....	48
Summary of Main Results.....	51
Social Work's Contributions to Research on Suicide Among African Americans.....	53
Protective Factors That Decrease Suicide Among African Americans	63
Summary	76
Chapter 5: Discussion	78
Researcher Summary of Findings.....	78

SOCIAL WORK'S CONTRIBUTION TO RESEARCH ON SUICIDE

Social Work's Contributions to Research on Suicide Among African Americans.....	80
Protective Factors That Decrease Suicide Among African Americans	88
Limitations of the Review.....	95
Implications	96
Conclusion	103
References	104
Appendix A: Concept Table, Search Strategies, and Search String	125
Databases: PsycINFO, Social Work Abstracts, Social Sciences Abstracts, Sociological Abstracts, EBSCOhost, ProQuest, and JSTOR.....	126
Appendix B: Abstract Screening.....	128
Appendix C: Full-Text Review Checklist.....	129
Appendix D – Data Extraction Form	130
Appendix E: Table of Included Studies.....	131
Appendix F: Table of Excluded Studies.....	133
Appendix G: Quality Assessment Tool	135
Appendix H: Systematic Review Protocol.....	136

SOCIAL WORK'S CONTRIBUTION TO RESEARCH ON SUICIDE

List of Tables

Table 1: Suicide Statistics for African Americans in the United States for 2017	9
Table 2: Suicide Statistics for White Americans in the United States for 2017.....	9
Table 3: U.S. Suicide Trends Specific to African Americans.....	27
Table 4: Design Characteristics of the Articles.....	47
Table 5: Author Characteristics.....	48
Table 6: Social Work Knowledge, Values, Skills, and Practice.....	49
Table 7: Protective Factors Specific to African Americans.....	50
Table 8: Social Work's Contributions to Research on Suicide Among African Americans .	Error!
Bookmark not defined.	
Table 9: Protective Factors That Decrease Suicide Among African Americans	Error! Bookmark not defined.

List of Figures

Figure 1. African American Suicide Rates, 2003-2017 8

Figure 2: Study retrieval flow chart..... 45

SOCIAL WORK'S CONTRIBUTION TO RESEARCH ON SUICIDE

Definitions of Key Terms

Critical race theory. Critical race theory is a theoretical framework in the social sciences that uses critical theory to examine society and culture as they relate to categorizations of race, law, and power (Delgado Bernal, 2002).

Incidence of suicide. The incidence of suicide is the occurrence, rate, or frequency of suicide (Waning & Montagne, 2001).

Protective factors. Protective factors are defined as conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities (Gonzalez-Mena, 2016).

Risk factors. Risk factors are defined as any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury (World Health Organization, 2017).

Suicide. Suicide is generally referred to as a self-inflicted behavior that results in a fatal injury, for which there is evidence of some intent to die as a result of the behavior (Centers for Disease Control, 2018).

Suicide rate. The suicide rate is defined as the number of complete suicides in a given demographic, usually expressed as the number of suicides/per 100,000 population (CDC, 2018).

Social Work's Contribution to Research Regarding Suicide Among African Americans

Chapter 1: Introduction

Suicide among African Americans is a neglected and taboo topic within the African American community due to the misconception that African Americans do not commit suicide (Joe & Niedermeier, 2008). There are many reasons why this misconception occurs, which will be explained throughout this dissertation. Although suicide-relevant research dates back over a century, researchers have only recently begun to explore suicide among non-Whites, specifically African Americans as an ethnic group (Spates, 2011). Suicide among African Americans is an important phenomenon to study because it has increased substantially in the past 15 years (Joe & Niedermeier, 2008b). However, despite the fact that it has increased, social work researchers have largely ignored suicide among African Americans (Joe & Niedermeier, 2008a). As a result, there continues to be a need for research that attempts to understand this phenomenon. Research is needed from a social work perspective, because, although suicide is largely a socially influenced phenomenon (i.e., how an individual's environment plays a role in their behavior), research on suicide among African Americans has been dominated by the psychological and medical disciplines, which are limited to individual and biological levels (Goldsmith et al., 2002). In this dissertation the author utilized a systematic review in an attempt to bridge the gap in literature by asking two questions about African American suicide from a social work perspective: (a) What is the contribution of social work literature on suicide among African Americans? and (b) What are the protective factors identified in literature related to decreasing incidence of suicide among African Americans?

In 2008, researchers Joe and Niedermeier completed a systematic review examining what contribution the field of social work had made to research on suicide among African Americans as well as what clinical interventions had been developed in the time period from 1980 to 2005. The result of their study identified 11 articles, which showed a lack of contribution from the field of social work to the research on suicide among African Americans, as well as a lack of training initiatives for social workers on this topic. Based on a brief search of academic databases since that time research in the area of suicide among African Americans and minorities in general remains a low priority within the social work field. Critical race theory (CRT) challenges the liberalist claim that most research and data can be generalized to all races (Abrams & Moio, 2009). Therefore, when considering the topic of suicide, it is important to increase social work's understanding of the trends among suicidal African Americans and develop interventions based on the protective factors that are important to this population. The author is seeking to understand from a CRT perspective how poverty, race, and oppression relates to suicide. This theoretical framework is central to this topic because it explains the importance of being culturally competent when developing interventions to assist with suicide among African Americans. In this dissertation, the author examines the need for increased research and contributions from the field of social work and identifies the lack of formal social work education on the topic of suicide in general, as well as with African Americans specifically. The author discusses how leaders in the field of social work can produce quality changes and provides implications for future research.

Statement of the Problem

Suicide remains one of the leading causes of death, representing approximately 800,000 (10.5 deaths per 100,000) deaths annually worldwide (World Health Organization [WHO],

2017). In the United States, suicide is the 10th leading cause of death, with approximately 45,000 (14 deaths per 100,000) Americans dying from suicide yearly. When adjusted by race, the rate of suicide for African Americans is much lower when compared to other races at 3,062 (6.7 per 100,000), but steadily increasing every year (Centers for Disease Control and Prevention [CDC], 2019). The rate of suicide among African American adolescent children is the highest among all children ages 5-11. There has been a large increase of suicide among African Americans that has gone largely unnoticed, making it a hidden endemic. This is of importance because, traditionally, African Americans have typically registered lower rates of suicide than other ethnic groups. In the past 15 years a disturbing trend has developed, especially among African American youth (Drapeau & McIntosh, 2017). For the first time, African American youth ages 5-11 are more likely to commit suicide when compared to their White peers (Drapeau & McIntosh, 2017). This is alarming because past research suggested that being African American served as a protective factor against suicide (Joe & Niedermeier, 2008).

Suicide is a major preventable health problem, but much of the research that has been conducted generalizes all races and develops interventions based on the majority of suicide completers, which are White males. Critical race theory challenges us to reflect upon how various social identities and systems of oppression converge in lived experience, and in turn influences who has access to privilege (Backhouse, 2010). It also deconstructs Whiteness, which is a system that is rooted in social, economic, political, and cultural history that has established institutional structures that privilege White people in relations of White supremacist domination over other racial groups (Crichlow, 2015). CRT relays that changes can only occur when all interests align and the majority is equally affected. According to the National Association of Social Workers (2017):

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Social workers promote social justice and social change with and on behalf of clients. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. (p. 1)

In this way CRT provides a theoretical lens to view suicide among African Americans that is congruent with the mission and values of the social work profession.

Social Worker Training and the Need for a Social Work Perspective

Jacobson, Osteen, and Sharpe (2014) implied that the prevalence of suicide suggests that social workers will encounter clients at risk for suicide, but in a review of the literature, Knox, Burkard, Jackson, Shaack, and Hess (2006) stated that social workers receive little to no training on suicide and suicide prevention and feel unprepared to work effectively with clients at risk. The most recent National Association of Social Workers' continuing education standard is from 2003 and does not produce any information of suicide continuing education unit (CEU) requirements or any set standards social workers should follow. Most recently, many state licensing boards are recommending that social workers take a minimum of one to three continuing education credits on suicide (Saxey, 2014). States such as Nevada, New York, Pennsylvania, Utah, and Washington have suicide CEU requirements (NASW, Utah Chapter, 2018). The majority of persons who contemplate suicide seek help from a mental health professional within several months prior to their attempt, suggesting that when accurate

assessment and appropriate intervention by a professional is provided, suicides can be prevented (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Luoma, Martin, & Pearson, 2002).

Unfortunately, chronic risk factors and acute warning signs of suicide are often missed by mental health professionals, including but not limited to social workers, partly due to the fact that professionals rarely receive formal training and education on the assessment of and response to client suicide risk (Dickinson, Sumner, & Frederick, 1992; Feldman & Freedenthal, 2006; Jacobson, Osteen, Jones, & Berman, 2012; Jacobson, Ting, Sanders, & Harrington, 2004; Schmitz et al., 2012). Despite this lack of preparation, the likelihood that social workers and other mental health professionals will come in contact with a client at risk for suicide is high (Feldman & Freedenthal, 2006; Jacobson et al., 2004; Joe & Niedermeier, 2006). Therefore, it is reasonable to assume that social work professionals will encounter African American individuals who experience suicidal ideation and should be well trained in ways to intervene based on the protective factors that are useful in decreasing suicide. A protective factor is defined as a characteristic that reduces the likelihood of attempting or completing suicide (CDC, 2017). It is known to buffer individuals from suicidal thoughts and behaviors.

The field of social work has always been broad and encompasses many different avenues to solving problems from a humanistic perspective. Often when one considers the complex phenomenon of suicide, social workers are not thought of as part of the solution. Many would consider psychologists and psychiatrists and their roles in the field of mental health as the first line of defense when seeking help. The field of social work can benefit from increased research and published literature on the phenomenon of suicide among African Americans. It can also provide interventions from the person-in-environment perspective, more so given that many of the protective factors are environmental in nature. From a CRT perspective protective factors

specific to African Americans are crucial as they are separate from the dominant White generalizations of suicide.

Social Worker as a Mental Health Professional

According to the Bureau of Labor Statistics (2016), social workers in clinical and non-clinical settings remain the largest occupational group of mental health professionals in the United States, representing approximately 241,000 as of 2016 (American Counseling Association, 2016). In practice, social workers are faced with the problem of suicide; although White Americans complete suicide at much higher rates than minorities, social workers should be able to recognize the signs of suicide among all races. Research is also needed from a social work perspective on the cultural and resiliency differences of African Americans because social workers are also responsible for helping individuals, families, communities, organizations, and groups of people to cope with problems they are facing, to improve their patients' lives (NASW, 2018).

Research is inadequate in the area of empirical social work knowledge, practice, and literature on the topic of African American suicidal individuals (Joe & Niedermeier, 2008). It is important to develop social workers' knowledge of the increasing rate of suicide among African Americans, due to the rising rate in suicide among this group. Educating future social workers on this trend can prove necessary and assist with prevention efforts. From a social work perspective, social workers are concerned with giving voices to those in need who may not necessarily have one. With suicide being a silent phenomenon in the African American community, it is necessary to act against injustice related to suicide research and advocate for systemic change. The NASW Code of Ethics (2017) has three principles that directly align with these prevention efforts: "(a) social workers' primary goal is to help people in need and to address social problems, (b) social

workers practice within their areas of competence and develop and enhance their professional expertise, and (c) social workers challenge social justice” (NASW Code of Ethics p.2).

Suicide Statistics and Facts

According to the American Psychological Association (2018), suicide is the intentional act of causing one's death. A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. Lastly, suicidal ideations refer to one's thoughts or plans of considering suicide. It is considered to be a psychiatric emergency and the awareness of the seriousness of suicide should not be overlooked in society as a whole, much less overlooked within the field of social work. The critical role of social work will continue to increase as the mental and behavioral health needs of the population of the United States grow. Since 2003, suicide rates have increased 24% for the general public, but among African Americans the rates have increased 29% (see Figure 1); trends show that the rate of completed suicides among males has remained four times higher than that of females, but females attempt suicide more often than males (National Institute of Mental Health [NIMH], 2018). The raw numbers for suicide show a 57% increase in suicide for African Americans since 2013.

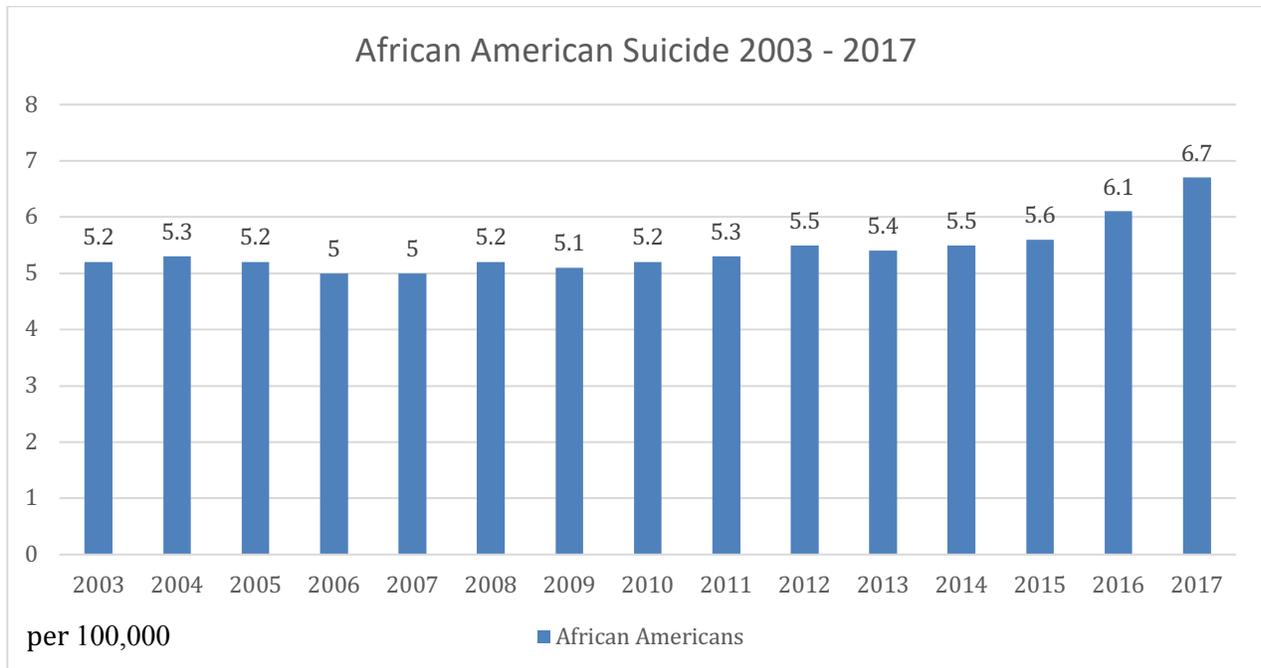


Figure 1. African American Suicide Rates, 2003-2017 (CDC, 2017)

Comparison of Suicide Data for White and African Americans

Annually, the American Association of Suicidology (AAS, 2018) analyzes and interprets data on suicide rates by race, gender, and age. The most recent data on African American suicide is from 2017 (Drapeau & McIntosh, 2017). According to NIMH (2018) and AAS (2018), in 2017 the rate of suicide among African Americans was 6.7 per 100,000 compared to 16.5 per 100,000 for White Americans (see Tables 1 & 2). An estimated 3,062 African Americans died by suicide in the United States in 2017 compared to 2,770 in 2016, which shows that the number has steadily been increasing (Drapeau & McIntosh, 2017). That number accounts for an increase of 10% from 2016 to 2017, showing that the rate of suicide continues to rise in this group (Drapeau & McIntosh, 2017). What is alarming in this is the continued lack of research on the reasons behind the increasing rate of suicide among African Americans.

Table 1: Suicide Statistics for African Americans in the United States for 2017

Variable	Per Year	Rate of Suicide
Completed Suicides	3,062	6.7 per 100,000
Sex		
Male	2,421	11.0
Female	641	2.7
Age		
5-9	3	0.09
10-14	66	1.94
15-24	744	10.38
25-34	836	11.90
35-44	532	9.17
45-54	410	7.22
55-63	245	5.21
64 +	226	4.31

(CDC, 2019)

Table 2: Suicide Statistics for White Americans in the United States for 2017

Variable	Per Year	Rate of Suicide
Completed Suicides	42,019	16.5 per 100,000
Sex		
Male	32,866	26.1
Female	9,153	7.1
Age		
5-09	2	0.01
10-14	413	2.64
15-24	5010	15.42
25-34	6614	19.48
35-44	6474	20.79
45-54	7850	23.57
55-63	6940	22.33
64 +	8711	18.83

(CDC, 2019)

Summary

Clearly, based upon the data, the phenomenon of African American suicide warrants more research from a social work perspective. The 1980's gave rise to the concept of risk factors based on research identifying the conditions underlying problems of alcohol and other drug use, delinquency, violence, and school drop outs (FLDOE, 2015). As a result of the risk factors, Garmzey and Rutter (1985) developed the concept of protective factors to shift the focus from what's wrong to what can be done to facilitate healthy development or buffer risk factors. According to Joe and Niedermeier (2006), African Americans have been found to utilize mental health services irregularly, due in part to limited access to services as a result of lack of proximity to services, lack of insurance coverage, mental health stigma, and distrust of doctors and the medical establishment. African Americans tend to rely on their strong religious belief system, familial support, and ethnic pride versus accepting help from mental health centers. The aforementioned protective factors, including networks of kinship, can mitigate or reduce risk against suicide, but do not offer enough help against the underlying issue, which may be based in lack of continuous mental health services.

This dissertation is also important because of the lack of education and interventions specific to African Americans. Research clearly shows that not enough literature has been produced from a social work perspective on suicide among African Americans. A clear connection can be made in regard to suicide training for social workers or the lack thereof. In practice social workers may be performing these functions on a regular basis, but from a literature stance, it is not being discussed. Social workers in practice and those within the

academy should ensure that the voice of social work is well documented and producing literature that could decrease the suicide rate for minorities overall.

As previously stated, since the original publication of Joe and Niedermeier's (2008) study, not much research has been conducted on African Americans and suicidology. Whereas, the incidence of suicide is increasing among African Americans, research within the field of social work has not followed suit. Continued research reveals what gaps exist within the social work field and where improvements can be made. This systematic review of the literature examines past literature and provides theoretical consideration for suicide among African Americans. It provides insight into the rationale for this study and builds a case for why social work should be addressing this phenomenon. The methodology and findings will explain the steps taken to find peer-reviewed articles related to suicide among African Americans and explain what protective factors and social work values and skills are present in the author's implications and conclusions. Implications are provided on what protective factors specific to African Americans are necessary to decrease the rate of suicide among this group as well as how social work should be on the forefront of this increasing phenomenon.

Chapter 2: Literature Review

Suicide is a topic that is rarely discussed in the African American community. One could hypothesize that it is the result of ineffective communication about mental health issues as well as a lack of knowledge about resources available to those in need of treatment, but this has not been substantiated through research. Increased communication about mental health issues may lead to success in the area of stopping suicide attempts among African Americans, whereas, continued communication may also continue to deter those who need help due to shame. The effectiveness of communication in families and the African American community at large may lead to decreased incidences of suicide.

In this review of the literature, critical race theory (CRT) is examined to understand why previous research has largely ignored suicide among African Americans and for its usefulness as a lens to explore this phenomenon in the future. Cultural variables are addressed specific to minorities and their role in understanding suicide, as well as what political and economic variables play a role in how suicide is addressed among this group and minorities in general. Next, the author examines how suicide rates have increased dramatically among young African Americans and discusses what role the government is taking in relation to policies and healthcare acts to improve access to mental health care. Lastly, the author discusses the trends in suicide among African Americans and what past research says is applicable in decreasing suicide among this group.

Critical Race Theory

Cultural competence in social work practice implies a heightened consciousness of how culturally diverse populations experience their uniqueness and deal with their differences and similarities within a larger social context (NASW, 2003). Concurrently, cultural competence

requires social workers to use an intersectionality approach to practice, examining forms of oppression, discrimination, and domination through diverse components of race and ethnicity, immigration and refugee status, religion and spirituality, sexual orientation and gender identity and expression, social class, and abilities (NASW, 2003). Intersectionality is a useful way of thinking in social work and in critical reflection; it gives an analytical tool that is able to capture dynamic power relations and oppression in a way that is sensitive to differences and oppression both within and among groups. This way of understanding social structures and power relations as complex and dynamic is a possible way to avoid stereotyping and simplifying understandings of gender, sexuality, class, and ethnicity as homogenous and static categories (Mattsson, 2014). Cultural humility is also central to social work practice. Cultural humility is about accepting our limitations. Those who practice cultural humility work to increase their self-awareness of their own biases and perceptions and engage in a lifelong self-reflection process about how to put these aside and learn from clients (Ortega & Faller, 2013).

Cultural competence is a tenet of social work practice. The Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (2015) and the National Association of Social Workers (NASW) 2017 Code of Ethics mandate cultural competence with diverse populations. Scholars note several challenges associated with the dominant cultural competence model, including the eclipsing of race as a central mechanism of oppression, resistance, and the unintentional reinforcement of a color-blind lens (Abrams & Moio, 2009; Razack & Jeffrey, 2002; Schiele, 2007; Yee, 2005). Han's (2014) review of suicidal ideation among adults demonstrated that the relationship between race/ethnicity and suicidal ideation is complex and varies by age, thereby asserting the claim that not everyone can be generalized. Critical race theory entails several assumptions:

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

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

Constance-Huggins (2012) asserted that the tenets of CRT are highly compatible with social work. First, CRT's claim that race is endemic and hence an important context in which individuals live is supported by social work's emphasis on context. According to the NASW Code of Ethics (2017), a historical and defining feature of social work is its focus on helping people within their social context. Critical race theory suggests that race is an important context that affects the lives of those who are oppressed. In fact, it puts race, racialization, and racism as central forces of oppression. Whether infused across the curriculum or incorporated in a multicultural class, CRT allows one to recognize how race contributes to the widening gaps in areas such as poverty, unemployment, and education. Embracing this race-based perspective therefore provides opportunities for individuals to be more effective as they pursue social change both with and on behalf of oppressed groups.

Drawing on many of the six core principles described, academia has formed subdivisions of CRT, such as Latino critical race studies (Abrams & Moio, 2009; Perea, 2000; Soloranzo & Yosso, 2001); Asian American critical race studies (Abrams & Moio, 2009; Gotanda, 1995; Matsuda, 1995); and professional disciplines such as the field of education exploring the challenges of integrating cultural competency into professional teacher-training programs. What is notably absent in the literature are applications of CRT to social work theory or pedagogy (Abrams & Moio, 2009). The lack of suicide research with African Americans in the field of social work can be better understood through the lens of CRT. Although suicide predominately affects White individuals, it should not be assumed that the White experience is normal for all who complete or attempt suicide; this is clearly shown through the lens of CRT. Prevailing notions about race shaped early scientific research, but because investigators were not critical about their relationships to their racialized social contexts, they were unable to perceive the insidious influence of racism in their work. The contributions of minorities who might have challenged underlying assumptions were largely excluded (Ford & Airhihenbuwa, 2010). Therefore, many disciplines and fields do not have enough information due to the assumption that African Americans do not commit suicide.

An Analysis of Critical Race Theory

CRT emerged in the wake of the civil rights movement of the 1960s as a component of legal scholarship, meaning the study and analysis of the law. Although CRT has grown in its application in many disciplines, CRT scholarship as a whole challenges liberalist claims of objectivity, neutrality, and color blindness of the law and argues that these principles actually normalize and perpetuate racism by ignoring the structural inequalities that permeate social institutions. CRT challenges us to reflect upon how various social identities and systems of

oppression converge in lived experience, and in turn influences who has access to privilege (Backhouse, 2010). It also deconstructs Whiteness, which is a system that is rooted in social, economic, political, and cultural history that has established institutional structures that privilege White people in relations of White supremacist domination over other racial groups (Crichlow, 2015). Critical race theory draws from diverse disciplines such as sociology, history, feminist and postcolonial studies, economics, political science, and ethnic and cultural studies. Its general mission is to analyze, deconstruct, and transform for the better the relationship among race, racism, and power (Abrams & Moio, 2009; Delgado & Stefancic, 2001). As an oppositional framework geared toward naming and disrupting White supremacy and White experience as the normative standard in legal structures, educational systems, and social institutions, it helps to eradicate inequality across numerous domains (Crichlow, 2015).

One might ask: How does this apply to the need for professionals in the field of social work to research suicide in African Americans? It derives from a basic tenet of critical race theory. It is imperative that social workers are able to understand the experiences of all cultures when working for suicidal individuals. If past research acknowledges that White Americans commit suicide more than African Americans (Drapeau & McIntosh, 2017), then many would argue that there is no need to research suicide among African Americans because they do not represent a large proportion of those who complete suicide. Data shows that in 2017, Blacks/African Americans accounted for 57% of non-White deaths (Drapeau & McIntosh, 2019). Data has also shown that consistently since 2011, suicide among African Americans has increased each year, with ages 5–24 having the largest increases (Drapeau & McIntosh, 2017). CRT asserts the liberalist claim that most research and data can be generalized to the entire

population is inaccurate; therefore, based on assumptions, one would see the need to research suicide in African Americans.

CRT unequivocally states “analysis of the law cannot be neutral and objective and stresses that recognition of and voices from the standpoint of race consciousness are essential to radical racial reform” (Abrams & Moio, 2009, p. 250). From this stance, CRT encourages the voices of all races to be heard when making critical decisions. One cannot assume that everyone is the same and that all answers can be generalized based on one race. Therefore, if all voices are heard, decisions can be made that more accurately align with those in need. CRT refutes two principal liberalist claims with regard to the law: (a) that it is color-blind and (b) that color blindness is superior to race consciousness (Abrams & Moio, 2009). For example, Gotanda (2000) argued that the concept of color blindness is itself contradictory, because to exclude race from a decision-making process, the existence of race must first be acknowledged. He concluded that color blindness, that is, the choice to exclude race, is actually racially premised rather than neutral. Therefore, when one considers Whites as the dominant completers of suicide and bases interventions solely on this group, it is essentially excluding other races and how they respond to this phenomenon.

Many years after the civil rights movement of the 1960s, racial inequality remains woven into the fabric of American society. For example, Blacks lag behind Whites in educational attainment (Ryan & Siebens, 2012), wealth (Kochhar, Fry, & Taylor, 2011), income (Hegewisch, Williams, & Henderson, 2011), and accessing government contracts (Bangs, Murrell, & Constance-Huggins, 2007). These disparities can have severe implications for racial minorities. For example, these disparities are an important source of violent crime (Harer & Steffensmeier, 1992) and can lead to diminished opportunities in education, health, mental health, and other

areas of well-being (Mishel, Bernstein, & Shierholz, 2009). Children from wealthier families have more access to quality education relative to those from poorer families. Further, if quality health care is more accessible to the haves than to the have-nots, then individuals from disadvantaged groups will continue to experience a vicious cycle of disadvantage (Deaton, 2003). The integration of CRT into social work education, practice, and research is needed to fill the gap left by the multicultural approach in addressing racial inequality, thereby promoting social justice, which directly aligns with the NASW 2008 Code of Ethics (Constance-Huggins, 2012).

Abrams and Moio (2009) provide insight into the six tenets that CRT theorists and practitioners share:

Endemic racism. Rather than accepting racism as abnormal or individualistic, CRT asserts that racism is an ordinary, everyday occurrence for people of color. It is deeply embedded in the social fabric of American society, permeating our social structures and practices. Because racism is ordinary and embedded, its structural functions and effect on our ways of thinking are often invisible, particularly to people holding racial privilege. In turn, this “invisibility” maintains racism (Abrams & Moio, 2009). Based on this tenet, one can see how looking at racism through the lens of an invisible cloak, shows that many feel that racism is not a problem, when in actuality, it still exists and is very prevalent.

Differential racialization. Dominant social discourses and people in power can racialize groups of people in different ways at different times, depending on historic, social, or economic need. For example, various Asian American groups were viewed as benign, if not favorable, when a large, inexpensive labor force was needed. Over time, when the financial independence and success of Asian American groups appeared threatening to the national economy, these

groups were demonized in popular discourse and excluded from citizenship by law. Today, after a third reversal in racialization, Asian Americans are considered a “model minority.”

Race as a social construction. CRT maintains that race is a contrived system of categorizing people according to observable physical attributes that have no correspondence to genetic or biological reality. Although CRT regards race as a social construction, it fully acknowledges the force of its meaning and implications (Abrams & Moio, 2009). This proves true today; race is clearly seen at face value. People do not see beyond what is in front of them, therefore becoming engrained in reality.

Interest convergence/materialist determinism. Racism brings material and psychic advantage to the majority race, and progressive change regarding race occurs only when the interests of the powerful (i.e., the White majority) happen to converge with those of the racially oppressed (Abrams & Moio, 2009). This holds true. Many issues do not become a concern of the majority until they directly affect them. One example could be the opioid epidemic where opioids have been affecting the African American community for decades, but when the epidemic entered suburban America and began to affect the majority's households and children, it became an issue that needed to be addressed through congressional action with the Opioid Crisis Response Act of 2018 (S. 2680, 2018).

Voices of color. The dominant group's accounting of history routinely excludes racial and other minority perspectives to justify and legitimize its power. This silencing of alternative experiences serves to minimize and obscure the interplay of power and oppression across time and place. The African American experience as it relates to mental health is one that should be studied and understood to overcome the stigma associated with it. CRT advocates a rewriting of history to include the lived reality of oppressed groups from their perspectives and in their own

words. Bringing these narratives into account challenges liberalist claims of neutrality, color blindness, and universal truths (Abrams & Moio, 2009). Voices of color are central to solving any problem that oppresses the population. One cannot solve a problem without including representations of the source.

Anti-essentialism/intersectionality. CRT acknowledges the intersectionality of various oppressions and suggests that a primary focus on race can eclipse other forms of exclusion. For example, the marginalized race, sexuality, and class of a poor, gay African American person presents a far more complex social location than any single aspect of his identity alone. In fact, CRT theorists contend that analysis without a multidimensional framework can replicate the very patterns of social exclusion it seeks to combat and can lead to the essentializing of oppressions (Hutchinson, 2000). Essentializing is stereotyping or taking an “it is what it is” stance on oppression. The essentializing of oppression is also a political choice and problematic from a strategic perspective. Although it may be clear that all marginalized people share the experience of oppression, it is most important to understand how to target oppression from both the African American experience and the experience of the majority.

Durkheim's Theory of Suicide

Though speculative, scholars have suggested several psychosocial risk factors for fatal and non-fatal suicidal behavior, including frustration, rage, despair, alienation, fatalistic behavior, social deprivation, and immense social stress associated with unemployment, racism, and poverty (Davis, 1980). Based on Durkheim's theory of suicide (2006), the need to assimilate and acculturate to mainstream culture is a plausible explanation for suicide rates among African Americans. To adequately address the changes in the patterns of African American suicidality, one must consider a multi-level approach instead of a single sociological, pharmacological, or

psychological explanation. Joe (2003) states that the increase in suicide risk for young African Americans is best explained from a historical, phenomenological, generational, gendered, and multi-level perspective.

Approximately 70% of all suicidal deaths occur among White males (Drapeau & McIntosh, 2017). Some may speculate that because suicide is not typically considered to be an occurrence that affects other racial or gender groups, studies investigating the phenomenon with these groups (minorities) are underrepresented (Griffin-Fennell & Williams, 2006). The lack of research in this area justifies the need for social workers to address the knowledge scarcity on suicide among African Americans. Spates (2011) studied the rates of suicide among African American women. She argued that although African Americans are 40% less likely than Whites to experience depression in their lifetime, the effects from the illness when present are equally harmful and can lead to increase suicide risk. Beauboeuf-Lafontant (2007) suggested that research shows that African American women experience symptoms of depression and stress as a result of persistent gender and racial discrimination.

According to Willis, Coombs, Drentea, and Cockerham (2003), empirical evidence indicates that risk factors for suicide among African Americans include the following: living in southern and northeastern states, being under the age of 35, using cocaine, having a firearm in the home, and having threatened others with violence in the past. Lacking from the study is the mention of risk variation among African American men and women (Willis et al., 2003). Hundreds of thousands of African Americans live in poverty; Durkheim's theory of suicide argues that suicide is most likely to occur in a society characterized with either low or high levels of social integration or regulation (Durkheim, 2006). Durkheim's theory of suicide analyzes religion as a protective factor. This may hold true in the African American community, where

individuals tend to turn to religion for help with mental health issues. However, it can also be seen as a hindrance when help is needed to address serious mental disorders and the church tends to side with God as the helpmate for all issues. According to Stack and Wasserman (1995), African Americans have a suicide rate at half the rate of Whites due to the church's strong teachings against suicide.

Cultural Variables and Protective Factors for Suicide

Amitai and Apter (2012) argue that cultural variables must be taken into account to understand suicide. According to Joe and Niedermeier (2008a) cultural variables such as ethnicity, gender, and class influence suicidal behavior. Cultural variables correlated with suicide can be considered at four different levels: individual, geographic, societal, and historical influences (Goldsmith et al., 2012). Influences such as family and social support, marital status, family discord and connectedness, parenthood, and religion can have numerous impacts on the ability to not only have suicidal ideations, but also protect one against suicidal ideations (Goldsmith et al., 2002). The same goes for one's socioeconomic status, employment status, as well as education level. Also, variables related to where one resides plays major roles in suicidal ideation (Goldsmith et al., 2002).

The first, the individual, focuses on the influence of specific events in someone's life and their affiliation with and participation in social groups. An approach at this level assumes that critical life events or circumstances are responsible for suicides (Goldsmith et al, 2002). For example, individuals who face divorce, economic strain, or political repression are often characterized as suicide risks. When considering the second level, the focus is on the geographic distributions of suicide, often within countries, and sociocultural profiles are assessed to see if they contribute to the suicide rate (Goldsmith et al, 2002). These studies rely on suicide rates and

characteristics of geographical areas. For example, individuals living in areas of low social integration (e.g., high divorce or unemployment rates) have higher risk of suicide. Third, research at the societal level has examined differences in suicide rates cross-nationally. Different countries, having different institutional arrangements, differ significantly with respect to suicide (Goldsmith et al, 2002). At the historical level of analysis, suicide rates are compared over time periods, to examine either short period effects or longer-term trends. Trends can be examined and correlated with changes over time in social and cultural indicators for various societies (Goldsmith et al, 2002).

Gender is another variable that intersects with cultural variables when one considers research on suicide. Hamilton and Klimes-Dougan (2015) stated that females attempt suicide more often than males, but males are more successful at completing the act. Males represent 81% of all suicide deaths of youth ages 10–24. Gender norms add to the complexity when one considers responses in how youth function in society (Nowotny, Peterson, & Boardman, 2015). An example of these norms that youth experience can be how females and males should look and behave (e.g., beautiful versus ugly).

Social class is a third cultural factor contributing to the prevalence of suicidal ideation and behavior among U.S. populations. In their review of the association between suicide and socioeconomic characteristics, Rehkopf and Buka (2006) suggested that there are lower rates of suicide among individuals in higher socioeconomic areas. Poverty plays a particular role in increasing the risk of suicide behavior among individuals living in rural areas, where mental health treatment may not be readily available. The likelihood of seeking and attending treatment or therapy decreases if the services are not easily accessible (Rehkopf & Buka, 2006).

Religion and suicide. Walker, Lester, and Joe (2006) reported several interesting findings related to African Americans' belief that their general well-being is attributed to God, whereas Whites were more likely to believe that an individual or the government was responsible for their well-being. Empirical evidence shows that African Americans are more likely to utilize social support, have stricter views against suicide, and rely on a culture of survival in hard times in relation to their White counterparts; these may serve as protective factors within the community (Walker et al., 2006). Although suicide-relevant research dates back over a century, researchers have only recently begun to explore suicide among non-Whites, specifically African Americans as an ethnic group (Spates, 2011).

The economic and political determinants of suicide. In November 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a press release entitled "Nearly One in Five Adult Americans Experienced Mental Illness in 2013" (SAMHSA, 2014). Regarding this press release, Levine (2015) noted:

This brief press release provided a snapshot of the number of Americans who are suicidal, depressed, and mentally ill, and it bemoans how many Americans are not in treatment. However, excluded from SAMHSA's press release, yet included in the lengthy results of SAMHSA's national survey are economic, age, gender, and other demographic correlates of serious mental illness, depression, and suicidality. It is these demographic correlates that have political implications. (para. 1)

Some of the implications are involvement in the criminal justice system and the need to decrease the unemployment rate. These lengthy results, for example, include extensive evidence that involvement in the criminal justice system (10.7 per 100,000 of the U.S. population), such as being on parole or probation is highly correlated with suicidality, depression, and serious mental

illness (9.2 per 100,000 of the U.S. population). “Yet Americans are not told that preventing unnecessary involvement with the criminal justice system, for example, marijuana legalization and drug use decriminalization could well prove to be a more powerful antidote to suicidality, depression, and serious mental illness than medical treatment (Levine, 2015, para. 2).” The results of the survey provide extensive evidence that unemployment and poverty are highly associated with suicidality, depression, and serious mental illness. “While correlation is not the equivalent of causation, it makes more sense to be further examining variables that actually are associated with suicidality, depression, and serious mental illness rather than focusing on variables such as chemical imbalances that are not even correlates” (Levine, 2015, para. 3).

Though brief, the press release discussed numerous issues that Americans are facing (unemployment and poverty are highly associated with suicidality, depression, and serious mental illness), but which government is not adequately addressing (Levine, 2015; SAMHSA, 2014). While some studies suggest that poverty is a protective factor, the SAMHSA (2014) found that it increases the risk of suicide. The survey results provide extensive evidence that younger Americans are more depressed than older Americans, that women are more likely to be depressed than men, and that minorities are more likely to be depressed than other ethnic/racial groups. It should be noted that minorities encompass all racial/ethnic groups, not solely African Americans. More rationally, researchers should be asking what it is about American society that is so depressing, especially for young people, women, and minorities (Levine, 2015; SAMHSA, 2014).

The debate about the impact of the economy on suicide risk and rates has progressed in recent years. Early theorists proposed that economic recession could increase suicide rates because of the stress and hardship that poverty creates (Stack, 1981) as well as the potential loss

of social status and connectedness. Lester (2001) suggested that some attribute suicide to an interplay of economic and social factors, while others focus solely on the economic contribution such as higher income decreasing the opportunity cost of suicide. Watts (1998) argued that reports of economic suicides lack a systematic review of the individual's psychiatric history or condition, which could have also contributed to the risk. Mann and Metts (2017) argued that analysis of suicide rates and economic variables at an epidemiological level may allow consideration of more variables like psychiatric disorder rates, treatment, regional income levels, unemployment rates, and demographics, but this analysis carries the risk of the ecological fallacy and does not permit conclusions to be drawn about causality. The association between unemployment and suicide rates has been shown to be stronger in the United States compared with other countries, in which the effect of unemployment is weak or nonexistent (Mann & Metts, 2017). Based on previous studies, one could conclude that economics plays a large role in suicide ideation, especially in males ages 25–64, regardless of race, who are the main source of income in their household. This could explain why this group has the highest suicide rate when adjusted for age.

Healthcare and suicide risk. Prior to the Patient Protection and Affordable Care Act, about one third of those who are currently covered in the individual market had no coverage for substance use disorders and 20% had no coverage for mental health services, including outpatient therapy visits and inpatient crisis intervention and stabilization (Office of the Assistant Secretary for Planning and Evaluation, 2011). When provided in individual market plans, the federal parity law does not apply to ensure that there is adequate coverage for mental health and substance use disorder services. This is largely due to the rising cost of healthcare as well as what is considered limited care versus quality care (NAMI, 2018). Prior to the enactment,

approximately 47.5 million Americans lacked health insurance coverage altogether; of that amount, 25% of uninsured adults have a mental health condition, substance use disorder, or both (Garfield, Lave, & Donahue, 2010).

Due to rising suicide rates, it is imperative that African Americans and other minorities have access to quality health care that includes mental health coverage. It is important to also consider that stigma has been major factor in African Americans not receiving mental health care. The data depict a rather complex picture in which Blacks generally have similar if not lower incidence rates of mental disorders and substance involvement than Whites, but at the same time suffer higher prevalence of serious mental health and legal problems, with devastating effects. The difference between higher prevalence derives from longer duration, given lower access and utilization of healthcare services, lower quality of healthcare services, and worse complications of comorbidities for minority and underserved populations, among others (Noonan, Velasco-Mondragon, & Wagner, 2016).

Trends on Suicide Among African Americans

African Americans are attempting and committing suicide at much higher rates than before (Drapeau & McIntosh, 2019). The most recent data is for 2017 and shows a rate of 6.7 per 100,000, compared to 6.1 per 100,000 in 2016; see Table 3.

Table 3: U.S. Suicide Trends Specific to African Americans

Variable	<i>n</i>	Rate of Suicide
Year		
2017	3,062	6.7
2016	2,770	6.1
2015	2,504	5.6
2014	2,421	5.5
2013	2,353	5.4

(Drapeau & McIntosh, 2019)

Joe and Niedermeier (2006) presented the epidemiological trend data on suicide completion and parasuicidal behavior (suicide attempt where the intent is not death) of African American adolescents from a social work perspective. They stated that the empirical social work practice literature on suicidal African American adolescents is woefully inadequate (Joe & Niedermeier, 2006). Despite dramatic increases in suicide rates among African Americans in general, specifically African American youth, the suicide phenomenon within the African American community remains unexplored and poorly understood (Joe & Niedermeier, 2006). Whereas information has slightly increased since the last study by Joe and Niedermeier in 2008, literature still remains inadequate for designing primary and secondary interventions across all disciplines, but specifically from a social work perspective.

Suicide Risk & Protective Factors Among Young African Americans

Epidemiological studies of adolescents reveal changes in the suicide rate of African Americans. National trend analysis shows a narrowing gap in the rate of suicide between 15- to 24-year-old African American and White male Americans, due to the disproportionate increase in the rate of suicide among male African Americans in this group (Joe & Niedermeier, 2008a). Trends have also shown a marked increase in attempted suicide among African American male adolescents from 1.36 to 2.54 per million children over a 10-year timeframe (Hui, 2017; Joe & Marcus, 2003) and a disproportionate increase in suicidal firearm usage among this group (Howard, 2018; Joe & Kaplan, 2002). These studies used death certificates to examine suicidal trends that may not accurately reflect the actual rate of suicide because of underreporting errors (Joe & Niedermeier, 2008a; Phillips & Ruth, 1993).

Risk factors for young African Americans. A number of factors were identified that increase adolescents' risk of suicide or nonfatal suicidal behaviors. Adolescents with a history of

abuse (Evans, Albers, Macari, & Mason, 1996; Hui, 2017; Joe & Niedermeier, 2008b; Perkins & Jones, 2004; Tubman, Langer, & Calderón, 2001; Weinman, Smith, Geva, & Buzi, 1998), male adolescents who are delinquent or have a tendency to commit a crime, and who are not in a gang are at an increased risk of suicide (Evans et al., 1996). Furthermore, abused adolescents who report receiving support from an adult other than a parent were more likely to have considered or attempted suicide (Joe & Niedermeier, 2008a; McManama-O'Brien, Salas-Wright, Vaughn, & LeCloux, 2015; Perkins & Jones, 2004). One study that included African American adolescents found suicidal ideation to be more likely among students of color than among White students due to increased poverty and environmental issues that they face (Albers & Evans, 1994); another study of adolescents found being African American to be a protective factor against suicide (Chandy, Blum, & Resnick, 1996) largely due to the fact that African Americans do not commit suicide at as high of a rate. Based on the identified factors researchers are in agreement that they represent factors that are known to increase incidences of suicidal ideation.

Risk factors for adults. Even with increased research and phenomenal treatments in the 21st century, Carrico, Neilands, and Johnson (2010) stated that adults living with acquired immune deficiency syndrome (AIDS) or those with a history of abuse (Benda, 2003; Osgood & Manetta, 2001) were at an increased risk of suicide. Furthermore, poor caretaking in childhood increases the risk of self-harm behavior in adulthood (Sansone, Gaither, & Barclay, 2002). High divorce rates were also found to increase suicidal risk, whereas high population density has been found to decrease suicidal risk. Research also revealed risk and protective factors specific to African American women. African American women lacking a social support system are at increased risk of suicidal behaviors, whereas having an intact marriage appears to be a protective factor against suicide (Joe & Niedermeier, 2008a).

Suicide Among Elderly African Americans

The rate of suicide death among elderly African American men was substantially lower than the rate among White men; however, the pattern in the rate of suicide for African Americans and White Americans was similar, indicating a possible connection in suicidal risk factors among races that needs further exploration (Joe & Niedermeier, 2008b; Kaplan, Adamek, & Johnson, 1994). Research shows that there is a marked increase among elderly Americans as it relates to suicide. Firearms have become the choice suicide method among African American and White older women (Adamek & Kaplan, 1996a; Joe & Niedermeier, 2008b). The recent increase in suicidal firearm usage among elderly African Americans and White Americans increased the likelihood that both groups will succeed in their suicide attempts, which is of further concern for a population that is already at an increased risk of suicide and nonfatal suicidal behaviors (Adamek & Kaplan, 1996a, 1996b; Joe & Niedermeier, 2008b; Kaplan et al., 1994).

Among clinically depressed African American women, an inverse relationship between self-esteem and suicide risk (if one's self esteem is higher, it is reasonable to assume that their risk of suicide will be lower), locus of control and suicide risk (the ability of one to feel like they have control over things occurring in their life), and a positive correlation between age and self-esteem was found (over time one becomes happier with their life and their risk of suicide decreases) (Joe & Niedermeier, 2008a; Palmer, Rysiew, & Koob, 2003). There is also comorbidity between depression, aggression, and suicidal ideation, and as the magnitude of depression increased, the strength in the relationship between problems with self-esteem and severity of suicidal ideation also increased (Joe & Niedermeier, 2008b; Nugent & Williams, 2001). Kaplan (2016) suggests that among African American men, poverty was found to reduce

suicide risk, whereas African American men who attained higher levels of education were at an increased risk of suicide (Fernquist, 2004). Kaplan explains that poverty can mediate unemployment's effect on suicide rates, and suggests that policies focus directly on reducing poverty as well as on supporting people who are unemployed. A weakened social integration due to frustrations that their education is not paying off may account for the positive association between suicide risk and education level (Fernquist, 2001).

Then vs. now: suicide risk among past generations. Previous literature (Morano, Cisler, & Lemerond, 1993; Negron, Piacentini, Graae, Davies, & Shaffer, 1997) has identified important risk and protective factors. One question that researchers wanted to address related to: Why were previous generations of African Americans able to endure centuries of epic cruelty and manage to avoid succumbing to hopelessness and depression, while recent generations experience higher rates of suicide among the young (Joe & Niedermeier, 2008b)? Reviews of the few studies that have examined suicidality in African American adolescents identified depression, delinquent behavior, lack of family support, history of abuse, and substance abuse as risk factors (Bridge et al., 2018; Hernandez, Lodico, & DiClemente, 1993; King, Raskin, Gdowski, Butkus, & Opiari, 1990; Morano et al., 1993; Negron et al., 1997). One limitation of these previous studies lies in the fact that the primary focus was on female suicide attempters, whereas none have looked at the risk factors for males who attempt or complete suicide. This presents as a shortcoming because most of the completers are males. It also raises the issue of convincing African American males to talk about mental health issues.

Relevance to Social Work Education and Leadership

Although Joe and Niedermeier (2008b) led the charge of the need for social workers to address the unmet needs of suicidal African Americans through continued research from a social

work perspective, not much headway has been made. Their 25-year (1980–2005) systematic review produced 11 empirical research articles focusing on African American suicide or nonfatal suicide behavior. Articles authored by social work researchers affiliated with a school, college, or department of social work, those who had a social work degree (BSW, MSW, DSW, or PhD), and/or articles authored by non-social work researchers, but published in social work journals were included in their study. Their broad search produced 181 suicide-related articles over that 25-year span; when examined, 45 of those articles included information on African Americans, and 34 of the 45 articles were research studies that studied suicidal risk factors.

Future leaders in the field of social work must understand that African Americans are attempting and committing suicide at much higher rates than before (see Table 3); therefore, early intervention must become a part of suicide prevention efforts. It may be true that the rate of suicide completions by African Americans are lower than that of White Americans, but the protective factors necessary to assist with prevention efforts differ by race. Therefore more research should be conducted based on social work's person-in-environment approach. This could provide some insight into how African Americans environment play a role in suicide attempts and ideations.

Gaps in Literature

Several gaps exist in the literature. A review of existing literature shows that most of the research conducted pertains to White Americans and is generalized to all races. CRT asserts that one cannot generalize all research and data to all races, but that research should be conducted and interventions developed based on that race's protective factors. Research on suicide in minority groups in general is limited, and often it is not global enough to generalize the findings to the whole of the minority group. This research decreases even more when separated by race

for African Americans. Additionally, some studies that include minority populations use sample sizes that are not representative of the minority groups' general population; therefore, some research appears to contradict other research. For instance, Albers and Evans' (1994) study found suicidal ideation to be more likely among students of color than among White students, while another study found being African American to be a protective factor against suicide (Chandy et al., 1996). This myth should be dispelled, because African Americans are committing suicide and the rate among African Americans is increasing every year.

To assist with narrowing down such broad topics, the literature review focused primarily on the cultural aspects of suicide for African Americans as well as risk factors that can affect African Americans. First, understanding the history of CRT was discussed to provide context to the problem or lack thereof as it relates to research on suicide among African Americans. After discussing CRT, cultural variables as well as risk factors were discussed for youth and adults. Later, some of the economic and political determinants of suicide were addressed to understand what is being done from a congressional and governmental level. The literature reviewed throughout this chapter has assisted with setting a foundation for the basis of the study. The exploration of the methods of conducting this study will now be discussed in chapter 3.

Chapter 3: Methodology

The purpose of this systematic review was to examine social work's contribution to research on suicide among African Americans. A systematic review was chosen because it allows for a thorough examination of existing literature and allows one to provide implications for future research if necessary. In this section, the discussion will include the strategy used to analyze the current literature and the inclusion and exclusion criteria used. Furthermore, it will discuss the approach and rationale for the utilization of the Campbell Collaboration protocol (2014). These include an exhaustive review method on which articles were selected for this systematic review, the criteria for selecting these articles, and the use of the Campbell Collaboration Systematic Review Guidelines.

The systematic review was formulated and guided using the Campbell Collaboration protocol (2014). Researchers and policy makers are inundated with unmanageable amounts of information, including evidence from healthcare research. It is unlikely that all will have the time, skills, and resources to find, appraise, and interpret this evidence and to incorporate it into healthcare decisions. Campbell reviews respond to this challenge by informing policymakers, practitioners, researchers, and other interested parties about the extent, quality, and findings of the available research evidence on the effectiveness of social programs, policies, or practices. Suitable topics, therefore, involve the synthesis of research that investigates the effects of deliberate, organized social interventions intended to bring about change on some set of targeted outcomes that represents improvement in the conditions the intervention is designed to address for a population experiencing those conditions. The Campbell Collaboration uses the SAMPLE framework. The SAMPLE framework is described as follows: (a) is it Specific; (b) is it Answerable; (c) are there Measurable constructs; (d) is it Practical, i.e., relevant for

policy/practice; (e) is it Logical, i.e., based on a theoretical or logical model; and (f) is it Empirical, i.e., can answers be attained using observable evidence (Campbell Collaboration, 2014). The Campbell Collaboration (2014) does not have a minimum number of studies needed requirement for a systematic review.

Search Strategy

The study utilized a comprehensive and extensive literature review of published social work research from 1980 to 2018 to examine social work's contribution to research on suicide among African Americans. In 2008, Joe and Niedermeier published a systematic review of research on suicide and African Americans. The study included any articles authored by social workers or published in social work journals between 1980 and 2005. Joe and Niedermeier (2008b) led the charge to conduct more research and publish literature, specific to African Americans. Since that time, researchers in the field of social work have contributed limited amounts of literature and even less interventions to address this phenomenon. It was my belief that allowing articles published in non-social work journals would yield additional studies that might provide more insight into suicide among African Americans. Social workers should lead the charge in providing unique interventions specific to African Americans, largely due to the fact that social workers are the largest provider of mental health services.

In this study social work's contribution to suicide literature is defined as social work educators that teach in social work programs and social work researchers who have published research on suicide among African Americans. In August of 2018, a search was conducted using the following databases: PsycINFO, Social Work Abstracts, Social Services Abstracts, Sociological Abstracts, EBSCOhost, ProQuest, and JSTOR. These databases were selected based on their ability to provide peer-reviewed journal articles and abstracts within the social work and

human services field. Boolean searching is built on a method of symbolic logic developed by George Boole, a 19th century English mathematician (Burns, 2011).

Boolean searches allow a researcher to combine words and phrases using the words AND, OR, NOT (known as Boolean operators) to limit, broaden, or define a search. I used the Boolean search method to develop my search string. The following search string was used to find peer-reviewed abstracts or titles in databases: social work AND (suicide OR study OR comparison OR Evaluation) AND (African Americans OR Blacks OR minority). Additional studies were sought by reviewing the reference list in the studies that were found through the initial search.

The Campbell Collaboration (2014) protocol was chosen based on clear, detailed guidelines developed by the authors that were straightforward and meshed well with this systematic review, proposing the questions: (1) What is the contribution of social work literature on suicide among African Americans? and (2) What are the protective factors identified in literature related to decreasing incidence of suicide among African Americans? Sufficient evidence was discovered during the initial literature review to continue with a systematic review. Two examples would be the review by Joe (2006b) and Joe et al. (2018); both articles critically reviewed published articles by social workers on African American suicide. Another reason to continue with a systematic review would be the need for increased research on suicide among African Americans. The current body of literature does not say enough about this phenomenon; therefore, more research is warranted.

Inclusion Criteria

The strategy for the systematic review continued by selecting research studies based on the inclusion criteria consisting of articles that are unique to the subject. Studies in this

systematic literature review were included if they: (a) were published in peer-reviewed journals; (b) were published by social work researchers, as determined by whether they had a social work degree (e.g., BSW, MSW, DSW, or PhD); (c) were published by a social worker/other discipline in a social work journal or published by a social worker in another journal other than social work; (d) were published between 1980 and 2018 (applies to potential eligible studies within articles); (e) were concerned with social work knowledge, practices, skills, and values; and f) were concerned with how protective factors specific to African Americans reduce the risk of suicide. It is the author's hypothesis that including other disciplines published in social work journals would yield more results for the systematic review. The inclusion criteria were applied to articles referenced within the articles deemed appropriate for the systematic review to determine if they could also be included in the study. These articles are included in table format in the appendix in Appendix E of the dissertation.

Exclusion Criteria

The systemic literature review required peer-reviewed journal publications for consideration and cited research references of articles to be evaluated for further potential eligible studies. Articles were excluded if they: (a) were not published in peer-reviewed journals; (b) were not published by social work researchers as determined by whether they had a social work degree (e.g., BSW, MSW, DSW, or PhD); (c) publication did not include a social worker as researcher; (d) were not published between 1980 and 2018 (applies to potential eligible studies within articles); (e) were not concerned with social work knowledge, practices, skills, and values; and/or (f) did not examine how protective factors guard against suicide among African Americans. These excluded articles will be listed in table format in Appendix F of the dissertation.

Data Analysis

Analysis of the identified research articles began by using the Campbell method for data extraction and study coding procedures. The Campbell Collaboration (2014) uses a three-part coding scheme. Level one is to provide a descriptive profile of the body of research included in the review; Level two is to extract information that can support the construction of moderator variables (a variable that affects the relationship between an independent and dependent variable) needed to explore differential effects associated with characteristics of the study; and Level three is the extraction of information from the source studies that allows representation of the effects of the intervention on the outcome variables of interest (Campbell Collaboration, 2014). If the article was theoretical in nature, I sought potential outcomes and interventions based on the literature found. Once the information was coded, the next step involved extracting the data required by the coding form from each study in a systematic and reliable fashion.

To assess the quality of the journal's articles, a quality assessment tool (Appendix G) using general critical appraisal guides and design-based quality checklist was conducted. Articles were indexed to capture the title, author, purpose, methodology, findings and outcomes, and key thoughts on the articles. The Campbell Collaboration (2014) suggests using the PQRS system, which entails previewing, questioning, reading, and summarizing each article.

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

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

After articles were classified as descriptive, explanatory, or control (Rosen et al., 1999), they were classified based on the following criteria: (a) research and non-research based (Joe & Niedermeier, 2008b); (b) social work and non-social work journals; (c) epidemiological trends (Cash & Bridge, 2009); (d) measurement of suicidal thoughts and behaviors (Ghasemi, Shaghghi, & Allahverdipour, 2015); (e) whether a case study was used as the basis for the study (Joe & Niedermeier, 2008b); (f) any identified risk/protective factors that increase/decrease the likelihood of a suicidal act; and (g) any interventions developed for future social work practice. Articles that were non-research based were analyzed based on the study of a particular theory against the phenomenon and/or whether a literature review and synthesis of information was conducted (Joe & Niedermeier, 2008b). Research articles are defined as studies in which original data analysis was performed and new knowledge generated (Rosen et al., 1999). Articles were placed into categories based on the coded definitions stated earlier. Articles also looked at the author characteristics as well as the regional characteristics relative to this suicide rate in that region.

Upon receiving the results, the author looked to interpret the results using these CRT concepts: Race as a social construction, interest convergence, voices of color, and

intersectionality. The author worked to develop implications and conclusions based on the following: (a) Are interventions based solely on the observable attributes of suicide completers? (b) Does intersectionality impact service delivery design? (c) How can voices of color change the narrative of suicide interventions? and (d) How does interest convergence influence suicide prevention? It was believed that these concepts would help the author address how oppression and inequality impacts the unmet mental health needs of African Americans.

To minimize the risk of bias, the Campbell Collaboration (2014) suggests identifying the methodological and procedural features of the studies that are relevant and ensuring that they are captured in the coding protocol. Risk was minimized by eliminating studies from the review that had too much potential for bias, based on there being limited reviewers who have access to the published material (i.e., articles with single authors who did not utilize a risk of bias tool), articles that had selection bias with their participants, and articles that had incomplete data. Articles that were biased were removed from the dissertation and excluded from the systematic review.

Protection of Human Subjects (Institutional Review Board)

Per Kutztown University Institutional Review Board, approval is not required for a systematic review because the research is looking at published literature. This literature review did not require the participation of a research population, and therefore there is no harm to human subjects and the study was exempt from IRB. Data for the review does not contain sensitive information and will be stored on a home personal computer.

Summary

In summary, the inclusion and exclusion criteria narrowed the field of applicable articles for utilization in the systematic review. In Chapter 4, the quality of the research will be appraised

by thoroughly evaluating all aspects of the data analysis using the Campbell Collaboration method. Using a systematic approach to logically compare and extract valuable and useful data generated a basis for the need to increase the body of knowledge on this phenomenon from a social work perspective. The author looks at what protective factors are specific to African Americans and the ways in which they can decrease suicide rates among this group. This process is imperative to support evidence-based practice for implementation within the clinical social work community and social work education because research should not be generalized, but specific to the different groups that are affected by the phenomenon.

Chapter 4: Results

Study Selection

Search procedures and results. Step 6.2.7.1 of the Campbell Collaboration (2014) involves study selection (see Appendix H). To ensure coverage of all articles related to the subject matter under review, seven major databases were searched. To capture articles within the behavioral and social sciences body of literature, PsycINFO, Social Work Abstracts, Social Sciences Abstracts, Sociological Abstracts, EBSCOhost, ProQuest, and JSTOR were chosen. Initially, PubMed was chosen due to the nature of the review, but it was later excluded due to the limited articles related to social work.

An exhaustive list of synonyms intended to operationalize all relevant variables was developed based on the following five concepts: suicide, African Americans, risk factors, protective factors, and social work based on upon step 6.2.7.2 of the Campbell Collaboration (2014). These synonyms represent text words and search terms that are relevant to the subheadings defined in Appendix A. An example could be suicide as a concept, with the subheading being suicide, and text words being suicidal ideations and suicide attempts. When a term had synonyms outside the controlled vocabulary, these were entered into the search (FIND) as text words. See Appendix A for concept table, search strategies, and strings.

The seven databases were searched on different dates. On August 30, 2018, searches were performed in EBSCOhost, PsycINFO, Social Work Abstracts, Social Sciences Abstracts, and Sociological Abstracts, with a yield of 200 articles. Articles were filtered to include only peer-reviewed articles and this search yielded 149 articles. Articles were further limited to academic journals between 1980 and 2018 and this search yielded 133 articles. *Academic journals* are defined by EBSCO Information Services (2018) as journals that publish articles that

carry footnotes and bibliographies and whose intended audience is comprised of some kind of research community. This 2018 EBSCO definition includes “peer-reviewed” journals that are intended for an academic audience.

Lastly, duplicates were removed, which yielded 108 articles for abstract screening. On September 5, 2018, searches were performed in ProQuest and JSTOR, with an initial yield of 534 articles. Articles were limited to peer-reviewed academic journals between 1980 and 2018; this search yielded 82 articles. Duplicates were removed, leaving 38 articles, which resulted in 11 duplicates from the previous database searches.

Abstract screening. The Campbell Collaboration (2014) suggests using a checklist during this phase of the review. A self-designed abstract screening checklist (Appendix B) was used for the next stage of the review to determine criteria for inclusion/exclusion. Titles and abstracts were screened for relevance, first applying publication-related criteria such as format (article in a peer-reviewed scientific journal), language (English language), and year of publication (after 1980). The next screening criterion captured only those articles that were written or produced by a social worker in any academic journal, and/or another academic discipline, but published in a social work journal, and included protective factors specific to African Americans. Protective factors were defined as those factors that can lead to decreased incidence of suicide. For this study they were defined as “church,” “family support,” “community support,” “social support,” “access to care,” “old age,” “living in southern region of the United States,” “belief that suicide is not an option,” “education,” and “marriage” (Gibbs, 1997). These terms were chosen based on a review of the original 2008b study by Joe and Niedermeier, who concluded that protective factors should be further researched to determine how they could lead to decreased incidence of suicide among African Americans. Next, titles and

abstracts were reviewed to capture only those articles that included suicide specific to African Americans. At the end of this process, 33 articles were excluded from ProQuest and JSTOR and 79 were excluded from the remaining databases. Full-text articles were downloaded for the remaining 34 articles.

Full-text review. The Campbell Collaboration (2014) suggests using a checklist during this phase of the review. Using a researcher-designed checklist (Appendix C), inclusion and exclusion criteria were applied to the remaining 34 articles. Of the 34 remaining articles, 14 did not promote social work knowledge, practice, values, and skill, which Dettlaff (2003) defines as “social welfare,” “systems theory,” “relationship between individuals, families, institutions, and societies,” “social structure,” “advocate for policies and programs that promote social justice,” “equality,” “person-in-environment,” “how environment plays a role in suicide,” and “enhanced functioning.” As it relates to protective factors, 8 articles did not include protective factors specific to African Americans. Of the 12 remaining articles, the references from the original 2008b Joe and Niedermeier study as well as the references of the articles for inclusion were screened for articles relevant to the topic using the inclusion and exclusion criteria. From that list, eight articles were pulled that fit the criteria in the abstract screening checklist and the full-text review checklist. Three of the original articles were excluded because they lacked a focus on protective factors specific to African Americans. These included the years 1980 through 1996. At the end of this process, 20 articles were selected for inclusion (see Figure 2).

PsycINFO, Social Work Abstracts,
Social Sciences Abstracts, Sociological Abstracts,
EBSCOhost

ProQuest & JSTOR

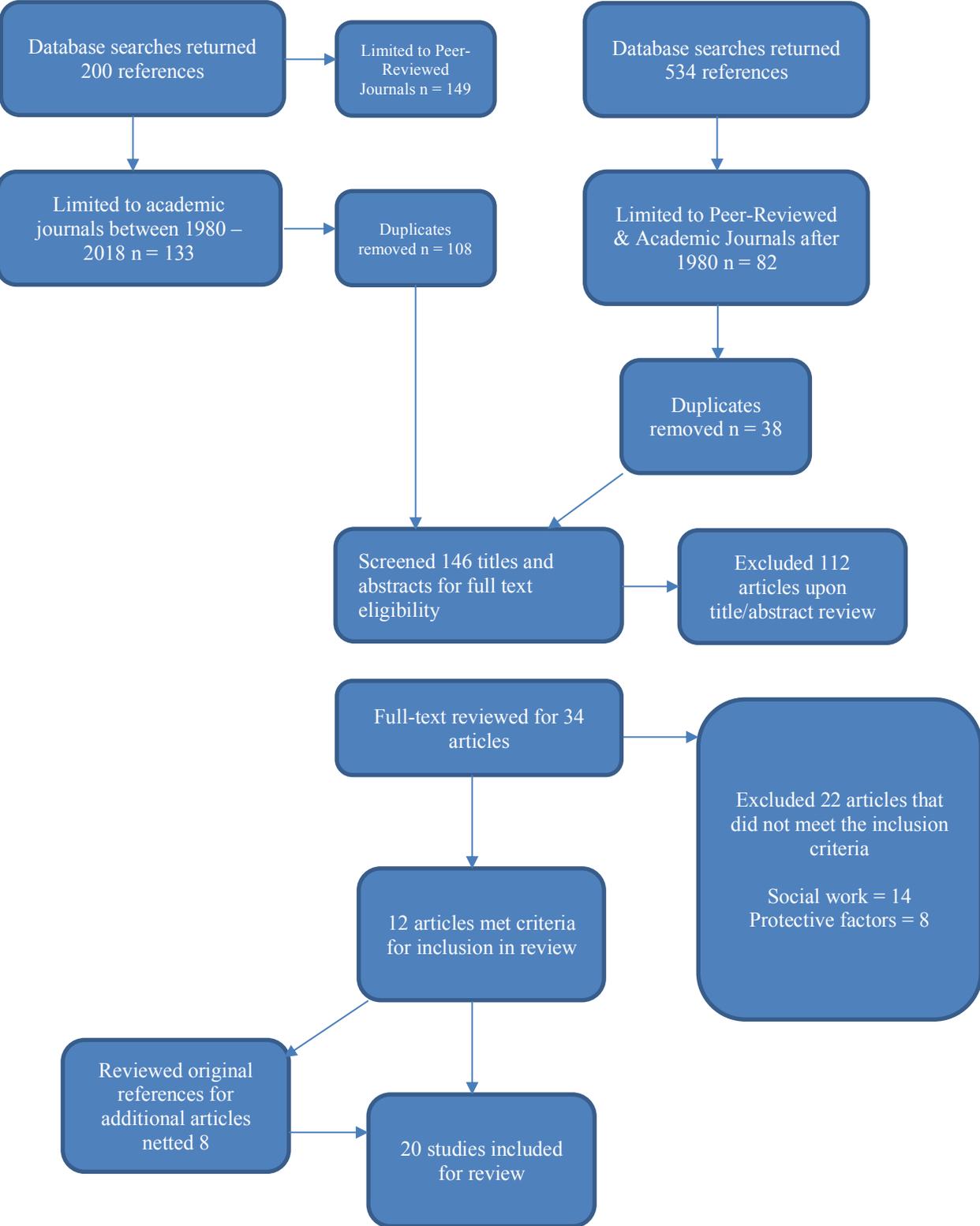


Figure 2: Study retrieval flow chart.

Data Extraction

Each study that passed the screening process above was coded using a structured data extraction form, which is included in step 6.2.7.2 of the Campbell Collaboration. The data extraction form included items related to study design, including (a) whether it was a descriptive, explanatory, or control study; (b) included social work knowledge, values, skills, and/or practices; (c) discussed protective factors specific to African Americans; and (d) included a variety of ages and gender. In addition, the form captured data about other disciplines, the methods used to commit suicide, risk of bias, and details about any interventions or outcomes. See Appendix D for the data extraction form (Campbell Collaboration, 2014).

Description of Included Studies

Classification of articles. Articles that were categorized as non-research based, such as theoretical articles, brief write-up, and commentaries were excluded from the review. Research articles were defined by the researcher as studies in which data analysis was performed and new knowledge generated. Articles were further classified according to Rosen et al.'s (1999) taxonomy for the three types of knowledge—descriptive, explanatory, and control—generated from research. Articles were reviewed to see if the authors tested the reliability of all studies.

According to Rosen et al. (1999), descriptive studies provide practitioners with information to assess and classify clients and problems, including their central tendencies or distribution, which can be used to make decisions about which services are needed by whom. Explanatory studies examine the relationship between two or more variables, so that the reader can understand factors influencing their variability and consequences. They are hypothesis-driven examinations of differences between groups and consider multiple variables simultaneously. Control studies examine the effects of services delivered or test the efficacy or

effectiveness of interventions. Articles containing both descriptive and explanatory knowledge were classified as explanatory.

Design characteristics. Articles included for study represent the years 1997 through 2018. The majority of the articles were published between 2007 and 2018. The largest percentage of articles was produced by researchers in the Midwest (45%), followed by 25% occurring in the West. 20% of articles came from researchers in the Mid-Atlantic and 10% from researchers in the South; see Table 4 for a depiction of the design characteristics of the articles. The most common research design was a comparative descriptive design (50%), looking at how suicide affects African Americans, followed by a descriptive correlational design (35%), which looked at the relationship between suicide among African Americans and variables such as poverty, mental health, or violence. The remaining articles utilized a cross-sectional and quasi-experimental design, representing 10% and 5% respectively.

Table 4: Design Characteristics of the Articles

Variable	<i>N</i>	%
Setting		
Midwest	9	45
West	5	25
Mid-Atlantic	4	20
South	2	10
Design Type		
Comparative Descriptive	10	50
Descriptive Correlational	7	35
Cross-Sectional	2	10
Quasi-Experimental	1	5

Participant characteristics of authors. A total of 36 authors were included in this review; see Table 5 for a description of the authors' characteristics. 38.89% (14) were PhDs in social work, 27.78% (10) were PhDs in psychology, 16.67% (6) were MSWs, 11.11% (4) were PhDs in public health, 2.78% (1) were MS in public health, and 2.78% (1) represented a PhD in Bible. 52.78% (19) of the researchers were female and 47.22% (17) were male. A review of the included articles shows that social workers worked primarily with psychologists and public health officials when producing literature on suicide among African Americans.

Table 5: Author Characteristics

Variable	<i>N</i>	%
Degree		
Social Work PhDs	14	38.89
Psychology PhDs	10	27.78
Social Work MSWs	6	16.67
Public Health PhDs	4	11.11
Public Health MSs	1	2.78
Bible PhDs	1	2.78
Gender		
Female	19	52.78
Male	17	47.22

Social Work Knowledge, Values, Skills, and Practice

Results showed that out of 20 articles related to suicide, the largest emphasis was placed on how the environment plays a role as it relates to suicide among African Americans at 75% ($n = 15$), followed by understanding the individual needs of the person requesting help 40% ($n=8$) and social justice/social welfare, each at 30% ($n = 6$). Emphasis was also placed on education 25% ($n = 5$). As noted, some articles mentioned more than one variable. Each of the social work knowledge, values, skills, and practices shown in Table 6 will be explained thoroughly in the discussion portion of Chapter 5 based on step 6.2.7.5 of the Campbell Collaboration.

Table 6: Social Work Knowledge, Values, Skills, and Practice

Variable	<i>N</i>	% of Articles
Environment Plays a Role	15	75
Individual Factors Play a Role	8	40
Social Justice/Welfare	6	30
Education	5	25

Protective Factors for African Americans

A review of the literature shows that social support from peers represented the largest protective factor for African Americans at 100% ($n = 20$). Included in the broad category of social support are peer support at 90% ($n=18$), family support at 40% ($n = 8$), religion at 35% ($n=7$), private regard/strong African American Identity at 35% ($n=7$), and intact marriages and the role of women at 20% ($n=4$). Other factors worth mentioning are poverty and education at 30% ($n = 6$), impulsivity/aggression and access to care at 10% ($n = 2$), followed by community violence at 5% ($n = 1$). As noted, some articles mentioned more than one variable. Each of the protective factors shown in Table 7 will be explained thoroughly in the discussion portion of Chapter 5 based on step 6.2.7.5 of the Campbell Collaboration.

Table 7: Protective Factors Specific to African Americans

Variable	<i>N</i>	% of Articles
Social Support*	20	100
Peer Support	18	90
Family Support	8	40
Religion	7	35
Private Regard/Strong African American Identity	7	35
Intact Marriages and the role of women	4	20
Poverty & Education	6	30
Impulsivity/Aggression	2	10
Access to Care	2	10
Community Violence	1	5

*Had at least one of the subcategories of social support

Risk of Bias in Included Studies

For this review, half of the articles were classified as descriptive and the other half were classified as explanatory. To assess for risk, the Campbell Collaboration Risk of Bias tool (2014) was used based on step 6.2.7.3. Those studies that were classified as descriptive and cross-sectional included interviews with persons of various races, with a focus of separating data for African Americans. All studies had multiple reviewers to limit reviewer bias. Studies classified as explanatory also had multiple reviewers to limit selection bias. Based on a review of the studies, risk for bias was deemed low for all studies with interrater reliability.

The ROBINS-I tool (Sterne et al., 2016) was used to assess risk of bias in the one study (Walls, Freedenthal, & Wisneski, 2008) that used a non-randomized quasi-experimental design to study suicidal ideation among minorities. Risk was assessed for gender and race, substance abuse, victimization, and hopelessness. Bias was assessed and deemed to be low risk based on the selection of participants in the study. All selections were random.

Summary of Main Results

The current study was developed in response to the increase in suicide rates among African Americans, most notably young adolescents who represent the highest increase in suicides among that age range for all races. Protective factors have been found to be effective in helping individuals who are suicidal cope with the stressors that are present in their life at the time of the ideation (CDC, 2018; Joe, 2006; Joe & Marcus, 2003; Joe & Niedermeier, 2008a), enhance resilience, and counterbalance risk factors during times of extreme stress or crisis (Bennett & Joe, 2015; Bryant & Harder, 2008; Gibbs, 1997; Joe & Niedermeier, 2008a). Strengthening protective factors can lead to decreased incidences of suicide (Joe & Kaplan, 2001). This chapter will examine the results of the literature produced by social workers from 1997 to 2018 (Appendix E) as it relates to protective factors specific to African Americans combined with social work knowledge, skills, practices, and values. This is of value to the social work profession, as CRT highlights the need to minimize generalizations and move toward decreasing inequality among minorities.

Literature shows promising data that environmental and individual factors play a role in an individual's decision to commit suicide. The literature also shows that social justice/welfare and the need for continued education on suicide should be incorporated in social work education programs (see Table 8).

Table 8: Social Work's Contributions to Research on Suicide Among African Americans

Authors (date)	Environmental Factors Play a Role	Individual Factors Play a Role	Social Justice	Education
Bennett & Joe (2015)	X	X		X
Bryant & Harder (2008)	X			X
Chatters et al. (2011)	X			
Gibbs (1997)	X	X	X	
Joe (2006a)	X			
Joe (2006b)	X	X		
Joe et al. (2018)	X			X
Joe et al. (2006)				
Joe & Kaplan (2002)	X		X	
Joe & Kaplan (2001)	X		X	
Joe & Marcus (2003)		X		
Joe & Niedermeier (2008a)	X	X	X	X
Joe & Niedermeier (2008b)			X	X
Lincoln et al. (2012)	X			
Lindsey et al. (2017)	X			
Lindsey et al. (2010)	X	X		
Nguyen et al. (2017)	X	X		
Street et al. (2012)			X	
Taylor et al. (2011)	X			
Walls et al. (2008)		X		

In the current political and economic climate with unmet mental health needs on the rise and suicide increasing daily, it is important to make sure that social workers are aware and can recognize the signs of suicidal ideations as well as understand the importance of protective

factors that could potentially guard against suicide among African Americans. Additional training on suicide is necessary to ensure that social workers are equipped to handle the wide range of consumers whom they may encounter on a weekly basis during the normal course of business. This author hypothesized that including other disciplines in this study would yield more. As a result of this inclusion criteria 44% of the included articles were by other disciplines in conjunction with social work authors or included in a social work journal. The discussion chapter of this systematic review will analyze the literature obtained and synthesize the results of protective factors specific to African Americans in conjunction with social work knowledge, values, skills, and practices.

Social Work's Contributions to Research on Suicide Among African Americans

Ten articles were identified by the researcher as new literature (date range 2008 – 2018) from social work researchers specific to the inclusion criteria. Two articles were published prior to the original publication of 2008 by Sean Joe and Danielle Niedermeier and were included as literature produced by researchers in the field of social work that were specific to the inclusion criteria. From the original articles included in the Joe and Niedermeier (2008) study, eight additional articles were chosen based on the inclusion criteria and specific to the literature produced on suicide among African Americans. The literature shows that since the initial publishing date (2008), moderate literature has been produced by social workers on suicide among African Americans.

As previously discussed, the study was interested in seeing what research social work has produced concerning suicide among African Americans. All of the articles included were either written by social workers or published in a social work journal. Additionally, a social work perspective was defined as including a person in environment approach, concern for social

justice, and social work specific education. These are domains under which the finding for question one is organized and analyzed. This section will provide some explanatory knowledge of such.

Explanatory Knowledge

Environment plays a role. Environments shape who we become over time and are central to the development of individuals. Social work's person in environment perspective looks at how an individual's environment affects them as they transition throughout life. African American youth living in urban environments attempt suicide at twice the national rate which suggests that the social context in which African American youth live, may increase the prevalence of suicidal behavior (Bennett & Joe, 2015). Joe (2006a) suggests that environmental factors place younger generations at increased risk for suicide. Bennett and Joe (2015) agree and argue that African Americans, "tend to be concentrated in urban areas and, as a result, may be more vulnerable to stressors endemic to the urban environment (e.g., exposure to community level violence, social disorganization) than those living in other types of settings" (p. 776). Additionally, youth who are exposed to murder are twice as likely to commit suicide and those who are exposed to stabbings are three times as likely to commit suicide compared to their White counterparts (Joe & Kaplan, 2001).

The rise of suicide in the 1980s coincides with the deindustrialization of American cities, which disproportionately affected African American families and communities (Joe, 2006a). This resulted in male joblessness combined with increased disruptions of family systems, urban blight, and poor social organization. Gibbs (1997) explained that high unemployment in disadvantaged neighborhoods, especially those in the northern United States, plays a role in suicide rates among African Americans. She argued that family dysfunction, conflict, or violence

lead to high rates of suicide among adolescent African Americans. Joe and Kaplan (2002) agreed that during the 1980s, the crack cocaine trade and joblessness resulted in rapid increases of firearms in African American neighborhoods. "Previous research has pointed out that the increase in suicide among Blacks was primarily because of increases in firearm-related suicide of young males" (Joe & Kaplan, 2002, p. 3). Gibbs (1997) agrees that the availability of guns in urban communities has contributed to the increased suicide rate, she argues that African American youth and adults are chronically frustrated and often make impulsive decisions against themselves and others. Researchers presume that the male suicide rate is higher because males' use of more lethal means, such as firearms, which results in more fatal acts among African American males (Joe & Niedermeier, 2008a). African American males and men in general at times do make impulsive decisions that are not well thought out and at times lead to suicide.

African Americans living in high-risk environments with low social support can result in depression (Lindsey et al., 2010). In particular, risk factors for depression among this group have been linked to having fewer supportive networks, lower perceived future opportunities, and increased exposure to delinquent peers and violence (Lindsey et al, 2010). Bennett and Joe (2015) agree that there is a significant relationship,

between exposure to interpersonal violence and a host of poor social and developmental outcomes, including (a) anxiety, (b) depression, (c) substance abuse, and (d) increased likelihood for violent victimization and perpetration as well as suicide. This may in turn contribute to higher levels of risk for poor outcomes including, but not limited to, depression, substance abuse, and suicide. (p. 776)

Being able to cope with environmental changes as they occur is key to strengthening oneself cognitively as well as adapt to external changes.

Although it seems unlikely that impulsivity is a protective factor, there is debate about impulsive behavior and its role in mitigating suicide risk. Young adults can be impulsive, and older adults tend to plan their suicide attempts. As a result, it is important that access to firearm is limited for African Americans at risk for impulsive attempts of suicide (Joe, Baser, Breeden, Neighbors, and Jackson, 2006). Bryant and Harder (2008) show that impulsivity and aggression are related with suicidal ideation and suicide attempts among adolescent African American males. Stack (2000) saw impulsivity and aggression as a protective factor, whereas Bryant and Harder (2008) see it as a risk factor. The violence seen in the community where an individual lives could increase their level of impulsivity, thereby leading to increased incidents of suicide, but it can also deter them from a path of criminality and allow them to strive to make better decisions.

Depression can develop from the social context in which African Americans live, which can lead to feelings of hopelessness, worthlessness, and even suicidal thoughts (Lindsey et al., 2017). For instance, youth reared in homes plagued by physical and emotional abuse or substance abuse and may have greater risk for depression and suicide (Lindsey et al., 2017). One reason for the increased prevalence of depression and mental health needs could be the lack of parental support in high crime urban areas or areas where external factors such as drug use and poverty weigh heavily on the adolescents living in those areas. On the contrary, authoritarian parenting, which is prevalent in the African American community has been known to improve long-term outcomes among adolescents, but not necessarily buffer against suicide (Bennett & Joe, 2015).

Community is an integral part of the African American family. The old adage states “it takes a village to raise a child.” In this regard, community-based organizations, churches, as well

as institutions developed by the African American community, may increase the likelihood of African Americans seeking help, compared to public agencies (Joe, 2006b). Joe and Kaplan (2001) agree that while family and community are integral in the development of African American youth, having dysfunction in these core systems can lead to increased incidences of suicide. Also, negative interaction with family members suggests that when this level of support is not available, the potential for suicide increases (Lincoln et al., 2011). To the contrary, negative interactions within the family system can add additional stress that increases the ongoing difficulties and stressors experienced by African Americans. If church is an integral part of the individual's life, then some form of spirituality should be utilized as a means to assist with reducing the risk. If knowledge of the family system and how that environment plays a role in the mental wellness of the individual help to buffer against suicide, then understanding those stressors are key for the social worker.

Religiosity is very important in the African American community is very important. One study argued that the "frequency of interaction with church members was positively associated with suicidal attempts" (Chatters et al., 2011, p. 1). Although surprising, it would be erroneous to interpret this finding as indicating that more frequent interaction with church members is a risk factor for suicidal attempts. This finding is consistent with theoretical models of the relationship between religion and physical mental health, as well as models of social support and physical mental health. Taylor et al. (1997) agree and disagree that religious involvement protects against suicide, but can also lead to increased suicide risk due to decreased incidences of requesting help. If being a part of a religious organization can increase suicide risk, then it is important to understand that this could be related to the belief that the church and God can solve all problems, versus seeking help from qualified mental health professionals.

Whereas dysfunction and disconnection can lead to increased incidents of suicide, close relationships can also do the same. Nguyen et al. (2017) examined suicidal ideation among African Americans who had close relationships with their families, friends, and loved ones. With regard to suicide attempts, individuals with supportive networks, such as family and friends, were less likely to attempt suicide (Nguyen et al., 2017). In contrast, subjective closeness to friends can also increase the likelihood of attempting suicide, if that friend has similar ideations.

Individual factors play a role. Joe (2006b) acknowledges that “the pervasive social stigma associated with suicide and psychiatric illness in African American communities is a significant barrier to designing effective preventative interventions for this population and to engaging the Black community in efforts to increase suicide awareness” (p. 466). Lindsey et al. (2010) agree that mental health stigma influences depressive symptoms and plays a role in how an individual responds when dealing with a depressive or suicidal episode. Joe and Marcus (2003) state that African Americans perception of suicide may have changed and research is needed to determine changes in attitude related to suicidal behavior. Social workers, while culturally competent must overcome the belief that African Americans do not commit suicide, which may be impeding prevention efforts. If the focus shifts from criminality to self-destructive behaviors that can mirror criminal behaviors, there could be a large decrease in suicide completions among African Americans, especially males.

Literature produced by Joe (2006b) and Walls et al. (2008) discussed the sociocultural context in which youth having strained relations with family and peers reported higher levels of depression. These youth reported feelings of alienation, hopelessness, and despair. Black males who exhibit symptoms of anger, alienation, and aggression at times engage in violent confrontations with police, family, or peers; which can result in precipitated homicide (Suicide

by Cop), arguably an extreme form of suicide (Gibbs, 1997). Bennett and Joe (2015) found “substantive research on the link between depressive symptomatology, substance abuse and adolescent suicidality” (p. 784). He argued that they significantly and consistently impact suicidal thoughts and behaviors.

Research also indicates that individuals in stressful situations have a higher incidence of suicide, such as the elderly who recently moved into nursing homes, those who are in abusive relationships, youth who are suspended or expelled from school, men on probation, and delinquent male youth who are not in a gang (Joe & Niedermeier, 2008a). Individuals in these situations may lack social supports and coping skills to deal with these stressful circumstances. African Americans tend to self-blame when dealing with life stressors and this increases the risk of suicide among the population. Joe (2006b) states that social workers must work to reduce the depression and negative attributional style that occur among African American adolescents, which can be a result of their environment. Bennett and Joe (2015) agree that human service professionals should to be aware of the risk factors such as: self-blame, depression, lack of support, and increased aggression and work to address them through evidence-based practice, prevention, and intervention methods. Joe (2006b) provides an example, “from an intervention approach used by child abuse advocates, having an adult say, “It is not your fault,” as a part of a process to helping African American adolescents identify what about their experiences are the results of factors that are within or beyond their individual control” (p. 467). “This may be an effective strategy for helping African Americans make sense of their stressful developmental experiences, while reducing their sense of failure and most important experiences of depression and hopelessness, which are major risk factors for suicidal behavior” (Joe, 2006b, p. 467).

Social work literature states interventions focusing on increased family attachment and parental support, combined with nurturing environments may be valuable in decreasing suicide for African American youth (Joe, 2006b). Bennett and Joe (2015) agreed that family and parental support plays a major role in an individual's suicidal thoughts and behavior among youth considering suicide. Previous research shows how youth who receive little to no parental support and nurturing are at increased risk of suicidal behavior, which at times also mirror criminality. If social workers can reduce the self-blaming that occurs among African American adolescents and utilize psychosocial interventions to improve the coping strategies of suicidal adolescents, the result could be decreased incidence of suicidal ideation and attempts.

Research on African Americans shows that social support from family members is important in protecting against suicidality (Chatters et al, 2001). Nguyen et al. (2017) studied the levels of family cohesion among low-income African Americans and agreed low connectedness to family increases the risk of suicide. The same can be found for college students with high levels of support from their environment whether it be familial or social (Nguyen et al., 2017). This can help thwart suicide attempts, but if an individual does not feel supported, their risk of suicide increases. As social workers, understanding what is important to that individual can help decrease those risk and improve their overall connectedness.

Social justice/welfare. Social justice refers to fair and just relations between and individual and society (Young, 2013). Joe and Niedermeier (2008a) noted that “oppression, discrimination, prejudice, and acculturation are factors that impact the well-being of minority groups and may increase their risk for suicidal behaviors” (p.521). Gibbs (1997) explains that “the rise of suicide rates from the 1980s and 1990s for young African American males may reflect their feelings of disappointment and despair over the dwindling opportunities” (p.76) that

are available to them. Joe and Kaplan (2001) agrees that suicide risk is associated with education and wealth. Higher levels of education and the fallout from continued oppression contributes to the increase in suicide among African Americans.

Increasing levels of unemployment, gangs, drugs, and violence in inner cities also attribute to higher suicide rates (Gibbs, 1997; Joe & Kaplan, 2002; Street et al., 2012). By the 1980's African Americans had seen dwindling opportunities and the government retreat from affirmative action (Gibbs, 1997). Joe and Kaplan (2001) found that African Americans living in low income neighborhoods were at greater risk for suicide compared to Whites. Joe and Niedermeier (2008b) agreed that there is a significant positive relationship between the African American suicide rate and occupational segregation among both genders.

Social work knowledge, values, and skills are concerned with the healthcare of individuals, ensuring that the individual receives the necessary services that are available to anyone regardless of income disparities and an inability to pay. Moreover, suicide is a public health issue that affects everyone: families, friends, providers of resources, and the public in general. Healthcare as a social justice issue has a critical important role in preventing suicides by identifying the risk and responding appropriately (Joe & Niedermeier, 2008b). Having social support from family and friends acts as a protective measure against "a host of social, economic, and health problems for African Americans" (Lincoln et al., 2012, p. 1949). In the absence of social and economic resources, supportive networks provide the additional support which, in effect, can reduce the risk for mental health problems and suicide among African Americans (Lincoln et al., 2012).

The importance of social work in healthcare is often underestimated and undervalued. Social work can provide valuable knowledge and skills that healthcare organizations could use to

help individuals involved in crisis (Joe et al., 2018). Patients with health problems often are affected by their environment, which can cause undue stress (Joe et al., 2018). Joe and Kaplan (2002) argue that if we have a better understanding of how social exclusion, economic deprivation, and substance abuse play a role in suicidal thoughts and behaviors, social workers could be more equipped to assist with decreasing the amount of suicide completions. The overall goal of social work in healthcare is to teach patients how to utilize their own resources, thereby improving their outlook and decreasing inequality in healthcare (Bennett & Joe, 2015)

Education. NASW has consistently promoted continuing education to ensure that social workers are abreast of updates in the field. What is lacking is education on suicide. Some states have recently begun to require that social workers are educated on risk factors related to suicide, but that number is minimal. Joe and Niedermeier (2008a) maintain that social workers should be skilled in discussing and assessing African Americans for suicide risk. Social workers should also have knowledge of culturally appropriate interventions for those at risk of suicidal behavior. Joe et al. (2018) agree and state that social workers should develop their skills for working with suicidal African Americans to intervene in crisis situations and make culturally appropriate referrals for treatments. The lack of suicide education is alarming and should be addressed, by NASW and social work education programs.

“Social work education should provide training that includes practice experiences in managing suicidal adolescents, led by faculty who have treated or assessed suicidal adolescents. Social workers also need to be knowledgeable of the various risk factors and treatments designed to reduce assessed risk” (Joe & Niedermeier, 2008b p. 255). Bennett and Joe (2015) agree that human service professionals should to be cognizant of the risk factors such as self-blame, depression, lack of support, and increased aggression associated with suicide risk and work to

address them through evidence-based practice, prevention, and intervention methods. The lack of suicide prevention programs and education on suicide in social work programs is troubling, according to Bryant and Harder (2008). Both argue that the rapid increase in suicide among African Americans is receiving little attention from the U.S. government and this needs to change. The need for consistent education for future social workers could decrease suicidal behaviors and thoughts for individuals who seek treatment from qualified professionals.

Protective Factors That Decrease Suicide Among African Americans

Social workers identified social support as the largest protector against suicide for African Americans, followed by family support, poverty and education, private regard, impulsivity and aggression, access to care, and community violence (see Table 9).

Table 9: Protective Factors That Decrease Suicide Among African Americans

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

Nguyen et al. (2017) argues that a lack of social support, social isolation, and negative interactions results in a need to belong. “The interpersonal theory of suicide posits that a sense of

belonging is an instrumental factor in suicidality. More specifically, belongingness is protective against suicidality, whereas thwarted belongingness is a risk factor for suicidality. In support of this theory, research has indicated that belongingness is inversely associated with suicide ideation and attempts” (Nguyen et al., 2017, p. 300).

As previously discussed, in this study, the author was interested in seeing what protective factors specific to African Americans buffer against suicide. Additionally, the study examined how oppression and poverty, which are typically considered risk factors were found to be protective for African Americans. These are domains under which the finding for question two was organized and analyzed. This section will provide some explanatory knowledge of such.

Explanatory Knowledge

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

main and potential moderating effect of social support on the relationship between mental health stigma and depressive symptoms. As a main effect, social support was negatively associated with depressive symptoms, which shows that social support influences depression” (Lindsey et al., 2010, p.473).

Bennett and Joe (2015) examine social support from adult family and friends and its role in the resiliency among African Americans. Research suggests social support from adults fosters resilience compared to support adolescent peers (Bennett & Joe, 2015). Lincoln et al. (2012) agree that social support from family and friends protects against suicide for African Americans in the absence of resources. These supportive members provide the additional support that may not otherwise be present due to social and economic forces. The key factor in Bennett and Joe’s (2015) research is that the social support has to be positive in nature. Joe and Kaplan (2002) agree that social support has to be positive, including caregivers and community helpers as a means of reducing suicide risk. Social support tends to sway individuals in different directions; therefore, the right type of social support buffers against suicide.

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

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

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

Research on family relationships found that African Americans with low levels of family cohesion were more likely to attempt suicide, compared to those with higher levels of family cohesion (Nguyen et al., 2017). Evidence also suggests that, “social support from friends may be preferred over support from family for coping with certain issues” (Nguyen et al., 2017, p. 300). Friendships differ from familial relationships because they are chosen, whereas familial ties are permanent. (Nguyen et al., 2017). Thus, social support from friends may be perceived as more sincere due to the voluntary nature of friendships.

Family Support. Research on stress and coping found that strong supportive networks within the family system protects against suicide ideation and attempts. Lincoln et al, 2012 elaborate,

First, support from family is helpful in reframing perceptions of stressors which, in turn, may reduce the amount of stress actually experienced. Second, family support networks provide concrete, psychosocial resources, and coping strategies to deal with stressors.

Finally, emotional support from family is important in bolstering positive self-

perceptions (e.g., self-efficacy, feelings of control) that are conducive to coping with life problems. (p. 1949).

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

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

Religion. Church-based social support networks figure prominently in the lives of African Americans and play an important role in physical and mental health and well-being

(Chatters et al., 2011). Research finds that supportive networks within religious communities are protective against suicide when faced with stressful situations. Taylor et al. (2011) assert, “by promoting prosocial attitudes, social connections and support, and healthy lifestyle choices and behaviors, religious involvement reduces the risk of mental health problems and suicide” (p. 8). African Americans are strongly invested in church-based networks that provide high levels of social support, social integration, and cohesion.

Gibbs (1997) states that “religiosity is the most important protective factor for African Americans” (p. 74). Most African Americans are affiliated with Protestant denominations such as Baptists, Pentecostal, and Methodists, which deem suicide as sinful. The African American church has also traditionally served as a source of social support and stress reduction for the African American community in times of need. Comfort and guidance provided by the church are protective against suicidal attempts (Taylor et al., 2011). African Americans tend to turn to prayer in stressful situation, which is a form of support under the realm of religion. Religious beliefs have influenced the cultural belief among African Americans that suicide is a White thing and African Americans have the endurance, resilience, and persistence to face adversity.

The prominence of church-based social support networks for African Americans and their positive associations with mental health and well-being suggests that they could be linked to lower levels of suicidality. “African American churches have historically provided extensive community outreach efforts in the areas of health and social welfare, education, and community organizing and development” (Chatters et al., 2011, p.339). The Prevention model discussed by Taylor et al., 2011 states that “adherence to religious attitudes, behaviors, and lifestyle choices reduces the risk of problems in a variety of life domains such as family issues, legal problems (reduced likelihood of criminal behavior), substance abuse, and other stressors that diminish

physical and mental health,” thereby leading to decreases in suicidal behavior (p.8). Having the support of both peers in church as well as family members can lead to an overall improvement in an individual's well-being. Individuals who are invested and integrated in church networks (i.e., those who are official members, attend frequently, interact often and feel emotionally close to church members) are more likely to receive support (Chatters et al., 2011).

There are various indicators of religious involvement, both negative, as well as positive that mitigate suicide behaviors. ‘Look to God for strength,’ was inversely associated with suicidality, whereas, ‘importance of prayer in stressful situations,’ was positively associated with suicidality (Taylor et al., 2011, p. 8). On the contrary, Joe (2006a) states that investigations into generational differences in African American coping styles and suicide risk are marginal. Joe (2006a) is of the mindset that further research in this area will assist with developing new data and how younger generations are coping with suicide. Whereas religion has found to protect against suicide for older generations, younger generations do not participate in organized religion, this could be one cause for the increases in suicide among young adolescents and young adults.

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

ideation and behavior. Specific features of religious services themselves may be helpful to individuals in dealing with problems.

According to Durkheim (1897), institutions, religion embodies differing “levels of attachment for individuals which is reflected in what is termed ‘social integration.’ Institutions with strong social control, high levels of social integration and strong norms are associated with lower suicide rates” (Lincoln et al., 2012, p. 1948). Research shows that African Americans are less accepting of suicide compared with White Americans due to religious beliefs. The belief that African Americans hold about suicide could also serve as a barrier because lack their unwillingness to seek traditional treatment (Joe, 2006b).

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

Street et al. (2012) revealed that hopefulness, self-efficacy, coping skills, high levels of social support, and effectiveness buffered against suicide. Enhancing one’s private regard may provide a greater sense of self-actualization, which may lower stress. African Americans who reported negative supportive networks were more likely to report suicidal thoughts and

behaviors. This finding is also consistent with prior research indicating that negative interaction within one's network is a risk factor for suicide.

African Americans have a strong sense of racial regard and pride in themselves and their culture. Being African American was found to be protective against suicide (Joe & Niedermeier, 2008a). Joe (2006b) examined how "children can benefit from stress-management techniques that seek to impart more traditional African American religious values and increase a child's sense of ethnic identification and social connectedness" (p.468). Targeting youth at the greatest risk by building up a positive sense of self and improving their access to culturally specific programs and activities has been found to buffer against suicide (Joe, 2006b). Joe and Niedermeier (2008a) also found that being African American buffers against suicide due to the strength and resiliency that African Americans possess.

Gibbs (1997) found that old age is a protective factor against suicide among African Americans. Her research states that "suicide rates tend to decline with age among African Americans, although there has been a recent increase in suicide among very elderly African Americans" (Gibbs, 1997, p.75). Her research also found that living in the south and in areas with less racial integration buffered against suicide behaviors (Gibbs, 1997). Joe et al. (2006) and Joe and Kaplan (2001) agreed that living in the southern region of the United States in predominately African American communities decreased the likelihood of suicidal ideation. Individuals in the North and the West had the highest rate of suicide. Elders play an important role in the African American community and are held in the upmost regard (Gibbs, 1997). African American elders tend to live independently or with extended family members rather than in nursing homes or retirement communities separated from family and friends. Being a source

of strength for their families in their old age has been found to buffer against suicide. Gibbs (1997) concludes,

The cohesive social environment of ethnic neighborhoods has reinforced the role of extended family support, which buffers against suicide. Finding suggest that African American suicide rates are lower in the south and higher in areas with smaller proportions of African Americans in the population. African Americans in segregated communities experience less anxiety and social rejection than in integrated communities where their social status is less clear. (p. 75)

Intact marriages and the role of women. The role of women in the African American community may be a significant factor in suicide rates. They possess a level of courage and resiliency in nurturing their families and building their community that has been found to buffer against suicide (Gibbs, 1997). Street et al. (2012) agree that the strength of African American women in family and community settings has been found to buffer against suicide. “African American women have learned to cope with high levels of stress, poverty, and discrimination by forming strong social networks, sharing resources, assuming flexible family roles, and turning to religion as a source of comfort” (Gibbs, 1997, p. 74). Joe and Niedermeier (2008b) agree that African American women play a key role in support for their family. They argue that African American women without supportive networks are at increased risk for suicide, whereas being married buffers against suicide (Joe & Niedermeier, 2008b). In addition, being a single mother builds up strength and resiliency, which can buffer against suicide (Joe & Niedermeier, 2008b). Having a strong support system has enabled African American women to develop effective ways to counter the risk of suicide. Joe et al. (2006) also found that being married is known to buffer against suicidal ideation, whereas being divorced increased the risk of suicide.

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

Joe and Niedermeier (2008a) also found that poverty decreases the risk of suicide behaviors and buffers against suicidal ideation, while education increases suicide risk due to educational attainment not paying off for African Americans compared to their White counterparts. Conversely, education does buffer against suicide due largely to the fact that some feel that increased levels of education increase the likelihood of positive economic outcomes. Joe (2006b) found that African Americans in college who have supportive networks, are less likely to report depressive symptoms.

Poverty has long been seen as a risk factor as it relates to suicide among African Americans. “Recent changes in the pattern of suicide among younger African Americans may reflect their experience of growing up in more extreme and concentrated poverty at a time in which the protection provided by parents, the church, and other community institutions has been considerably weakened” (Joe, 2006a, p. 276). Conversely, how does one see poverty as a

protective factor against suicide. It draws from the simple notion that reduced stressors due to economic depravity does not increase suicide risk. An individual does not miss what they never had. Whereas poverty has been found to buffer against suicide it is important to note that this should not stop social workers from fighting against oppression and poverty.

Aggression and Impulsivity. Joe (2006b) viewed social support from the stance of “shifting the focus away from preventing suicide and placing it toward a focus on self-destructive behaviors to avoid many of the religious and cultural stigmas of suicide” P. 465). Joe’s (2006b) belief was that shifting the focus could make it easier to engage the community on suicide. He argued that greater emphasis should be placed on self-destructive behaviors, aggression, and impulsivity, while encouraging African Americans to engage in mental health wellness. Bryant and Harder (2008) agree that aggression and impulsivity buffer against suicide. African Americans have dealt with discrimination for an extended period of time. The result for some has been aggression. As a result, African Americans when confronted with frustration blame society and externalize aggression through self-destructive behaviors in such forms as homicide. In contrast, White Americans cannot attribute their various social and economic failures to discrimination. As such when confronted with frustrations, they are more apt than African Americans to consider suicide, whereas the aggression and impulsivity protects African Americans against suicide, but could also lead to criminality.

Access to care. Access to care has been an unaddressed issue as it relates to suicide among African Americans. Many African Americans have negative perceptions of mental health professionals, perceptions that are the result of learned behavior. In Lindsey et al.’s (2010) study of African Americans with increased suicide risk, some question “the authenticity and genuineness of mental health professionals and indicated that professionals would not be able to

break down perceptual barriers associated with accessing treatment” (p. 472). If the services were readily available in communities, recreational centers, libraries, or other institutions in the community, it would eliminate a barrier that exist for African Americans. Community engagement and resources are key to eliminating those barriers. Joe et al. (2018) agree that if the stigma surrounding mental health is reduced, the likelihood of seeking care may increase among African Americans. This can be accomplished by eliminating the barriers regarding access to services.

Exposure to Community Violence. Bennett and Joe (2015) looked at the frequency of exposure (through sight and sound) to violence in one’s home and neighborhood and assessed it effects by six items from the Children’s Exposure to Community Violence Scale. Study participants were asked to indicate how often they had seen or heard certain violence-related incidents around their home and neighborhood. Scale items included statements such as ‘I have heard guns being shot’ and ‘I have seen somebody get stabbed or shot.’ (p. 778)

The results showed that the frequency and exposure to this type of violence and crime made them stronger when dealing with suicidal ideations. It did not make them sad, have depressive symptoms, or create additional mental health needs and showed no relation to suicidality.

Summary

In summary, Chapter 4 utilized the Campbell Collaboration method for systematic reviews to extract data regarding protective factors specific to African Americans as well as what the field of social work has said about the phenomenon of suicide among African Americans. Overwhelmingly, the results showed that social support, family support, religion, and poverty are the biggest protective factor that guard against suicide. Environmental factors and social justice

were the largest factors related to social work knowledge values, skills, and practices. In Chapter 5 each of the protective factors and social work knowledge, values, and skills will be discussed and addressed. Some protective factors are combined together and discussed as a group. Conclusions will be developed providing implications for future research to address this phenomenon.

Chapter 5: Discussion

Researcher Summary of Findings

This systematic review sought to determine social work's contributions to suicide research on African Americans. While valuable in its own right, the study takes place within a context where suicide within this population has dramatically increased in recent years. The rationale was that social workers are the largest direct mental health service providers in the United States (Bureau of Labor Statistics, 2016), have a vested interest in cultural competency (NASW, 2003), and have a distinctive professional perspective. Kirst-Ashman (2013) writes, "Social work is unique in that it focuses on people's most difficult problems, often targets the environment for change, stresses the need for advocacy on a client's behalf, stems from a core of professional values ..." (p.30). While social workers may have much practice experience with African Americans and suicide, compared to other professions there is a relative dearth of research from a social work perspective. As the findings in the previous chapter show there is great value and insight to be had when social workers publish research on suicide among African Americans. That unique perspective was clearly present in the main themes found in the literature: the environment, individual factors, social justice, and education. This is understandable as the person-in-environment perspective, an important framework for the social work profession, states that an environment heavily affects a person. Therefore, African Americans' problems and issues can be largely understood by environmental influences. Social work researchers show that environmental factors play the largest role in an individual's decision to commit suicide. Not only is social justice a core value of the profession, social work is the only profession that requires social justice be pursued as an ethical mandate (Buila, 2010). That social justice was found to be one of the main concepts that social work authors focused on in

this systematic review is not surprising, but it reiterates the importance of the profession engaging in the topic. Education was also a focal point for the researchers and it speaks to social work's attention on disseminating information to improve practice. "Transforming the education of social workers at all levels is necessary to strengthening the presence and impact of the profession in mental health. Such transformation is necessary for all social work students because health transcends all practice areas as an important contributor to individual and environmental well-being" (Browne et al., 2017, p. 234).

The second area of this study focused on protective factors specific to African Americans that have been studied as a method of decreasing incidences of suicide. This is where the theoretical framework of CRT most clearly appears. CRT highlights the fact that most research standardizes the human experience to that which is experienced by the dominant group. Understanding this, specific attention needs to be paid to the African American experience and how protective factors, while mirroring those of dominant groups, hold nuanced meaning for this particular group. The discussion of protective factors emphasizes the importance of cultural competence to social work practice.

Within this chapter the two research questions will be discussed and the specific study findings will be expanded upon for their larger meaning. Implications will focus on social work practice, social work research, social work leadership, and social work education as well as how CRT can be incorporated into each of these. Ultimately this study serves to provide insight into social work's contribution to suicide research on African Americans up to today and underlines the need for continued research and focus on this population.

Social Work's Contributions to Research on Suicide Among African Americans

Environment. “Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living” (NASW, 2018, preamble). The historical disciplinary competence of social work emphasizes life span, ecological, and human development frameworks while underscoring the role of social, familial, and environmental factors (Andrews, Darnell, McBride, & Gehlert, 2013). A focus on environmental factors and how they influence suicide among African Americans was by far the most emphasized concept found in the literature both in terms of frequency and depth of discussion. Much of the research findings concentrated on how racism, in particular institutional racism, has created environments that negatively impact African Americans. The endemic racism that is permeating within our social structures has allowed those who are deemed “the majority” to ignore the oppression of minorities. CRT acknowledges the intersectionality of various forms of oppression and contends that without a multidimensional framework, the racism that negatively impacts African Americans will continue to be essentialized. Microaggressions refer to the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership (Wing Sue, 2010). The racism that remains engrained in society has resulted in mental health treatment for African Americans being generalized to what the majority feels is acceptable as it relates to treatment and interventions.

While it may appear that many risk factors are similar for African Americans and White Americans, findings show that there are clear differences between the two. Due to institutional and political racism African Americans are more likely to live in high crime neighborhoods. The so-called War on Drugs resulted in African American being unfairly targeted for drug and gun

offenses; deindustrialization resulted in urban decay and high unemployment in African American communities (Alexander, 2010; Wilson, 2009), and mandatory minimum sentencing resulted in African Americans being incarcerated for lengthy prison sentences that will now warrant a citation release and minimal fines. As a result of these injustices, researchers demonstrated that an individual's environment can shape how one responds to internal stressors and that those stressors play a role in how one responds to suicide (Gibbs, 1997; Joe, 2006a).

Interest convergence as a critical race tool facilitates a discussion about interested parties converging at a point of mutual interest, though in many instances, having differing values as well as dissimilar intents. Findings show that the onset of crack cocaine combined with decaying urban neighborhoods resulted in the proliferation of firearms in lower income neighborhoods, which resulted in higher crime and influenced the suicide rate (Gibbs, 1997; Joe & Kaplan, 2002). Previous research has already pointed out that the increases in suicide among African Americans was primarily because of the increases in firearm related suicides of young males (Joe & Kaplan, 2002). Therefore, it appears that living in a setting with frequent violence and substance abuse may lead to stress related emotional problems including depression and maladaptive coping styles such as the use of illicit substances and when these conditions are paired with access to firearms suicide risk increases precipitously.

Whereas African American neighborhoods have dealt with violence as a result of substance for years, it was not until the dominant race began to experience a high rate of death in rural and suburban neighborhoods as a result of Opioid use, that Congress decided to intervene and provide funding for treatment. Due to the notion of color blindness, individuals assume that no real problem exists and interventions can be generalized, when in reality, intervention should be culturally relevant based on the environment in which one is used to living in. While it may

appear that help has always been available, the reality is that African American neighborhoods have suffered from high crime, poverty, and substance abuse, which has resulted in increased rates of suicide.

Findings have also indicated that longstanding inequities are caused by racialized mechanisms that form toxic environments and hoard vital resources for individuals who are deemed as superior or dominant, while disempowering the group that is seen as inferior. Social work research indicates that the symptoms of depression such as hopelessness and worthlessness can contribute to suicidal behaviors because many African Americans are not seeking help or do not have access to help. One instance examined how emotional or physical abuse from parents increased the prevalence of depression in youth and led to increased incidences of suicide (Lindsey et al., 2010). The results highlighted the need for support, whether it be parental or social to buffer against suicide for youths. While it might appear that these issues are not environmental in nature the context of the lack of parental support is linked to environmental factors such as poverty, oppression, substance abuse, and criminality that can lead to increased incidences of suicide particularly among younger and older generations of African Americans. Although, as it will be noted in the section on protective factors, having support across all settings can buffer against suicide. Clinicians should seek to reduce hopelessness, childhood trauma, and poverty, all of which can increase suicide risk for African Americans.

Individual Factors Play a Role. “A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society” (NASW, 2018, preamble). Although many environmental factors overlap with individual factors for suicide, it is important to make a distinction in their respective functions. Individuals cope with internal and external factors in different ways. Even when authors would discuss individual

factors in the articles it was always within a social context, which is to be expected as that is core to social work's approach to assessment and intervention. The inequality experienced by African Americans has led to despair and hopelessness for some, particularly in their coping styles, which directly relates to essentializing, one of the tenets of CRT. One's ability to manage the adverse demands of a person in their environment relationship reflects on how they cope cognitively and behaviorally, some take the "it is what it is" stance, whereas other seek to reduce their stress and cope with their environmental stressors. Factors such as religion, social media, social isolation, or substance abuse can play a role in one's decision to commit suicide.

When placed in stressful situations newer generations of African Americans do not have the same coping strategies as the older generation such as religious involvement. This underscores the need to understand how younger generations cope with stress. Some coping mechanisms for young African Americans can also be a risk factor. In the age of the Internet, many individuals seek help through social media. Whereas the social support received from this can be good, it can also hinder individuals who may not get the answer they are seeking. It also does not incorporate the mental health support that a professional may provide. Support solely from social media can cause social isolation, which can result in increased aggression, hostility, and impulsivity. The result of all of these can be increased depression, hopelessness, or suicidal ideation. Promoting healthy social integration among like-minded peers can help to buffer against suicide.

Substance abuse can also be an individual factor that plays a role in one's decision to commit suicide that is influenced by their environment. As previously stated, the War on Drugs was popularized during the Bush and Clinton administration along with mandatory minimum sentencing, due to racialized mechanisms substance abuse was hitting all spectrums of the United

States, but only reflected in the urban areas on major cities, which tend to house African Americans. It was not until interested converged and White Americans began to be affected by high rates of substance abuse and death, that the Opioid Crisis Act was enacted and funding became readily available to fight this “new” War on Drugs. While, it may appear that this has no direct relation to suicidality, systemic racism has led to negative perceptions of self, which causes maladaptive coping skills such as substance abuse, which can increase one’s overall risk of suicide.

Another individual factor that plays a role in suicidal behaviors and thoughts is a lack of belongingness or negative interactions with family and friends. Not having that connection to others increases one’s risk for suicide. Social work literature states that positive family ties and increased connectedness decreases the risk of suicide. African Americans are opposed to sharing personal struggles outside of their supportive network of peers. African Americans needs a sense of connectedness to other as well as a safe space to express themselves when conflict arises (Lindsey et al., 2017).

The larger stressors that African American males experience (i.e., police or public perception of themselves) influence their interactions and unwillingness to seek professional help. Therefore, if the stigma associated with seeking help can be eliminated or minimized, it may assist individuals with connecting with mental health professionals. Research explained the need for social workers to recognize the early signs of depression before they escalate into suicidal behaviors. This can be accomplished by incorporating mental health treatment into community centers or faith-based institutions in predominately African American neighborhoods where mental may congregate for sports, mainly adolescents.

Social Justice. “The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2018, Preamble). Every social worker is somehow involved with individuals, communities, and systems that influence the social determinants of poverty and oppression. As shown through the tenets of CRT, race remains a difficult subject for Americans today. Many people would like to think that we have made progress, but in today’s political climate racism is alive and prevalent. Today, many white Americans and some Americans of color view racism as issues of the past, yet African American continue to experience racism, bigotry, hatred, oppression, and discrimination. This could be related to the perceptions of individuals who grow up in segregated or diverse neighborhoods, but have no true connection to the world around them.

Research clearly showed that oppression contributes to suicide among African Americans (Joe & Kaplan, 2001; Joe & Niedermeier, 2008a). Income inequality, lack of higher education paying off, and occupational segregation creates a positive relationship between suicide and African Americans. I would agree with this assessment and argue that in 2000’s whereas many African Americans have excelled academically, they still have a hard time securing employment in an oppressed society on an equal platform. Increased levels of stress due to alienation, prejudice, and discrimination resulting from years of oppression and unequal distributions of wealth and opportunities have create increased suicide risk from African Americans.

The rise in the African American suicide rate could also reflect the social change and upheaval that is occurring in our nation presently, such as Black Lives Matter and MeToo. You also have several ultraconservative political and policy movements, which have resulted in

decreases in social services programs, such as drug testing for welfare recipients and the Reducing Poverty in America by Promoting Opportunity and Economic Mobility executive order by President Trump in 2018, both of which reduce if not all but eliminate social service programs that many African Americans rely on. The elimination of these programs can cause undue stress on African Americans who see this as the primary means of survival. Social justice involves fighting for change in terms of wealth opportunities and privilege in society. In addition, with respect to racial justice, change only occurs with the context of interest-convergence; therefore, if the dominant group does not see this as a concern, change is not likely to occur. The lack of concern for the urban core of America, could be cause for the rise in suicide.

Research has already stated that African Americans, especially males feel that they have to fight ten times harder to fit into the status quo and many times still do not get a seat at the table (Hanks, Solomon, & Weller, 2018). “Unfortunately, wealth in this country is unequally distributed by race, and particularly between white and black households” (Hanks et al., 2018, p. 1). African American families have a fraction of the wealth of white families, leaving them more economically insecure and with far fewer opportunities for economic mobility.

African American households, for example, have far less access to tax-advantaged forms of savings, due in part to a long history of employment discrimination and other discriminatory practices. A well-documented history of mortgage market discrimination means that blacks are significantly less likely to be homeowners than whites, which means they have less access to the savings and tax benefits that come with owning a home. (Hanks et al., 2018, p. 1).

Persistent discrimination in the labor market force African Americans into less advantageous employment opportunities than their White counterparts. Until this unequal distribution of rights (i.e., taxation, social insurance, public health, public school, public services, and labor law) is corrected, one could assume that the suicide rate for African Americans will continue to rise.

Social Work Education Programs. NASW has consistently promoted continuing education for social workers. The lack of formal suicide education in social work programs as well as a continuing education requirement is alarming. Joe et al. (2018), Bennett and Joe (2015), Joe and Niedermeier (2008a,b), & Bryant and Harder (2008) agree that social workers should be required to educate themselves on providing interventions for those at risk of suicide. The research clearly shows that social workers do not feel prepared to respond to specific incidents of suicide. I contend that the lack of research and education about suicidal African Americans is problematic and change can only occur by exposing the need for continuous education on this phenomenon. If social workers are well educated on suicide, they may feel more comfortable intervening when confronted with suicidal individuals. This can only be accomplished by incorporating suicide education into formal social work education programs as well as making it a CEU requirement for social workers licensure renewal cycle.

As social workers are the largest provider of mental health services and are continuously relied on throughout the mental health field to work suicidal individuals, social work educators should be well-trained on best practices for training social workers on suicide prevention. It has been nearly 20 years since social workers were mentioned in the National Strategy for Suicide Prevention as part of the solution to suicide and the training of social workers and other helping professionals (U.S. DHHS, 2001). Social work education should lead the charge in what has been done to reduce suicide and what areas still require work.

Protective Factors That Decrease Suicide Among African Americans

Social support was identified as the largest protective factor associated with lowering incidents of suicide among African Americans. Durkheim's theory of suicide argues that suicide is most likely to occur in societies with low levels of social support and integration (Durkheim, 2006), thus supporting the idea that social support is a widely accepted protective factor for all races. Even so, there are cultural nuances to social support within the African American community that must be understood. Social support is valuable as a protective factor because it can be modified to fit the specific needs of the individual. Therefore, it is likely that social support is a multifaceted construct that confers resilience in several ways, which will be explained below.

Peer social support. "Social support is an important protective factor that operates in several ways (e.g., direct health effects, moderating negative effects of stressors) to enhance overall health status and improve health outcomes" (Chatters et al, 2011, p. 338). Research overwhelmingly agreed that social support was associated with a lower likelihood of attempting suicide (see table 9). There are many mechanisms to social support such as physical and social factors (i.e., the ability to have friends around when someone is stressed or suicidal) and psychological factors (i.e., increased social support leads to friends being available in times of stress) that have been found to buffer against suicide. Literature showed that social support promotes the physical and psychological well-being of individuals and African Americans with high social support systems demonstrated less anxiety and depressive symptoms as well as behavioral problems.

Having supportive networks is protective for African Americans, especially youth in urban areas. The ability to connect with peers and discuss issues that are of importance can buffer against suicide. Peer relationships versus familial relationships are chosen; therefore, their importance and presence in one's life is chosen. Suicidal African Americans may feel more comfortable talking to peers in their life versus mental health professionals with whom they have no direct relationship. This is a barrier that must be broken because mental health professionals provide a skill set that one may not get from their family and friends.

Family support. Although social support was predicative of being the largest protective factor to buffer against suicide, family support, which is a subset of social support, was found to be just a fundamental and in some cases a larger primary support system associated with lower rates of suicidal ideation (see table 9). Having supportive networks can contribute to a sense of belonging and provide social integration, whereas the lack of support and negative interactions can result in thwarted belongingness, which can increase the risk of suicide. Research also showed two contrasting views regarding social support from family versus friends. Nyugen et al. (2017) stated that family cohesion buffered against suicide, but could also hinder the individual from discussing their issues due to the closeness of the relationship. As it relates to social support from peers, they were deemed to be different from familial ties because they are voluntary and the support received is reciprocal from both parties; therefore, it could be perceived as being more genuine. One could reason that individuals choose their friends and those relationships shape who they become over time. Consequently, they could be a large determining factor in an individual decision-making.

Extended family support also plays a role in the survival of African Americans. Whether in urban or rural settings, extended family can fulfill important functions for African Americans

such as economic support, emotional support, and social support. This level of support from one's family can be useful in stressful situations and can help decrease suicidal thoughts and behaviors. Support from one's family is important especially in areas where mental health services may not be readily available or easily accessible. The environment in which one lives in also becomes extended family over time and provides social cohesion particularly African American communities that are urban and segregated.

Religion. Research on suicidal behavior has clearly established that religion is a protective factor for African Americans when considering suicide (see table 9). Many African Americans see religious institutions and practices as viable options when dealing with difficult situations. Generally, one would consult with their spiritual leader for advice. Research shows that the support received within religious communities is important for African Americans and promotes prosocial attitudes, social connections, and healthy lifestyle choices (Taylor et al., 2011). In this way, much like families, religious connection is another aspect of social support. Many African Americans see the church as the cornerstone of their lives; therefore, prayer in stressful situations or looking to God for strength is deemed highly important. African American churches also provide community outreach and work closely with organizations promoting social justice especially with issues such as criminality, poverty, familial issues, and substance abuse, all of which are risk factors for suicide. One facet that several researchers discussed was older versus younger generations of churchgoers (Joe & Niedermeier, 2008b; Joe, 2006a). Younger generations do not attend church as much as older generations; therefore, the lack of support from this protective factor could relate to the increase in suicide among the adolescent population.

Research also shows that individuals who have previously attempted suicide are more likely to interact with church members as a means of mobilizing their support system in an effort to cope with whatever stressor they are currently experiencing (Taylor et al., 2011). This form of social support is positive because their interaction may be different than other ones. They are less likely to engage in the use of illicit substances, engage in criminal behavior, marital infidelity, or other behaviors that are deemed risky and may add continued stress to the mental health of someone who has previously attempted suicide. Other forms of religious supports are also helpful such as sermons, listening to religious music, and reading the Bible. These forms of support provide messages of optimism, hope, and increases an individual's self-worth, which may prove to be helpful when coping with difficult life circumstances.

Private regard and strong African American identity. Private regard refers to one's feelings about their race, what it means to be connected to that race and how others view their race (Nguyen et al., 2017). African Americans are viewed differently depending on an individual's perception of the culture of the race. Research shows that African Americans who view themselves positively and have high racial regard for the culture of African Americans have lower levels of depression and higher levels of self-esteem, which buffers against suicide. If an individual sees the African American race as a strong group of people who persevere regardless of the circumstances presented to them, then they are more likely to incorporate the belief system that many African Americans hold in regards to suicide, which is that committing suicide is morally wrong. In church African Americans are told that they will not see the gates of heaven if they take their own life. I would argue that if any individual feels positive about their race and their reasons for living, they are more likely to seek help that is culturally relevant to them.

Culturally relevant interventions could eliminate a barrier that some African Americans feel exist within the mental health community.

African Americans have a strong sense of pride for themselves and their culture generally (Hill, 1999). Building a positive sense of self and promoting the resiliency and strength that African Americans already possess has been found to buffer against suicide. Living in the same community for more than five years around like-minded individuals was found to be a significant protective factor for African Americans living in an urban environment. Research shows that the support received among communities of color in the southern region of the United States buffered against suicide the most as compared to the northeastern region. Having a sense of community and living in neighborhoods where most of your neighbors look like you, buffers against suicide. It decreases the need to assimilate and provides less anxiety about social rejection. Communities of color build mutual trust among themselves, work to promote the common good in each other, and facilitate informal social control, which can buffer against suicide. In this way private regard and strong African American identity are conduits for positive social support.

Intact marriages and the role of women. Women hold a central role in the African American community and their role could be central to their low suicide rates (Street et al., 2012). African American women possess a level of courage and resiliency not seen by many other races. They nurture their families, provide support with little to nothing in regards to income, and work toward building stronger communities through kinship and extended family, including those who are not of blood relation. African American women have learned to cope in high stress environments, poverty, discrimination, and single parent households by forming strong social networks, sharing resources, and utilizing religion as a source of comfort when

dealing with anger and depression. This has assisted them with countering the risk of suicide and increasing their self-esteem. Whereas single parents have been able to cope with high levels of stress, being married is also a protective factor for African Americans. Marriage buffers against suicide because of the support that one receives from their partner. On the contrary, divorce is a risk factor for suicide.

Poverty and education. Critical race theory suggests that race is an important context that affects the lives of those who are oppressed. It allows individuals to recognize how discrimination based on race contributes to increased likelihood of experiencing poverty, unemployment, and unequal education. Oppression and continued poverty are typically seen as a risk factor for suicide among African Americans, but some researchers see it as a protective factor. Joe & Niedermeier (2008b) and Lincoln et al. (2012) found that poverty can buffer against suicide, largely due to African Americans coping skills in relation to income disparities. It boils down to the notion that reduced stressors due to economic depravity do not increase suicide (i.e., an individual does not miss what they never had). It is critical that this notion does not stop social workers from attempting to eliminate poverty solely on the basis of buffering suicide.

Research has consistently shown that African Americans with higher education are more susceptible to suicide (Joe & Niedermeier, 2008b). This is due to the notion that one's educational attainment may not pay off for African Americans as well as it does for White Americans. Even after achieving academic and professional success and "playing by the rules," endemic racism thwarts the expected rewards and causes despair. The idea of higher educational attainment increasing suicide risk is changing. Some researchers feel that education has been found to buffer against suicide based on the notion that higher education increases one's

socioeconomic status in society as well as provides resources that makes mental health services more attainable. Higher education can both increase the risk of suicide and buffer against suicide, the key would be to eliminate oppression and provide equal access to opportunities for all Americans.

Access to care. “Disparities in access to care and treatment for mental illnesses have also persisted over time for African Americans. While implementation of the Affordable Care Act has helped to close the gap in uninsured individuals, 15.9 percent of African Americans, versus 11.1 percent of White Americans were still uninsured in 2014” (Agency for Healthcare Research and Quality, 2014, p. 1, para 3). In Lindsey et al.'s (2010) study of African Americans with increased suicide risk, some question the “authenticity and genuineness of mental health professionals and indicated that professionals would not be able to break down perceptual barriers associated with accessing treatment” (p. 472). If services were accessible to African Americans in familiar settings such as churches, schools, community centers, or libraries, it could increase one's likelihood of seeking help when dealing with life stressors.

Aggression, impulsivity, and community violence. Suicide is often considered an impulsive act that has been attributed with a higher likelihood of impulsive suicide attempts than depression alone. Self-destructive, aggressive, and impulsive behaviors are typically risk factors for young African American males. These behaviors tend to lead to criminality and can result in suicide. Joe (2006b) believed that addressing these behaviors and promoting mental wellness and well-being could buffer against suicide. Impulsivity was also found to buffer against suicide due to external aggression that African Americans display. When confronted with frustration they often act out and blame society instead of extreme measures such as taking one's own life.

Research also showed that living in high crime neighborhood was found to be protective

against suicide for African Americans. The exposure to violence and crime made African Americans stronger mentally when dealing with suicidal ideations. The violence that plagues some African American communities builds a level of confidence and strength that many cannot understand. One learns to survive and persevere through difficult and stressful circumstances, which can buffer against suicide. In this way, although the environment is often viewed as a causal factor for increased suicide, it can also serve as a protective factor due to the likelihood to increase resiliency. Living in communities with increased violence should not stop one from trying to improve their life circumstances solely for the reason of decreasing incidents of suicide among African Americans. One should always work towards trying to eliminate oppression and improved their overall quality of life.

Whereas some protective factors mirror risk factors, social workers should continue to address the risk factors due to the probability of them affecting one's quality of life and life expectancy. Social workers should also be cognizant of the social context in which Adverse Childhood Experiences effect one's overall life expectancy (Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2001). Research clearly shows that a relationship exists between ACEs and the risk of suicide throughout one's life span (Dube et al., 2001). There social workers should continue to work to mitigate the risk factors that increase suicide risk.

Limitations of the Review

To avoid bias and ensure completeness of the data set, it is considered best practice for two independent reviewers to participate in the screening and data extraction phases of a systematic review (Campbell Collaboration, 2014). The fact that this is a dissertation and only one reviewer carried out these steps is a limitation.

In addition, this review examined social work's perspective on suicide among African Americans. Other disciplines have written extensively about this phenomenon but due to this researcher's exclusion based on the social work discipline, that research was not included. Having a more complete picture of suicide among African Americans that includes all disciplines is valuable and should be undertaken. However, that was beyond the scope of this study.

Implications

Social Work Practice. There are several implications that can be drawn from this systematic review of literature produced by social workers. Social work practice and research are connected to one another in a reciprocal manner. Those connections need to be supported in the area of suicide among African Americans. Social workers are already working with suicidal clients and there needs to be practice informed research where programs are designed and evaluated to see what works. Additional insights from social workers in the field can be understandings one's perceptions of African Americans and how these perceptions shape interventions and service delivery, how a lack of understanding of racial dynamics can negatively racialize minorities, and understanding elicit bias and discriminatory behaviors and their role in the continued oppression of African Americans. There also needs to be research informed practice where social workers are taking the best information available to them to impact and improve practices. From the information gathered in this systematic review social workers in practice need to focus on understanding the trends in suicide among African Americans and improving their coping strategies.

The results of the systematic review highlighted the importance of understanding the social context of African Americans who commit suicide. An understanding of such will produce

social work practitioners who are cognizant of the varied lives of African Americans, as well as understanding their own social location in society. Social work practitioners will become informed of how race and ethnicity impact interactions, engagements, and service delivery to African Americans within the practice setting.

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

It is essential for social workers in practice to include conversations of, and recognize the personal experiences of African Americans within the therapeutic process, this helping the social worker to better understand one's psychological well-being. Consequently, social workers and mental health professional will better understand the ramifications associated with the risk factors and mitigate them with protective factors for African Americans, while incorporating evidence-based practice, prevention, and intervention treatment methods. These interventions should be tailored to the specific needs of African Americans and acknowledge how this culture solves problems in the larger context.

It is essential to address the availability of firearms, in this context social workers should conduct histories of the availability of firearms in the home and work to eliminate the access to

firearms, which could be used as means to completing suicide. Providing stress management techniques that incorporate traditional African American values, such as religious service attendance, may assist with decreasing suicidal thoughts and behaviors. Also incorporating youth development activities to mitigate poverty and assist in healthy development, such as school-based peer groups and health clinics, recreational support, educational support, and mentorship, may assist in decreasing incidents of suicide for young African Americans.

Social work research. The social work profession lacks sufficient minority inclusive research, interventions, models, and theoretical approaches critical to improve and develop social work practice, research, and education. More specific data on race, age, socioeconomic, sex, and geography are needed to understand the effects of race and class on suicide outcomes. Future research efforts should continue examine the effects of poverty, community violence, aggression, and impulsivity on suicidal behaviors and thoughts as a protective factor. For instance, prior studies show that aggression and impulsivity buffers against suicide when dealing with stress, but also leads to criminality. Research should examine ways to properly deal with the aggression, while decreasing measures of criminality for young African American males.

Future research is needed to understand the role of predisposing, precipitating, protective, and contributing factors for suicide. Examinations that explore how racism and segregation have both assisted in increasing suicide risk, but have also shown to be protective would be of value. Understanding how African American families and social networks buffer against suicide, what protective role the church plays in suicide as well as how church can be considered a risk factor, and the role of the African American women as a protective factor against suicide are needed. Studies also show that poverty can be a protective factor for African Americans. Research should

examine ways to mitigate the poverty experienced by many African Americans while working on improving their overall mental health and wellness.

Critical race theory posits that we should seek to understand the cultural context of all races when developing interventions. With African American youth completing suicide at alarmingly high rates, research should seek to understand the social, economic, historical, and cultural roles in which the suicidal behaviors of African American youth occur. Examining this may help enhance clinical interventions, research designs, and policy responses to situations that directly affect African Americans and minorities. Social workers should work to reduce the excessive self-blaming and maladaptive coping strategies for African American adolescents that increase the risk for suicide.

I would suggest that the field of social work encourage researchers to study the phenomenon of suicide among African Americans. This level of research could be conducted by predoctoral or postdoctoral scholars on the risk and protective factors related to suicide among African Americans. More minority representation should be incorporated in suicide research to stimulate the development of more culturally specific interventions, not only for suicide, but mental health services in general for minorities. From a CRT perspective, priority should be given to quantitative ethnographic studies examining the experiences of African Americans, thereby providing a greater understanding of the increases in suicide behavior for African Americans. The development of research exploring the disparities, mental health conditions, and risk factors experienced by African Americans can advance racial competency which is valuable to the development of effective practices and quality services.

Policy and environmental changes. At the policy level, addressing suicide requires a multifaceted approach involving communities, workplaces, schools, and the healthcare

institutions. The federal government should enact policies that work to reduce inequality and promote decreasing the wealth gap between the majority and minority. States should consider boosting public health funding, particularly in areas that help people in distress, such as suicide hotlines and emergency centers (Blitstein, 2008, p. 1). Social workers already have a presence in hospitals, on a macro scale, a larger presence in the board room could help institutionalize these initiatives. Laws and policies mandating insurance coverage parity for mental health services should be lobbied before Congress. By doing so we can provide individuals with adequate coverage to seek the mental health services that they may require. There is a caution in that universal policies and programs often claim to be neutral but in application they regularly benefit dominant groups more because the conception of normativity is developed and sanctioned by the same dominant groups. Stoeffler (2017) notes, "Targeted policies and programs have the potential to redress issues around access by directing services to those most in need." However, there is much less public support for them due to stigmatization. Thus, a targeted universal approach that includes the needs of both the dominant and marginal groups, with particular attention to the context of the marginal group is required (Powell, 2008). Doing so could reduce incidents of suicide among the African American population.

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

transportation. This could help eliminate some of the barriers that prevent individuals from attending treatment.

Social work education and leadership. The results of the systematic review demonstrated the need for the social work profession to enhance and develop social work education and curriculum promoting suicide education. It is essential to develop social work education which highlights and recognizes how social institutions, relations, and experiences constructing race is valuable to the unequal distribution of power and resources among minorities. Given that social workers are the largest provider of mental health services, it is imperative that social workers enhance leadership in this area and provide the unique professional perspective that social work's presence has with this pressing social problem. Additionally, it is important to inform current and future social work practitioners of the epidemiological trends in suicidal behavior among African Americans and Americans in general. Social workers and other mental health professionals from a practice stance should be skilled in discussing the risk of suicide with African Americans, providing interventions for those who are at risk for suicide, and referring out for expert assessment and treatment if the services are not readily available in their organization. Social work leaders should be open to including training on suicide for their organizations and ensure that their employees are trained and retrained every two to three years.

Social work education programs should provide training that includes practice experiences and adequate and effective treatment techniques in managing suicidal individuals. These programs should be taught by faculty members who have experience assessing suicidal individuals or those who have worked in this setting previously. Training can be included in ethics courses and could be continuous over a series of weeks versus a one-day overview of

suicide knowledge. Additionally, the National Association of Social Workers (NASW) should add suicide prevention to his continuing education requirements. This will allow social workers to be continuously educated on the changing trends in suicide among, not only African Americans, but Americans in general.

Incorporating CRT into social work interventions, research, and education.

Although suicide predominately affects White individuals, it should not be assumed that the White experience is normal for all who attempt suicide, therefore, it is recommend CRT be included in social work interventions, research, and education when working with minority individuals. The social work profession needs minority inclusive research, interventions, models, and theoretical approaches to improve social work practice, research, and education for minority populations that includes minority voices. The use of CRT in social work practice can provide practitioners with the tools to effectively assess racial and ethnic issues with consumers of services. Adding minority voices can assist in changing the narrative of oppression over time. If CRT is incorporated into practice, social workers will be more equipped to examine the oppressive barriers that minorities perceive as obstacles to coping with difficult stressors as well as barriers to treatment. In addition, the application of CRT into social work practice can offer practitioners with a race competent framework which offers the tools and knowledge needed to effectively provide services with minorities.

CRT is a useful methodology that can promote race consciousness and competency among social work researchers and scholars. It also can equip social workers with the knowledge to understand the dynamics of race within research, as well as understand their own biases as it relates to research. An example could be the researchers personal bias toward minorities and how it can impact their ability to be impartial when conducting research. Incorporating CRT can help

social workers explore the institutional, structural, and social barriers that minorities may experience, while promoting race as a social construction and deconstructing social work's current stance on race. The alternative of generalizing to all populations ensures that the needs and empowerment of suicidal African Americans will continue to be misunderstood, overlooked, or ignored.

Conclusion

The findings from this systematic review have implications for suicide prevention, research, and education. In practice, most professionals rely on their own profession's theoretical framework and literature as a source of practice knowledge. The results of this study suggest that although social work has made some progress on literature regarding suicide among African Americans, much work needs to be done on incorporating the unique perspective of social work combined with Critical Race Theory into future research and literature. The racial lens of CRT can provide social workers with a racially inclusive framework that can be used to provide services to diverse populations. Therefore, integrating CRT into the social work profession can be beneficial for future policy development, as well as provide a lens to transform and deconstruct the social structures and institutions that continue to marginalize people of color. I would implore future researchers to explore the protective factors of poverty, aggression, community violence, and impulsivity as well as link the trends in suicide among African Americans to interventions that can mitigate risk.

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Appendix A: Concept Table, Search Strategies, and Search String

Research Question		
1. What is the contribution of social work literature on suicide among African Americans?	Core Databases PsycINFO, Social Work Abstracts, Social Sciences Abstracts, Sociological Abstracts, EBSCOhost, ProQuest, JSTOR	Limits Years: 1980 – present Race: African Americans
2. What are the protective factors identified in literature related to decreasing incidence of suicide among African Americans?		

Databases: PsycINFO, Social Work Abstracts, Social Sciences Abstracts, Sociological Abstracts, EBSCOhost, ProQuest, and JSTOR

	Concept: Suicide	Concept: African Americans	Concept: Risk Factors	Concept: Protective Factors	Concept: Social Work
Subheadings	Suicide [sh]	Race [sh]	Risk Factors Specific & Broad [sh]	Protective Factors Specific & Broad [sh]	Knowledge, Values, Skills, Practices [sh]
Textwords	“attempt”, “ideations”, “thoughts”	“black”, “afro- american”, “caribbean”, “negro”, “people of color”	“poverty”, “education”, Past mental health issues”, “social isolation”, “drug use”, “mood disorder”, “depression”, “impulsivity”, “health”, “abuse”, “job loss”, “stigma”	“church”, “family support”, “community support”, “social support”, “access to care”, “old age”, “living in southern region of US”, “belief that suicide is not an option”, “education”, “marriage”,	“social welfare”, “systems theory”, “relationship between individuals, families, institutions, and societies”, “social structure”, “advocate for policies and programs that promote social justice”, “equality”, “person-in- environment”, “how environment plays a role in suicide”, “enhanced functioning”

((“Suicide” [subheadings] or “attempt” [tw], “ideations” [tw], “thoughts” [tw] AND/OR “Race” [sh] “black” [tw], “afro-american” [tw], “caribbean” [tw], “negro” [tw], “people of color” [tw])) AND (((“Risk Factors Specific & Broad” [sh] “poverty” [tw], “education” [tw], Past mental health issues” [tw], “social isolation” [tw], “drug use” [tw], “mood disorder” [tw], “depression”

[tw], “impulsivity” [tw], “health” [tw], “abuse” [tw], “job loss” [tw], “stigma” [tw])))) AND
(((“Protective Factors Specific & Broad” [sh] “church” [tw], “family support” [tw], “community
support” [tw], “social support” [tw], “access to care” [tw], “old age” [tw], “living in southern
region of US” [tw], “belief that suicide is not an option” [tw], “education” [tw], “marriage”
[tw],))) AND (((“Knowledge, Values, Skills, Practices” [sh] “social welfare” [tw], “systems
theory” [tw], “relationship between individuals, families, institutions, and societies” [tw], “social
structure” [tw], “advocate for policies and programs that promote social justice” [tw], “equality”,
“person-in-environment” [tw], “how environment plays a role in suicide” [tw], “enhanced
functioning” [tw]))))

Appendix B: Abstract Screening

1. Is the study an article in a peer-reviewed journal?
YES UNSURE No (Exclude)
2. Was the study published in English?
YES UNSURE No (Exclude)
3. Was the study published after 1980?
YES UNSURE No (Exclude)
4. Is the study published by a social worker in any academic journal?
YES UNSURE No (Exclude)
5. Is the study published by another discipline in a social work journal?
YES UNSURE No (Exclude)
6. Does the study include suicide and African Americans?
YES UNSURE No (Exclude)
7. Does the study include protective factors as a measure of decreased suicide risk in African Americans?
YES UNSURE No (Exclude)

Appendix D – Data Extraction Form	
Study Characteristic/Design	
Participant Setting	
Age range (yrs)	
Mean age (yrs)	
Gender	
Race/Ethnicity	
Protective Factors	
Social Work Knowledge, Values, Skills, & Practice	
Social Work Researcher	
Other Discipline	
Methods	
Interventions (if any)	
Outcomes	
Risk of Bias	
Any additional Information	

Appendix E: Table of Included Studies

Authors (date)	Title	Context	Design Type
Bennett & Joe (2015)	Exposure to Community Violence, Suicidality, and Psychological Distress Among African American and Latino Youths: Findings from the CDC Youth Violence Survey	Community violence, minorities, & suicide	Descriptive Correlational
Bryant & Harder (2008)	Treating Suicidality in African American Adolescents with Cognitive-Behavioral Therapy	Suicide in AA adolescent with CBT	Comparative Descriptive
Joe (2006b)	Implications of National Suicide Trends for Social Work Practice with Black Youth	Trends in suicide among black youths	Comparative Descriptive
Joe et al. (2018)	What Works for Adolescent Black Males at Risk of Suicide: A Review	Risk factors of suicide in black males	Comparative Descriptive
Joe & Kaplan (2002)	Firearm-Related Suicide Among Young African-American Males	Firearms, methods of suicide among AA males	Descriptive Correlational
Joe & Niedermeier (2008a)	Preventing Suicide: A Neglected Social Work Agenda	Risk factors, protective factors	Comparative Descriptive
Joe & Niedermeier (2008b)	Social Work Research on African Americans and Suicidal Behavior: A Systematic 25-Year Review	Research conducted on AA related to suicide	SR- Comparative Descriptive
Lincoln, Taylor, Chatters, & Joe (2012)	Suicide, Negative Interaction and Emotional Support Among Black Americans	Social support, family support, emotional support	Comparative Descriptive
Lindsey, Brown, & Cunningham (2017)	Boys Do(n't) Cry: Addressing the Unmet Mental Health Needs of African American Boys	Mental health needs of AA boys	Comparative Descriptive
Nguyen et al. (2017)	Extended Family and Friendship Support and Suicidality Among African Americans	Family and social support. Suicide risk factors	Descriptive Correlational

Street et al. (2012)	Racial Identity and Reasons for Living in African American Female Suicide Attempters	Female suicide risk factors for AA women	Descriptive Correlational
Walls, Freedenthal, & Wisneski (2008)	Suicidal Ideation and Attempts Among Sexual Minority Youths Receiving Social Services	Suicide among youths. How sexuality plays a role	Quasi-Experimental
Chatters, Taylor, Lincoln, Nguyen, & Joe (2011)	Church-Based Social Support and Suicidality Among African Americans and Black Caribbeans	Religion, social support, family support	Descriptive Correlational
Gibbs (1997)	African American Suicide: A Cultural Paradox	Suicide among AA, support system	Comparative Descriptive
Joe (2006a)	Explaining Changes in Patterns of Black Suicide in the United States from 1981 to 2002: An Age, Cohort, and Period Analysis	Changes in suicide patterns over a 20-year period	Cross-Sectional
Joe et al. (2006)	Prevalence of and Risk Factors for Lifetime Suicide Attempts Among Blacks in the United States	Risk factors for AA attempting suicide	Comparative Descriptive
Joe & Kaplan (2001)	Suicide Among African American Men	Suicide risk factors among AA men	Comparative Descriptive
Joe & Marcus (2003)	Trends by Race and Gender in Suicide Attempts Among U.S. Adolescents, 1991-2001	Trends in suicide by race and gender among youth	Cross-Sectional
Lindsey, Joe, & Nebbitt (2010)	Family Matters: The Role of Mental Health Stigma and Social Supports on Depressive Symptoms and Subsequent Help Seeking Among African American Boys	Family and social support, previous depression and unmet mental health needs	Descriptive Correlational
Taylor, Chatters, & Joe (2011)	Religious Involvement and Suicidal Behavior Among African American and Black Caribbeans	Religion and suicide among AA	Descriptive Correlational

Appendix F: Table of Excluded Studies

Authors (date)	Title	Exclusion Reason
Kurbin et al. (2006)	Deindustrialization, Disadvantages and Suicide Among Young Black Males	No protective factors Non-Social work Researcher or Social work Journal
Davis (1981)	Black Suicide and Social Support Systems: An Overview and Some Implications for Mental Health Practitioners	Non-Social work Researcher or Social work Journal
Valois et al. (2015)	Association Between Adolescent Suicide Ideation, Suicide Attempts and Emotional Self-Efficacy	Non-Social work Researcher or Social work Journal
Kurbin & Wadsworth (2012)	Explaining Suicide Among Black and Whites: How Socioeconomic Factors and Gun Availability Affect Race-Specific Suicide Rates	Non-Social work Researcher or Social work Journal
Zvolensky et al. (2016)	Acculturative Stress and Experiential Avoidance: Relations to Depression, Suicide, and Anxiety Symptoms Among Minority College Students	Non-Social work Researcher or Social work Journal
Hooper et al. (2015)	The Impact of Previous Suicide Ideations, Traumatic Stress, and Gender on Future Suicide Ideation Trajectories Among Black American Adolescents: A Longitudinal Investigation	Excluded based on Social Work Knowledge, Values, Skills, and Practices
Lloyd et al. (2007)	The Relationship Between Lifetime Abuse and Suicidal Ideation in Sample of Injection Drug Users	Excluded based on Social Work Knowledge, Values, Skills, and Practices
Borum (2014)	African Americans' Perceived Sociocultural Determinant of Suicide: Afrocentric Implications for Public Health Inequalities	Excluded based on Social Work Knowledge, Values, Skills, and Practices
Joe et al. (2007)	Impact of Familial Factors and Psychopathology on Suicidality Among African American Adolescents	No protective factors
Hooper et al. (2017)	Changes in Perceived Levels of Environmental Stress Before and After a Suicide Attempt in Black American Adolescents: A 14-Year Longitudinal Study	No protective factors
Uehara (1994)	Race, Gender, and Housing Inequality: An Exploration of the	No protective factors

	Correlates of Low-Quality Housing Among Client Diagnosed with Severe and Persistent Mental Illness	
Manetta (1999)	Interpersonal Violence and Suicidal Behavior in Midlife African American Women	No protective factors
Blake & Darling (1994)	The Dilemmas of the African American Male	Excluded based on Social Work Knowledge, Values, Skills, and Practices
Payne (2008)	Saints Don't Cry: Exploring Messages Surrounding Depression and Mental Health	Non-Social work Researcher or Social work Journal
Gilbert et al. (2009)	Advancing the Africentric Paradigm Shift Discourse: Building toward Evidence Based Africentric Interventions in Social Work Practice with African Americans	Does not discuss suicide and African Americans
Ting et al. (2008)	Available Supports and Coping Behaviors of Mental Health Social Workers Following Fatal and Nonfatal Client Suicidal Behavior	No protective factors discussed for AA, related to social workers and not consumers
Freedenthal (2007)	Racial Disparities in Mental Health Service Use by Adolescents who Thought About or Attempted Suicide	No protective factors
O'Hare et al. (2016)	Race, Trauma, and Suicide Attempted: Comparing African American, White, and Hispanic People With Severe Mental Illness	No protective factors
Taylor et al. (2013)	Comorbid Mood and Anxiety Disorders, Suicidal Behavior, and Substance Abuse Among Black Caribbeans in the U.S.A.	No protective factors
Gattis & Larson (2015)	Perceived Racial, Sexual Identity, and Homeless Status Related Discrimination Among Black Adolescents and Young Adults Experiencing Homelessness: Relations with Depressive Symptoms and Suicidality	No protective factors
Joe et al. (2016)	Suicide Risk Among Urban Children	No protective factors
Merchant et al. (2009)	Predictors of Multiple Suicide Attempts Among Suicidal Black Adolescents	No protective factors

Appendix G: Quality Assessment Tool

	Low Risk	Medium Risk	High Risk
Objective stated	Aims and objectives fully described with reasons for why they are important	Aims and objectives described, no reasons given for having these aims	Aims and objectives not fully described
Ethics and funding	Mentioned, no conflicts	Mentioned, potential conflicts of interest	Not mentioned or conflicts of interest
Methods Described	Methods discussed and are reliable	Methods discussed, but may not be reliable	Methods not fully discussed
Details context of group	Participant characteristics outlined with discussion of how an accurate sample was ensured	Participant characteristics outlined	Participant characteristics not fully outlined
Inclusion criteria, exclusion criteria, sample size	Fully described with reasons given	Fully described	Not adequately described
Education of researchers	Education given, researchers have appropriate experience or qualifications	Education given, experience or qualifications not mentioned	Education and experience is not discussed
Methodological bias discussed and addressed	Efforts made to identify and solve potential bias	Mention of potential bias in methodology	No mention of bias in methodology
More than one researcher	More than one researcher	N/A	Only one researcher
Statistical analysis appropriate	Multivariate logistic regression is used	Chi square analysis is used	Any other form of analysis is used
Results presented thoroughly	Results fully and accurately described	Only partial results given	Important results omitted or not thoroughly described
Study discussed in context	Results analyzed according to other studies	Results are analyzed, some mention of current context	Results analyzed with no mention to other research
Clinical implications of results	Direct clinical application of results is discussed	Mention of clinical relevance is made	No mention of clinical implications of results
Limitations and confounding factors	Study discussed limitations and confounding factors comprehensively	Some discussion of limitations and confounding factors	No discussion of limitations or confounding factors
N/A: not applicable			

Appendix H: Systematic Review Protocol

Campbell Systematic Review: Policies and Guidelines		
6.1	Format of a Review	
6.2	Content of a Review	
6.2.1	Cover Sheet	
6.2.2	Plain Language Abstract	
6.2.3	Back for the review	
6.2.4	Objectives for the review	
6.2.5	Methods	
6.2.6	Deviations from the Protocol	
6.2.7	Results	
6.2.7.1	Study Selection	
6.2.7.2	Study Characteristics	
6.2.7.3	Study quality and risk of bias	
6.2.7.4	Synthesis of results	
6.2.7.5	Summary of findings from evidence	
6.2.7.6	Conclusions	
6.2.8	References	
6.2.9	Format of a Review	