

**TESTIMONY BY DR. MICHAEL A. LINDSEY, EXECUTIVE DIRECTOR,
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**ON MENTAL HEALTH, SUICIDE AND BLACK YOUTH
BEFORE THE NYS SENATE COMMITTEE ON MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES
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I am currently the Executive Director of the NYU McSilver Institute for Poverty Policy and Research, and the Constance and Martin Silver Professor of Poverty Studies at the NYU Silver School of Social Work. At the McSilver Institute, we are committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice.

In the last seventeen years, my mental health services and intervention research has examined the reasons underlying why Black adolescents, more than any other group, do not use formal mental health services, particularly for depression. My research has examined and explored various barriers to care for Black youth, which prevent them from receiving requisite treatment. These barriers include cultural factors like stigma, mistrust of mental health professionals, and other logistical barriers, such as transportation. Everything points to schools as the ideal setting to reach Black youth and families who would otherwise forgo community-based mental health treatment, or who otherwise are not accessing treatment services. After all, mental well-being and positive psychological adjustment translate to academic success on many fronts, no? A study I published in the *Journal of Adolescent Health* showed that fifty percent of 465 ninth-grade Black adolescents surveyed had mental health needs, *but* only twenty percent of those Black youth received treatment. Oftentimes, the mental health services were in the schools attended by these youth, but the Black youth sampled did not receive treatment.

Today, I want to bring your attention to a serious and grave matter regarding Black youth. A recent study by epidemiologist Jeff Bridge reports that rates of suicide have doubled between the years 1993 and 2011 for Black youth ages 5-11 years old. This research further suggests that concern is particularly warranted regarding Black boys who are now 2 times as likely to die by suicide relative to White boys in the 5-11 age group; suicide rates for White youth and other racial/ethnic groups have actually decreased. In fact, Black boys were the *only* group for which suicide rates increased. The only group.

This finding resonates with a conversation I recently had with the mother of Ryland Thai Hagan, an 11-year-old who completed suicide in Washington, D.C. in November 2017. I interviewed her for a book I am working on to identify the factors related to why Black youth in this age group are seeing an increase in completed suicides. Ryland's

mom related to me the day she returned home from running errands to find her son hanging from his bed, with his school uniform belt, which had been made into a noose, tied around his neck. Ryland only needed to stand up to save his life. His mom struggled with answers in the aftermath of Ryland's death, saying to me, "Please share my story with the world if it can help some other family, but also help me to understand why my son hung himself."

Just last Friday (May 31, 2019), a colleague in New York City contacted me seeking support for a family friend whose 10-year-old Black son completed suicide in New York City last week. He had hung himself. The family is distraught, searching for answers, and indicated their utter shock because there were no precursor mental health issues or warning signs indicating their son was in distress. One death is too many, but it seems completed suicides are regular occurrences among Black youth. There is Seven Bridges, who completed suicide in January of this year, also a 10-year-old; 11-year-old Phillip Spruill of Philadelphia, PA who completed suicide in April of this year; 8-year-old Gabrielle Tave of Cincinnati, OH who completed suicide in 2017; 12-year-old Stormiyah Denson-Jackson of Washington, D.C., who completed suicide in 2018; and 9-year-old McKenzie Adams of Linden, AL, who completed suicide in December 2018.

It is not just the younger Black youth who should be of concern to us. Colleagues and I recently completed a study examining suicide behaviors over the last 25 years among a nationally representative sample of high school-aged youth. These national data show that rates for suicide attempts have trended downward for every racial/ethnic group except one, Black adolescents. Their rates of suicide attempt and injury by attempt have increased, while other racial/ethnic groups have seen a decline in these behaviors. Here in New York State, from 1997 through 2017, *only* Black and Asian/Pacific Islander youth have seen their rates of suicide attempts increase at statistically significant levels. Yet, the matter of suicide and mental health treatment disparities among Black youth have been grossly overlooked, insofar as attention has been given to other risk groups in New York State.

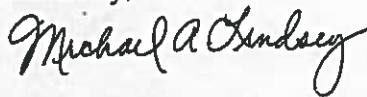
The findings I shared today warrant that immediate attention, in the form of an emergency taskforce to be established to address the circumstances of Black youth here in New York State. I urge our elected officials to make a clarion call in support of raising greater awareness to the rising rates of suicide and associated behaviors among Black youth. New York State has a great opportunity to lead the way for our nation, indeed, the world, in bringing greater attention, committing support for deeper research, and establishing evidence-based or informed strategies to ensure that another Black youth does not attempt or complete suicide here in this great state of New York.

No longer should any Black youth experience racialized or gendered bullying; the trauma of poverty; the lack of connection to and benefit from school-based mental health and intervention services. No longer should any Black youth be suspended from school without exploration of the antecedent or underlying depression, anxiety, or trauma that goes undetected, yet, co-occurs, often, with irritability, anger, or hostility. These are all addressable circumstances faced by Black youth that might recoil their proclivities toward ideation, plans, attempts, or completed suicide.

In closing, my colleagues and I at NYU's McSilver Institute for Poverty Policy and Research recommend that New York State lead the nation in establishing the first ever state-level emergency taskforce to develop policy, research, and intervention recommendations to ensure that no Black youth's life prematurely ends before it ever begins.

Thank you.

Sincerely,



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