Suicide among African American (AA) teens is now the second leading cause of death in AA youth. Suicide rates in AA children have also increased significantly from 2001 to 2017. AA children ages 5-12 have also increased at twice the rate of white children of the same age. In the United States, suicide has persistently increased since 2006 and is now one of the leading public health problems and cause of death.

There are fewer suicides among African American individuals than in whites but the increase in the suicide rate in AA teens is now greater than in white teens. Almost 10 percent of African American high school students attempted suicide compared to 6.1 percent of white students. The percentage of AA high school students whose suicide attempt resulted in an injury that had to be treated by a doctor or nurse was 3.4% in AA students compared to 1.9% in white students.

A large proportion of AA adolescents do not have access to mental health care, or even a primary care provider. Community organizations can play an invaluable role in addressing the suicide problem in AA youth. A community suicide prevention program utilizing the Columbia Protocol is proposed as an effective strategy for reducing the suicide rate in AA youth.

The Columbia Protocol

The databases used to review the literature were the U.S. National Library of Medicine (PubMed), CINAHL, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO.

Keywords used: African American adolescents suicide, adolescent suicide, suicide screen and Columbia Suicide Severity Rating Scale.

The CINAHL search revealed a scarcity of studies on suicide in AA adolescents compared to the number in a more general search of adolescent suicide, 9 on AA suicide, 1031 on adolescent suicide.

The PsychoINFO search resulted in 20 articles on African American adolescents compared to 3,148 on adolescent suicide. A CINAHL search for suicide screening resulted in 320 citations with a PubMed search for suicide screening producing 632 citations. Review of the citations found several tools currently used to assess suicide risk.

A PubMed search of the Columbia Suicide Severity Rating Scale yielded 63 citations which underlines its reliability, validity, and usefulness in diverse communities. The Columbia Protocol is a rational choice for use in low SES communities because it is easily accessible for free use, with support if needed. It is accessible to non-healthcare professionals, is robustly evidenced based, and culturally valid and reliable.

Columbia Protocol Version to Identify Risk and Prevent Suicide in AA Adolescents

A large proportion of AA adolescents do not have access to mental health care, and often do not even have a primary care provider. African Americans have reported considerable and extensive experiences of discrimination in many areas of life and even discrimination associated with delayed medical care.

There are a multitude of reasons for the inadequate access and limited prevention services experienced by AA adolescents. Even though AA youth may not have easy access to mental health care, traditionally they have gained strength from community support from their churches, families, coaches, afterschool clubs such as the YMCA, the Boys and Girls Club.

Possible protective factors against suicide includes school, social connectedness, family support, negative attitudes toward suicide, and religious coping. Many of these factors are usually an integral part of the AA community.

The American saying ‘it takes a village to raise a child’ is commonly seen as part of the culture in many African American communities. Strategies that can reach and identify AA youths at risk for suicide in their communities can be invaluable for preventing and reducing suicide.

A community program that allows gatekeepers to use the Columbia Protocol in various settings could help at-risk youth receive the treatment they need.

Suicide is a preventable public health crisis in the United States. In the past few years, the suicide rate has significantly increased among AA youth and children. Many AA youth do not have access to mental health care, or even primary care. Community suicide prevention programs can screen for suicide risk in AA youth using the Columbia Protocol to identify risk.

The Columbia Lighthouse Project provides the Columbia Protocol free for use and offers support for groups adopting the screening.

Individuals at risk for suicide can be identified using the Columbia Protocol and then referred for treatment. Participating organizations need to have a broad referral arrangement of reliable treatment programs. It is crucial that those identified as high risk can immediately access appropriate and effective care.

The Columbia Protocol

1) Have you wished you were dead or wished you could go to sleep and not wake up?

2) Have you actually had thoughts about killing yourself?

3) Have you thought about how you might do it?

4) Have you had any ideas about acting on those thoughts of killing yourself, as opposed to you having the thoughts but you definitely would not act on them?

5) Have you started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6) Have you done anything, started to do anything, or promised to do anything to end your life?

Always Ask Questions

Any YES Indicates the need for further care. However, if the answer is 4, 5 or 6 YES, immediately ESCORT to Emergency Personal for care, call 911, 800-273-TALK, visit www.suicide.org, or call the National Suicide Prevention Lifeline 1-800-273-TALK.
Abstract Title: Using the Columbia Protocol to Address the Increasing Suicide Rate in African American Adolescents

Background: Suicide has increased in African American (AA) teens and is now the second leading cause of death in AA youth (Bridge et al., 2018; Shain, 2016). Along with AA adolescents, suicide rates in AA children have increased significantly from 2001 to 2017 (Price & Khubchandani, 2019; Bridge et al., 2018). African American children ages 5-12 years die from suicide at two times the rate of white children of the same age (Bridge et al., 2018). Despite suicide being a preventable public health problem, and despite the resources available to assess risks and intervene, many patients are not being screened and many patients do not receive follow-up care. Many adolescents who go to the hospital for illness also have suicidal behavior but are not identified (Ahmedani et al., 2017). Studies in trends in mental health care among children and adolescents found that minority youths were less likely to have treatment with psychotherapy and psychotropic medications and less likely to be referred to a specialist than a non-minority youth (Olfson, Druss, & Marcus, 2015; Fiscella et al., 2000). AA adolescents do not get the necessary mental health care (Joe et al., 2009) and often, they do not even have a primary care provider (Rich, 2001).

Details of innovation: Even though AA youth may not have easy access to mental health care, traditionally they have community support from their churches, families, coaches, afterschool clubs such as the YMCA and Boys and Girls Club (King et al., 2019). A community suicide prevention program utilizing the Columbia Protocol could be an effective strategy for identifying risk and reducing the suicide rate in African American youth. Strategies that can reach and identify AA youth at risk for suicide in their communities, can be invaluable for preventing and reducing suicide. The CDC (2017) suggests that public health professionals can use proven programs, and work with faith and community organizations to reduce health disparities and create opportunities for health in AA communities. The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), is a proven tool for helping to make a positive impact in many communities working to decrease their suicide rates (Posner et al., 2011). The C-SSR can help identify individuals at risk for suicide so they can be referred for treatment. Participating organizations must have a broad referral arrangement of reliable programs to help adolescents identified as high risk to immediately access the appropriate and effective care. Healthcare Providers from the State Health Department or community clinics can help community programs to establish emergency care arrangements so they can confidently access help for identified high risk adolescents.

Outcomes: A community suicide prevention program utilizing the Columbia Protocol would be an effective strategy for identifying risk and reducing the suicide rate in African American youth.

Question: How can the Columbia Protocol be used to impact the increasing rates of suicide in African American youth?

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References


