

**TESTIMONY BY DR. MICHAEL A. LINDSEY, EXECUTIVE DIRECTOR,
THE MCSILVER INSTITUTE FOR POVERTY POLICY AND RESEARCH
AT NEW YORK UNIVERSITY
ON MENTAL HEALTH, SUICIDE AND BLACK YOUTH
BEFORE THE NYS ASSEMBLY STANDING COMMITTEES ON MENTAL HEALTH, HEALTH
AND VETERANS' AFFAIRS
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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. There has been an alarming increase in the rates of suicide and suicidal behavior for Black children and teenagers over the past generation, narrowing a historic racial gap and pointing to a developing crisis.

We saw the suicide death rate for Black youth nearly double between 2007 and 2017, to 4.82 per 100,000 young people in 2017. Research by a team that I led published in the November 2019 issue of the journal *Pediatrics* found that self-reported suicide attempts rose in Black teenagers, even as they fell or saw no significant trend in white, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native teenagers. Self-reported suicide attempts increased at an accelerating rate in Black female teenagers, and there was a significant increase in injuries from self-reported suicide attempts in Black male teenagers.

Just as heart-breaking are the results of a study by epidemiologist Jeff Bridge, finding 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 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."

This past May, 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. 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.

News of very young Black children ending their lives make news headlines with growing frequency. 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 Taye 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.

The findings I share today warrant that immediate attention. They helped move the U.S. Congressional Black Caucus to establish an Emergency Taskforce on Black Youth Suicide and Mental Health (the Taskforce), with U.S. Representative Bonnie Watson Coleman (D. NJ) as the chair. Upon its creation, the Taskforce empowered a Working Group of experts composed of the country's leading Black academic, research and practicing experts. I lead that Working Group.

What I have shared today also underscores the importance of legislation that Assembly Member Kimberly Jean-Pierre and New York Senator David Carlucci have sponsored, which is being reviewed by the New York State Governor's office.

The bills, [S.4467/A.6740](#), call for the establishment of a statewide Black youth suicide prevention task force to examine, evaluate and determine remedies for improving mental health and preventing suicides among Black children, ages 5 to 18 years old. We applaud the efforts by Assembly Member Jean-Pierre and Senator Carlucci, as well as Assembly Speaker Carl Heastie and Senate Majority Leader Andrea Stewart-Cousins, to pass this legislation.

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 reduce the number of Black youth attempting or completing suicide here in this great state.

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 on this issue to ensure that no Black youth's life ends before it ever begins.

Thank you.

Sincerely,



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