



CRIES UNHEARD: THE PLEA OF YOUNG, SUICIDAL MEN

Erasing the Shame and Stigma of Suicide

by Kimberly N. Alleyne

When Abraham Biggs Jr. told people he was killing himself, they thought it was a hoax. In fact, they watched online as he took his life in front of his webcam. When it was feared that Biggs was not joking, authorities were called, but they arrived too late. The Florida teen ingested a lethal cocktail of prescription drugs to ensure he would not live to see his 20th birthday. Biggs' family has said that he suffered from manic depression.

The notion has long been held that suicide is a Caucasian problem, but according to the American Association of Suicidology (AAS), in 2002, 1,939 African Americans completed suicide in the U.S. Of that number, 1,633 (84%) were males. That is a rate of 9.1 per 100,000. The suicide rate for females was 1.6 per 100,000. Clearly, suicide is a problem among blacks and even more so among black men.

Not only is suicide not a Caucasian-only problem as evidenced by AAS data for African American adults, but it has surfaced as an issue for deep concern among our youth. In 2002, among African American youth, the rate of male suicide, 11.3 per 100,000, was 6.6 times higher than that of females, which was 1.7 per 100,000.

The rate of black suicide for teens 15-19 more than doubled from 3.6 per 100,000 to 8.1 per 100,000 from 1980-1995. The latest statistics show that roughly 5.7 per 100,000 African American deaths are certified as suicide—a rate of 5 each day.

Donna Barnes, PhD, executive director and co-founder of National Organization for People of Color Against Suicide (NOPCAS), is well familiar with suicide. She lost a son to suicide as did the other two co-founders of NOPCAS. The Washington, D.C.-based organization was founded in 1998 to stop suicide in minority populations and strives to highlight suicide's impact by providing survivors with coping methods, sharing information on suicide prevent and intervention and improving training for individuals who work with young adults. It also works to educate community-based organizations about suicide prevention, intervention, and the warning signs of suicide crisis.

Sadly, though the cries of many in suicide crisis have gone unheard, there remains a centuries-old thicket of shame, secrecy and systematic suppression regarding suicide in the black community. Organizations like NOPCAS and AAS are using strategies to bring the families of suicide victims and also suicide survivors out of the shadows.

"We need to talk about it more. We can't prevent what we don't know," Barnes said.

Through workshops and conferences, NOPCAS encourages people to get treatment when they need it.

Suicide is a national problem and it is a community problem that has ballooned into a grave and prevalent threat in the African American community, particularly among black youths. Research shows that each year, more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, and influenza and chronic lung disease combined.

There are several reasons, Barnes said, that more black youths are taking their lives. "More people are losing that connection to family and the commitment to community that we once had. Once you lose the feeling attachment, then you feel lost," Barnes said, who also started the Suicide Prevention Action Group (SPAG) at Howard University in 2005. (<http://www.howard.edu/spag/>)

Because statistics also point to an alarming drift of suicide among college students, SPAG's core objectives of suicide prevention, intervention and postvention are relevant. According to its website, SPAG's primary focus is to bring educational awareness to those impacted adversely by the effects of violence, depression, and suicide in an effort to decrease threatening behaviors that can lead to poor academic performance and academic failure.

Additionally, Barnes explained, communal patterns such as more isolation, greater instances of untreated illness and not enough help-seeking behavior are contributory drivers of suicide.

An estimated 30,000 Americans take their lives each year and more people die in the United States from suicide than from homicide. Research ranks suicide as the third leading cause of death for young people ages 15-24, but despite suicide no longer being a rarity among black youths, there has been a slight decline of completed suicides in recent years. According to the most recent data available from Centers for Disease Control and Prevention (CDC), among black males ages 15-24 in 2005, there were 10 suicides per 100,000. In 2006, that number was 9.9 and 9.7 in 2007.

Barnes advises that our community must be open about suicide, prevention and intervention.

If you are or know someone who may be experiencing a suicide crisis, call a mental health professional or the National Crisis Line at 800-273-TALK. (800-273-8255)

According to the American Association of Suicidology, we can do these things to help reverse the epidemic of suicide:

- Help remove the stigma and myths that suicide contradicts gender and cultural role expectations:

- Religious stigma of suicide as the "unforgivable sin";
- African American men are macho and do not take their own lives;
- African American women are always strong and resilient and never crack under pressure.
- Remove barriers to treatment.
- Improve access to mental health treatment.
- Remove stigma associated with mental health treatment.
- Increase awareness in cultural differences in the expression of suicidal behaviors:
 - o African American are less likely to use drugs during a suicide crisis;
 - o Behavioral component of depression in African Americans is more pronounced;
 - o Some African Americans express little suicide intent or depressive symptoms during suicidal crises;
- Develop liaisons with the faith community.
- Recognize warning signs and help a friend or family member get professional help.

Warning Signs of a Suicidal Person:

A suicidal person may:

- Threaten to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself;
- Look for ways to kill him/herself by seeking access to firearms, pills or other means;
- Talk or write about death, dying or suicide when these actions are out of the ordinary for that person;
- Express a sense of hopelessness;
- Experience rage, uncontrolled anger, and seek revenge
- Act reckless or engage in risky behavior and activities, seemingly without thinking;
- Feel trapped, that there's no way out;
- Increase alcohol or drug use;
- Withdraw from friends, family and society;
- Feel anxious, agitated, and experience an increase or decrease in the amount of sleep;
- Experience dramatic mood changes;
- Feel that there is no reason to live, that live no longer has a sense of purpose.

For More Information about Suicide Prevention and Warning Signs:
American Association of Suicidology
www.suicidology.org

National Organization for People for Color Against Suicide
www.nopcas.com

National Center for Injury Prevention and Control
www.cdc.gov/ncipc/wisqars