



ADHD
and the
Increasing
Suicide Rate
Among Black
Youth

Napoleon Higgins, MD, interviewed by Melvin Bogard, MA

HISTORICALLY, suicide rates have been higher among whites than any other racial group. Recent studies confirm this but show the growing rate among Black youth, which now surpasses that of their white counterparts. Despite making up approximately 13% of the population, Black youth make up 37% of youth suicides. The highest demographic is young Black males. The assumption would be that depression significantly contributes to the increase in suicides. However, new studies indicate that much of the increase correlates to untreated ADHD. While recent trends show the growing number of suicides in Black youth and adolescents, even more alarming is the rate of suicide among very young Black children.

In this *All Things ADHD* episode, Dr. Napoleon Higgins shares insights about how ADHD may be contributing to the increased number of suicides in Black youth and identifies why this is happening now. He makes recommendations for educators and healthcare providers about cultural sensitivity and offers advice for parents of children with ADHD on diagnosis, treatment, and suicide prevention. The podcast conversation was edited for clarity and length.

MELVIN BOGARD:

Historically, suicide rates have been higher among whites than any other racial group, but the trend is starting to change. What are we seeing now?

DR. NAPOLEON HIGGINS:

The scary thing that we're seeing right now is a very high increased rate of suicide in the Black community—and we've seen this trend for about twenty, thirty years. Back when he was the US Surgeon General, Dr. David Satcher brought attention to the fact that there's been an increasing rate of suicides in Black youth and teenagers. And here we are fifteen, twenty years later, and we're still seeing this increasing rate. So this problem has been going on almost over two decades. It used to be that you did not

hear of Black people killing themselves, or if you heard of a suicide you assumed that they were not a Black individual. But at this time, that is not the case. This is a very serious issue in our community, and we need a closer look at what's going on, why this is occurring, and why the trend's not slowing down, but picking up.

BOGARD:

What are some of the contributing factors?

HIGGINS:

The contributing factors are multifold, so we really don't know of any particular single issue. Too often in medicine and research in our society, we want instant answers. We expect that if we ordered something that's it's supposed to be there by five o'clock PM the same day. And really we need to invest time, money, resources, and human power to look closer into what's going on. But one of the issues that we see is the issue of ADHD and learning disabilities. ADHD and learning disabilities are very important issues to youth, because school is what you do. You do school eight hours a day, and when you struggle with that, there's a problem. Stigma [is another factor], so far as having an issue but being afraid to go in because of how people may judge or see you, the lack of mental health awareness and understanding that these are disorders that are treatable with therapy, with medication, with interventions. People do not understand that there are things you can do to mitigate the issues of mental health, and we need more awareness, more education, and of course we need more treatment and providers.

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Listen to the full recording at <https://podcasts.chadd.org/e/adhd-and-the-increasing-suicide-rate-among-black-youth/>.

BOGARD:

Are the risk factors for suicide higher in Black males or females? What age group is most at risk and why?

HIGGINS:

That is a very interesting question, in that we've seen numbers for both Black males and females increasing across all age ranges. But we've seen a higher risk of suicide in Black female teenagers. So, Black female teenagers have a higher risk than Black male teenagers, but both of them have a higher risk than had twenty years ago, and the numbers are steadily increasing. Now, when it comes to Black youth, and I refer to youth between the ages of five years old up to about eleven or twelve, preteens, you're seeing higher numbers of Black males.

So, we're seeing these increasing suicide rates across all ages. What's very scary about that is you're seeing it in the youth, you're seeing it in teenagers. Sadly, right now, there's nothing to show that the trend would be going down. We're only seeing that the trend is going up. And we seem to only recognize this recently as it's become more [reported] in the news, but the fact is that Dr. David Satcher sounded the alarm twenty years ago. So, it's great that we're talking about it, and we're paying closer attention to what's going on.

BOGARD:

What are key factors affecting Black children?

HIGGINS:

I would say you have to look at the issue of education, the issue of finances, the issue of racism, images that you see on television and in the news. And sadly, many Black kids do not see themselves in the future. You feel hopeless. You feel like your situation is a situation that will not turn out well for you. Those contributing factors I think are a big problem, and that stress builds up. Black children are not seeing themselves in the future, and therefore, sadly, that hopelessness can lead to despair, and hopeless despair can lead to depression and then the issue of suicide. We look at the financial issues that are going on in the country, that there's a larger and larger split between white households and Black households on finances, which then impact resources, and resources then impact the ability to access resources that you need.

So there are multiple layers of this that really go back to the issue of systemic racism seen on multiple fronts, be it finances, education, families, homes, incarceration, getting in trouble at school, the images that Black children see. Then you add on, I'm struggling in school because of ADHD or learning issues and I'm not being treated, not receiving care. Then the risks continue to grow and grow and grow. So it's a multifold issue that we really need to work on. One of the best things we could do is educate the community and reach out to make sure that people are not falling through the cracks.

BOGARD:

What conditions often coexist with ADHD that can increase suicide rates in Black youth?

HIGGINS:

Whenever we see ADHD we have to be concerned about comorbidities. Approximately half of all individuals with ADHD will have another comorbid issue, and a lot of times that's going to be a learning disability. We have to look out for mood disorders, depression, bipolar disorder, anxiety—and sometimes difficulty in school can cause those things to happen or make it even more difficult to treat. So [the young person will think] I'm falling behind my peers. I want to be X, I want to be a doctor, I want to be a lawyer, I want to be a journalist, but I'm struggling in English, I'm struggling in history, I'm struggling in multiple classes. Then you see your life slipping away from you. At that point, you're at risk of not attaining, but also with the issue of being Black, if you don't finish high school, especially if you're a Black male, there's a seventy, eighty percent chance that you are going to be incarcerated.

So, all is riding on making sure that we take care of not only the ADHD, but the other comorbid issues that either could be caused from the ADHD or even complicated by the ADHD. It's important to make sure that we're doing a full evaluation of the child so that we can make the best decisions, looking at all the factors that are going on and contributing to their overall mental health.

BOGARD:

Some children and teens with ADHD have impulsive behavior. How does this impact suicidal behavior? If impulsivity is an issue, what steps can a parent take to prevent a child from acting on such an impulse?

HIGGINS:

Very important question. You do see, especially in youth, in younger children, that there's a high risk of suicide with an impulsive child. So not only do you have ADHD, learning disability, but now you have the impulsive behavior to do something, and not think things through. So that is an inherent issue. What we could do is make sure you receive treatment and care. The medications work, therapy works. We need to go through the behavioral interventions. So, the point is making sure that we identify early and make sure we intervene when it's necessary.

BOGARD:

Does a child or a teenager need to be depressed to be suicidal?

HIGGINS:

The biggest risk factor is a feeling of hopelessness. Depression in itself can cause you to feel hopeless. It plays a trick on your mind that things won't ever get better. There is no way out of this. You are trapped, so therefore there's nothing else that you can do. So, hopelessness is a serious risk factor along with depression, realizing that depression produces hopelessness. But ADHD can produce hopelessness or a loss of job, a loss of finances, risk of incarceration, all of those things. For example, thinking about 9/11, when we saw the people jump from the buildings, they weren't



jumping from the building because they were depressed. They were jumping because they preferred to die by leaping from the building. Because one is a quicker death than the slower painful death by heat. They weren't depressed, they were hopeless.

Giving people a sense of hope comes with understanding, and intervention gives the hope back. Too often I've seen where families will be very upset with the child. The parent is doing the best that they can with the resources that they have, but sadly, may be talking down to the child or looking at the issue of ADHD as a character flaw versus a medical issue. ADHD is a medical problem, and it's a treatable medical problem. But too often it's seen as *you're being lazy, you're not working hard enough*. Many times when someone dies by suicide, people will say the person never seemed to be depressed. And they may not have ever been depressed; they felt that their situation was hopeless. Homelessness feels very hopeless. A terminal diagnosis can feel hopeless. The fact is that yes, many people will not ever seem to be depressed, but they felt like there was no way out of their situation.

BOGARD:

As a community, how do we help decrease suicide risks?

HIGGINS:

Well, we've got to be able to talk about it. Understanding that too often I hear where people will say, talking about suicide will cause a person to take their life. That is not true. What is true? Not talking about what's going on and not paying attention and not getting the care you need. All of those are risk factors. We've got to make sure we pay attention.

Now, as a former teacher myself—I taught school for a hot second—the teacher is one of the quickest persons to recognize that there's something going on with the child. They're trained in child development. They're around children all the time. They've been teaching for multiple years and seeing multiple kids. So, it's always important to pay attention to what the teacher says they are noticing about your child.

The family—we've got to spend time together, all right? We could be so busy running back and forth. It's hard to spend time with your child because of all the demands on life, professionally.

We've got to make sure that we're spending time with our child and paying attention, because I can guarantee you, nobody dies and says, I spent too much time with my children. Now I know people don't like their family, but the fact is that there's normally a loved one with whom you wish you'd had more time.

When it comes to healthcare providers, we've got to be accessible. Honestly, we need more Black providers. It is shown statistically Black patients do better with Black providers. Only one to two percent of psychiatrists are Black, psychologists about two percent, social workers about four percent, when Black people are thirteen percent of the US population. So, no matter how many Black people want to see me, they can't get in to see me because there's only one of me. So we need culturally competent providers, people who understand other cultures.

And then friends—friends, pay attention. If somebody's saying something that doesn't sound quite right, ring the alarm. But be careful of believing that you're going to be their mental health provider. Professionals are required to do that type of care.

We can do a lot of things to help decrease suicide risk. The biggest thing is to make sure that we're paying attention on all levels, on what we can do to help one another. I appreciate the time and attention to this problem. We've got to get the word out. We've got to talk about it. **A**

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the 988 Suicide & Crisis Lifeline is available 24/7, free and confidential across the United States, at 9-8-8. More information is available at 988lifeline.org.



Napoleon Higgins, MD, is a child, adolescent, and adult psychiatrist in Houston, Texas, and the owner of Bay Pointe Behavioral Health Services and South East Houston Research Group. Dr. Higgins serves as the executive director of Black Psychiatrists of America and CEO of Global Health Psychiatry.

He specializes in nutrition and health to improve the lives of his patients mentally and physically. He is the author and coauthor of multiple books on ADHD, depression and grief, Black mental health, and physician practice issues. Dr. Higgins is the coauthor of *How Amari Learned to Love School Again: A Story about ADHD* and *Mind Matters: A Resource Guide to Psychiatry for Black Communities*. He has worked with and founded many programs that help direct inner-city young men and women to aspire to go to college and finish their educational goals. He has worked with countless community mentoring programs and has a special interest in trauma, racism, and inner-city issues and how they affect minority and disadvantaged children and communities.



Melvin Bogard, MA, CHADD's former director of multimedia content, has hosted a series of *All Things ADHD* podcasts on ADHD in the Black community. He is passionate about supporting and empowering marginalized communities, fighting for social justice, and reducing ADHD stigma by meeting the resource needs of these communities.