

Why are more Black kids suicidal?

**Prof. Peter Sobota** [00:00:01] And he and I, everybody welcomed in social work. Thanks for joining us. And it's good as always to have you on. I'm Peter about straight away today, I want to mention that our episode will contain a framed discussion of suicide. If you're having thoughts of harming yourself, please note that anyone doing so can call nine, eight, eight. That's the suicide and crisis lifeline for support, a listening ear and connections to resources for help. During the period of 1991 and 2017, data has been collected that reveals that black children and adolescents suicide rates have increased. And this was before the pandemic. The rising reports of mental health struggles for children. The murder of George Floyd and other black folks at the hands of law enforcement. The rise of Black Lives Matter and a more open hostility directed at people of color. These revelations are startling enough, but what is more troubling is that suicide rates, amongst all other racial or ethnic groups of young people actually decreased during the same period. What's going on? Why? What are the unique challenges and needs faced by black children and adolescents? What's being done? What can be done further? And what's the role of the social work profession and social work education in responding to these alarming findings and disparity? Today, our guest, Dr. Michael Lindsay, will tell us about what his own research is telling him about this problem, drawing on his scholarship, personal experience in his position as a social worker, academic and Dean, Dr. Lindsay will guide us through a wide ranging discussion that responds to the questions I just mentioned. He'll also get very practical and recommend ideas for action. Dr. Michael Lindsay, Ph.D., MSW, MPH, is the dean and Paulette Goddard professor of Social Work at the NYU Silver School of Social Work and an Aspen Health Innovators fellow, is a widely published scholar in the fields of child and adolescent mental health, as well as a leader in the search for knowledge and solutions to generational poverty and inequality. Hi, Michael. Welcome to In Social Work.

**Dr. Michael A. Lindsey** [00:02:42] Peter, great to be here. Thank you for having me.

**Prof. Peter Sobota** [00:02:45] And today we're going to talk with your work related to the increased suicide attempts by black children and adolescents, which, by the way, is contrasted with corresponding decreases in other racial and ethnic groups during the same period of time from 1991 to 2017. And by the way, that was before the world became even more chaotic and overtly hostile to black folks. But before we get going, I would like to ask you if you're okay with, you know, briefly just telling us about how you came to the social work profession and maybe even how you came to the specific work that you do. Would you start off by telling us that story?

**Dr. Michael A. Lindsey** [00:03:33] Yeah, sure. I am originally from Washington, D.C. I grew up in the southeast section of Washington, D.C. and I emphasize that because it's important to the question that you have posed. So southeast D.C. is one of those areas, the city where you're sort of forewarned, if you are a visitor, don't go to that side of town. It has been plagued by violence and all sorts of sort of underresourced, you know, sort of lifestyle and ways of living. And so that for me. Sensitized me very early to the realities of those who live in historically marginalized communities. And I was concerned about those matters, wanting to change my life for the better. And I'm trying to improve the outcomes for those around me. You know, I also questioned why it was the case that our side of town did not have the requisite sort of resources support that we needed. And that became acutely. Has it for me because. As a young kid, I had the opportunity to participate and cross town opportunities that brought together many youth, all sections of the city. And keenly aware then of. You know, whether it was kids saying, whoa, you know, you're from that part of town. We don't go over there. Or they end the kind of manifest differences in

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terms of whether it was. How we were dressed or otherwise riding so very early. I was aware of the. Juxtapositions relative to where you lived mine. And so then I just became critical of that. I went to Morehouse College and undergrad and historically black college university that is primarily targeting black men. I'm Martin Luther King as a as an alum of Morehouse, and I was a sociology major. And I remember one point reading that Martin Luther King himself even said that being a sociology major at Morehouse sensitized him to and prepared him for his trajectory and to civil rights and advocacy related to civil rights. And so it was at Morehouse. Then I began to consider social work because I wanted to not only fatigue, what was presented as manifest inequities and differences based on where you live, the zip code, etc.. I wanted to do something about it. There was not enough to study it and pontificate about it, but I really wanted to do something and I felt like social work spoke to me because of the opportunity to apply strategies and interventions to the very things I wanted to. A dress based on how I lived or where I lived. And so that. Has sort of been my my path and the arc of my career, which is that I focus, Peter, on large scale interventions and context. Right. And I work with colleagues here delivering or implementing randomized controlled trials that are funded by NIH. I am principal investigator doing that work. Right. And it focuses on addressing things like suicide risk or PTSD. But, Peter, what is not lost on me is the fact that and again, this is connected to my upbringing, Right? Wasn't that lost on me? Is that yes, we are trying to address clinical outcomes that challenge folks in terms of their daily lives. But there's a larger macro context that shapes the experiences and, you know, sort of reflect why one perhaps might be struggling with depression, anxiety, etc.. Now we understand that there is a biological predisposition related to, you know, mental health challenges, but there is also an environmental context, right, that shapes the kind of experiences that people. Have in their lives that might lead to the experience of a mental health challenge. And so, you know, for me, that is what social work is all about, right? It's about applying strategies to address challenges like mental health symptoms, for example. But it's also about looking at the macro environment in terms of what shapes the experiences and outcomes for people who live in those context. And so that is why my social work journey has been about. Mm hmm. It's about looking at things at the micro Basel and macro levels and thinking about strategies and interventions at all those levels.

**Prof. Peter Sobota** [00:09:40] Yeah, you know, Thank you. I'm actually glad that I asked, and I'm glad that you did that, because it does it all comes together, right? Mostly in hindsight, but obviously that is the appeal. Of our profession. I think that's something I'm really proud of and it makes perfect sense. So thank you for doing that. So now could we make the transition then or it's not an abrupt one by any means.

**Dr. Michael A. Lindsey** [00:10:05] Absolutely.

**Prof. Peter Sobota** [00:10:06] Our topic of black children and adolescents and their increased suicidal thoughts and attempts. I'm just going to start off really crudely, I think. What's going on?

**Dr. Michael A. Lindsey** [00:10:26] We've looked at and I'm going to be shouting out a lot of colleagues with all my closely work, right. Because it's not just me that has been in the space in terms of doing this work to unpack what is going on with black youth. I'm going to start with Jeff Bridge. Who's that? Nationwide Children's Hospital. Because I want to say it back, and I believe it was 20. 18. Jeff did a study that was published in JAMA Pediatrics that found that. Among kids that are 5 to 12 years old that. Over the years 2001 through 2013, that black youth in that age range of 5 to 12 years old. Had a suicide rate that was

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approximately two times higher than white You. Right. And that that study was actually a follow up to a previous study where he found very similar rates. But it mostly seemed to be the case for black boys that a 2018 study was a follow up and said that this is not just a black boy phenomenon, but it's black children. Mm hmm. Mm hmm. Also, the study was the first to document that something was going on with black youth around their suicide. And it begs the question, why again, two years that Jeff Bridge document it were 2001 through 2015. So as a follow up to that basic idea of looking at data longitudinally and trying to determine, you know, from an epidemiologic perspective, what are the rates of suicide? I, along with colleagues, looked at the Youth Risk Behavior Survey, which is administered by the CDC, and it has been administered nationally since 1991. And at that point in 2019, when we published our pediatric study and was administered through 2017. And so that is when Peter who reference we found this really surprising finding around looking at four categories of suicide behaviors, thinking about suicide planning suicide, attempting suicide, and experiencing an injury related to a suicide attempt. And so for the categories, again, let me just reference the years of 1991 to 2017. For the years, I mean, for the categories of thinking about suicide planning suicide. Over those years, we saw a decrease in suicide behaviors. Those categories for every racial and ethnic group.

**Prof. Peter Sobota** [00:13:49] Mm hmm.

**Dr. Michael A. Lindsey** [00:13:50] It was only until we got to the ITAM category where we saw a decrease for every racial and ethnic group except for black youth. And we ran the data like three or four times. Like, wait a minute, this can't be right.

**Prof. Peter Sobota** [00:14:04] It's so stark. Yeah, it's just.

**Dr. Michael A. Lindsey** [00:14:07] Yeah. And and we also found that black boys actually exhibited. An increase by, I want to say, 122% in terms of an injury related to a suicide attempt. And they were the only group for which that was the case. And so the attempts there for black youth increased by 73% from 1991 through 2017. And we followed that up and did even more analysis. That were not published. But we found that when you add the year 2019 from 1991 to 2019. The suicide attempt rate increased by 144% for black youth. And the and that was the only group which that was the case. And the suicide and an injury related to a suicide attempt increased by 166% only for black youth. You know, these are really, really incredibly alarming findings, right?

**Prof. Peter Sobota** [00:15:23] And if I may. Yeah, sorry for interrupting, but 2020 brings the pandemic. George Floyd. Black Lives Matter. Supreme Court rulings that are not friendly to too many people. That's a troubling picture, to say the least.

**Dr. Michael A. Lindsey** [00:15:47] No, it is. It is it is troubling because, you know, we're still trying to unpack the data coming now or during the pandemic and coming out of the pandemic. And there are some studies or data data sets that have been recently made available. And we're starting to look at some of that data. But you can only imagine on that, yeah, pre-pandemic is what our data reflects by post or during the pandemic and post where you saw the pandemic have a disproportionate negative impact on communities of color in particular that the the, the stats that we observed prior to the pandemic are certainly perhaps worse now in some data that suggested that because we were enclosed within our homes, that we are sort of confined to that kind of lifestyle. That is certainly a factor. But, you know, if you're living in a context that, you know, you are experiencing food insecurities, housing, instability in the home, you know, again, which disproportionately

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happens for minoritized populations, then those are likely going to have an influence on your psychological well-being.

**Prof. Peter Sobota** [00:17:15] Right. Yeah. I mean, and if you have to, you go to work because you have to and your children are home from school.

**Dr. Michael A. Lindsey** [00:17:27] There's something else that I want to bring in that is really, really important.

**Prof. Peter Sobota** [00:17:31] Sure.

**Dr. Michael A. Lindsey** [00:17:32] And this was a finding from a recent study that was actually published last year. And Prevention Science. Its lead author is May Enrollment Nelly, who's my former doc, student and post-doc, who's now at the University of Washington School of Social Work as an assistant professor. And I should say that this study was actually at the most recent Society for Social Work and Research Conference was named. It's not our best research award. Honorable mention. This is what? We found in our study. And again, it was led by Megan Romanelli. We found that black you. Relative to white women compared to IQ. Are two almost three times more likely. To report. A suicide attempt only without also reporting ideation or planning.

**Prof. Peter Sobota** [00:18:38] I read that the impulsivity piece.

**Dr. Michael A. Lindsey** [00:18:41] Well, we we we can speculate that it could be impulsivity, but we do not know, quite frankly. But that's really scary because if you think about then how to. You know, surveil risk and develop prevention strategies If it seemingly is, as you mentioned, impulsive or however it emerges, if you don't have a sense that it's forthcoming or that someone is struggling, how do you prepare a preventive strategy? How do you surveil risk? And black youth were relative to white youth, almost three times more likely to report. An attempt only. You know. But what it dovetails. Is, you know, a lot of conversations that I've had with black mothers in particular. And in this in my experience, I was working on a book in this in this area. I've I've talked to two moms who have. I had a child die by suicide. One child was ten years old and the other mother's child was 11 years old. And they both said to me that they had no idea. That their their son was. Contemplating suicide or even know God knew what suicide was. Right. What is really, really alarming and so I know we'll get into this. But in back to the point that I mentioned earlier, which is that, yes, I think about things from a clinical perspective. I am a clinician, but then when I observe findings like this. Peter, I am forced to say what is going on and then what do we do about it? Yeah. So I'm more than happy to kind of go into what we actually did about it because I didn't stop.

**Prof. Peter Sobota** [00:20:48] Yeah.

**Dr. Michael A. Lindsey** [00:20:49] Publishing the findings.

**Prof. Peter Sobota** [00:20:51] Well, yes. Let's go there. But let me just check out a couple of things with you. Feel free to set me straight on any kind of, you know, Miss accurate perceptions that you know, that you're aware of. My own experience is that finding help for children, especially children's depression and anxiety. Is actually not easy under the best of circumstances for people who have needs and who have resources. So when you don't have that kind of access and agency built in to your life's experience, I would imagine that

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gets doubly hard. The other thing that I think informs the larger picture that I think you were referring to, at least for me, is that is it fair to say that? With a broad brush now. Black people are generally suspicious of the mental health system. And are not running into clinics. If they can get to a clinic that's accessible. They're not running into clinics. Asking to be helped by places that actually probably weren't built for people like them and are staffed by people like them and who don't understand the context in which people who are different than them will live their lives. And would you you think that's fair?

**Dr. Michael A. Lindsey** [00:22:20] Peter. I think that's a fair assumption for sure. And. It's not to penalize. Black folks from having what I call a healthy dose of suspicion and caution. About accessing all new services. Because let's be clear. Historically, the treatment experiences from blacks and other minority populations and these contacts have not been great. In fact, one could fairly say that it has been in some ways further damaging. Right. And so there should be a healthy dose of suspicion and. And apprehension, I think. You know, I never, never critique someone. Who are, you know, struggle with. That challenge. Right. But there's a lot we can do around culture and humility and how we prepare and set up services, etc.. I also think that a lot of what we do is and unfortunately as social workers is based on a medical model, which is that if you have first of all, there's an individual pathological focus of it, right?

**Prof. Peter Sobota** [00:23:56] The deficits.

**Dr. Michael A. Lindsey** [00:23:57] Yes, deficits. And then there's this notion that if you build it now, they'll come, right?

**Prof. Peter Sobota** [00:24:05] And one size fits all.

**Dr. Michael A. Lindsey** [00:24:07] Yeah. Yeah. But you're starting to see now. I mean, I have colleagues and. And medicine that are now starting to develop programs where doctors are going out into the community and making house calls. Right. And I think that was. There. To say here that we need to be doing more thinking about that and social work. So, for example, I know colleagues who have been doing suicide prevention work and and black churches, you know, going where there is an audience and perhaps an opportunity to support someone who might be in need. I certainly do. A lot of one of my studies is based in schools, and so I'm a I'm a huge proponent. Of school mental health. How do we take services and co-locate them where there is that need? In fact, both in my large scale randomized controlled trials are actually in community. We're delivering services where people are. So yeah, I mean, I think back to your question or point that. There has been stigma, and I call it a sort of a double stigma there, a stigma around mental illness, the stigma around treatment. And so. And does. That flow into formal treatment. And it's something that we have to contend with. So the school based study that I mentioned that I have, we are actually doing a stigma reduction, intervention and companionship with the evidence based treatment for depression, whereas we're randomizing kids to receive an extra session that along with their caregiver that goes into. Any sort of. David Myers. Our apprehension they might have about being involved in service. And I've actually been able to. Track this empirically in that if you address these challenges early on and have forthright conversations about what one is about to experience and address the issue head on, you have an opportunity to increase the connection to care, if you will. And so I just believe in the importance of that.

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**Prof. Peter Sobota** [00:26:47] Yeah. And you didn't frame it this way, but that is really consistent with a trauma informed perspective as well. That whole kind of collaborative, trustworthy, empowering safety piece that is the hallmark. Of even that perspective as well.

**Dr. Michael A. Lindsey** [00:27:06] That's right.

**Prof. Peter Sobota** [00:27:07] Let me just ask you this straight away. Based on what you've been doing and the work that you've been doing in school. So you're intervening, but I know you're also learning. What would you say are the unique challenges? The most practical things for all of us to know on every level faced by black children and adolescents, and especially in line when it comes to mental health and suicide.

**Dr. Michael A. Lindsey** [00:27:38] It's a really, really great question and one that I am so thankful that you have asked. Peter, because I'm going to start with schools. Okay. Want to start as early as ants who are in preschool? Because there has been some empirical. Evidence suggests that as early as preschool, that black and brown youth experience implicit bias. Their behaviors are seen differently. Their behaviors are addressed differently, and there is disproportionality in terms of suspension and expulsion of black and brown kids As early as preschool continues to endure throughout the K through 12th grade experience. Right. And I think that the way in which black and brown kids are dehumanized. And thought to be different based on how their behavior, as I interpret it, begins to then. Feel this part. Toward being suspended or expelled instead of. Treating their challenges or seeing those challenges as an opportunity to provide behavioral health supports and services. Right. And I'm it's a huge, huge challenge, you know, one that I am just passionate about addressing. That begins to then build this pathway into prisons and to the costs will stay right where, you know, kids who are suspended or expelled from school are likely on a on a on a frequent basis are likely to have a pathway and to prisons. And we know that the majority of folks who have been detained, particularly in terms of youth, have diagnosable mental health issues. Think Linda Taplin and Cook County. She's at Northwest. She found that upwards of like 70 to 80% of kids and Cook County detention had diagnosable mental health issues that heretofore had not been addressed. That's a huge, huge issue, right? And that's why I call for. The need to have behavioral health, mental health support and every school. And they should be proportionate to the number of kids in schools.

**Prof. Peter Sobota** [00:30:42] We've got a ways to go.

**Dr. Michael A. Lindsey** [00:30:43] We've got a ways to go. That's that's one that's one issue. And I think you cannot ignore what's unique to black youth around historical discrimination.

**Prof. Peter Sobota** [00:30:55] And generational trauma.

**Dr. Michael A. Lindsey** [00:30:57] And racism gap. And again, no, no. I mean, that's a part of it, right? The generational trauma, the racism, discrimination associated with or that engendered that. Generational trauma, Right. Bad things like being harassed or followed or tracked or surveilled, all those kinds of things, you know, Really? Really. Perhaps make kids question themselves a lot. Second guessed themselves a lot, or it just invokes a general sense of anxiety and stress that has a caustic effect on many outcomes health and mental health. Right. But yeah, I think you have to. To account for that. And so then

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you look at a situation like the murder of George Floyd, as you referenced earlier. And Jacob Bor did a study that came out in The Lancet and 2018, I want to say, along with some other researchers at Harvard, they did this quasi experimental study. And. And found that if you were black. And you lived in proximity to a police shooting or killing an unarmed black person, you were more likely to report more days of psychological distress in your life. And you didn't you didn't have to know the person. It's as they call it, secondary or vicarious trauma. Right. Or spillover effect. And if you were white and you lived obscenity. A police shooting or killing of an unarmed black person, you are more likely to report no days of psychological distress. And this was before George Floyd. This is 2018, as published in The Lancet. Check it out. Jacob Moore, PR right. Last night. That's a really fascinating study and it's.

**Prof. Peter Sobota** [00:33:12] A sad commentary on our humanity.

**Dr. Michael A. Lindsey** [00:33:16] Yeah, because. Because. Listen, I I'm a ten year at that point and a when George Floyd was murdered, I'm a tenured professor. Law professor, director of a research center. And I had nightmares about what happened to George Floyd. I'm living in New York City. That that's in. And Minneapolis, right? Yes. If you see that star. Ahmaud Arbery or any of the senseless deaths. You all in Buffalo, what tragically happened last summer?

**Prof. Peter Sobota** [00:34:01] Yeah.

**Dr. Michael A. Lindsey** [00:34:02] You know, you don't think that I. As a black man, don't go into a grocery store and like, just have this abundance of fear about my. Well-Being. You know, or any other kind of public spaces. You just there's just this anxiety and fear. And so then if you're a kid and you don't have quite the faculties to sort of process this or understand it, then it could have a a long term consequential impact on it.

**Prof. Peter Sobota** [00:34:38] And what I wonder about I'd be interested in your thoughts on this. You were referring earlier to some of the research that you did or discovered that. Black kids who attempted suicide gave almost no warning that they didn't talk about it. They weren't acting out. They just. Got right to tried and why. Right. And actually, I think we spend some time maybe talking perhaps about why. I would think as as best as I can. It's very humbling to say that. But as best as I can, it seems like your choices are if you're a young black kid and you're depressed and anxious and thinking about hurting yourself. Your choices. You cope. Whatever that means. You. You hide. Hide your symptoms. Hide your thoughts and feelings. And even if you wanted to go to somewhere. It's not terribly accessible and it's not terribly built for you. It's like you can't win.

**Dr. Michael A. Lindsey** [00:35:53] Yeah. As you were speaking, Peter, what I what I wrote down here from my personal notes is where do you take the trauma, the pain? Where do you take it? You know. Where does it go? What's the repository? Historically in the black community. And I speak as a pastor's son. Mm hmm. Faith. And religion has been. One of the most primary coping mechanisms. You know, folks in the black community have access to try to make sense of nonsensical things that make up their reality. Right. But if you don't have even. That. You know, sort of resource as a prior and proximity to your life. Or lived experience. Where do you take it? Where do you take it? And at some level, again, we're trying to unpack the reasons why we've seen this uptick. We don't really know. We're trying to unpack why. But it is plausible that for black kids, based on what we've talked about and, you know, where do you take that question?

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Where do you take it? It could be that. This is all related to pain turned inward. Without a place to take care. What do you do? And the questions that must prevail in their minds, like, why do I exist? Why is this happening to me? What? Where do I go? When will it ever end? You know. It's it's I'm I'm I'm actually feeling emotional right now.

**Prof. Peter Sobota** [00:38:13] I can I can see it.

**Dr. Michael A. Lindsey** [00:38:15] It's it's really, really. Challenging for a lot of kids to contend with all of this.

**Prof. Peter Sobota** [00:38:27] You know, while you were speaking. And I have the opportunity. To actually see you because we're we're viewing our conversation as well here. But it reminded me of in preparation to speak with you today, I can't remember if it was either The New York Times or. Then it was one of those I was reading about a black man whose ten year old daughter. And did her wife and mom, of course, was overwhelmed by grief and immobilized and incapacitated. And at one point. She told the interviewer, Where do I go? All of the clinics are in the white neighborhoods. All we get in my neighborhood are liquor stores and churches. And I think about the town that I live in. That's pretty true.

**Dr. Michael A. Lindsey** [00:39:37] Yeah. Yeah. No, I mean, I think that is. A sobering reality. And yeah, those are your options in terms of where do you take the pain? You know. I don't know. It's why, you know what? An hour and and I prep for this conversation we talked about what is the role of social work?

**Prof. Peter Sobota** [00:40:06] Yeah, I was I was going to ask you to say, I mean, because our choices are to become overwhelmed. Right. And to get up and and really, I think you're headed there, but please go there. You know, what do you as a profession, you know, where is it where the professional wined with marginalized folks. De facto in our mission. I'm really eager to hear what you might have to say about this. What is the role?

**Dr. Michael A. Lindsey** [00:40:34] It is our mission as a profession, and it's what attracted me to the profession some years ago. And it is what it is. It is what? Attracts me to this moment now that we're. And Peter, in terms of being a dean. Yes. School of social work. I'm being at the or school of social work at NYU. And I think that this is an incredible opportunity for a social worker to show up. And when we do, because of how we are uniquely trained, things get better. Because we do see the person and environment context and we're not just thinking about. Remediation of symptoms, if you will. We're looking at the structures that help perpetuate or create that person's struggle to begin with. Right. And I'm excited about my appointment because I get to talk with other social work leaders and scholars, and I get to work with my colleagues here to create an environment that sufficiently and abundantly, I should say, prepares students to go into that world. Right. And so. It is our responsibility to speak to these issues. With. A loud voice. Of advocacy. That is tracked by or followed by empirical evidence that. Really gives us an opportunity to to seize this moment. How do we create programs and strategies that fit into a context where people, they're not beholden to this historical notion of we're going to build it and expect people to come to it. We're critiquing. The. The lack of. Of resources and things that folks need to sustain their lives and their well-being. So if you're struggling with depression because quite frankly, you don't know where you're going to lay your hair or you're worried about how are you going to put food on the table. To feed your kids then. Listen, it's not just about like we're going to treat your symptoms by this like, okay, how



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can we also. Support these other challenges and how can we ensure that it's not just a one time thing or that? You know, it's a resource that, you know, is there, but like, how can we dismantle that to begin with? Things that I think about. And. And we're beginning conversations here. To. Really? Really. But at front and center, the importance of social justice and social work. And social justice is not about just being loud and calling out issues, but is also about critiquing systems and thinking system mass. Systemically, I should say, about how do we develop interventions at that level, what policies and we bring to bear that address these issues. And it's why I was going to say that earlier related to the work that we've been doing around suicide, I indicated that we've published, you know, sort of high impact journals, etc., but it wasn't enough to do that. Peter And yet that works well for getting tenure and promotion and all that sort of stuff, right? Yeah, but we didn't stop there and we took it to two Congress and Congresswoman Bonnie Watson Coleman in the 12th Congressional District in New Jersey. Said to us, I want to do something about us. BAUCUS And then further went to her colleagues at the Congressional Black Caucus, who also say that they want to do something about this. The caucus at the time was chaired by Karen Bass, who's now the mayor of L.A. And we we met with at the time, Representative Bass, who said, yeah, the Congressional Black Caucus is going to take this on. And they charged us with producing the report. Bring me along. The crisis of black youth suicide, which then became the basis of the Person Equity and Mental Health Act, which passed in the House of Representatives in May of 2021 by a large bipartisan margin. And it's still sort of making its way through. The Senate hasn't been taken up in the Senate, but. What it call for was the appropriation of resources to address this this crisis, not just for black youth, but for all, and making sure that all schools are calling for all schools to have a mental health provider calling for. As you mentioned earlier, the pipeline of social work and other mental health practitioners to go into the workforce, the mental health workforce. That represents those communities, those constituencies who have been underserved or impacted the most. Right. Because, you know, it's fair to say that, you know, perhaps one might feel comfortable going to talk with someone who looks like them. I'm not necessarily advocating that because I you know, people contact me all the time and say, I want a black therapist for my black son or daughter. And I say, well, you want support for your son or daughter. And that, you know, we can try to find someone. But there are so many great practitioners that can be purple, yellow, blue, or whatever the case may be, that have the cultural humility to be able and the record said knowledge and the intellect, to be able to, uh, to provide the support and services, the intervention that your son or daughter needs. Right. And so that we should not wait for the unicorn to appear from out of nowhere if we need help. And. And then the immediate way. Right. So. But. But, but, but I'm saying all that to say that that person on equity in mental health just really outlined a lot of great things that. We produced the report to the Congressional Black Caucus as being important. And I want to give a shout out soon to the National Institute of Mental Health because they also read the report with interest and said, we're going to do something about it. And there have been all kinds of calls for research to focus on this issue of black youth suicide. And we are grateful to and I and my age or. I'm seeing this as a really, really important issue for us to bring to bear the best knowledge and information in order to address it. And so, you know, we just can't stop. We're thinking about this issue and having seen it all, working with individuals. But how do we take a population focused perspective and really think about what is it that social work can uniquely contribute in this moment? And bring to bear the great insight that we are uniquely prepared to offer.

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**Prof. Peter Sobota** [00:49:16] Yeah, I would argue that we need to remove some barriers and obstacles in our own profession. And then we're going to be a lot better, I think, and more responsive to the populations that we aspire to serve.

**Dr. Michael A. Lindsey** [00:49:33] To that point. It's not lost on me. And I and I want to credit you for doing this podcast right, because it's not lost on me that the things that I've said, the information that I'm conveying today about black youth suicide, the statistics that I've cited today in this conversation are reflected in journal articles that we have written that are. And the various channels that someone listening might not have access to that channel may not even care to read that journal to begin with. I've heard this conversation. And gained greater insight into the issue, such that they are now sensitized and attuned in ways that are critically important. And so what I will suggest then is that. Diversifying how we disseminate knowledge and information is incredibly important. And to that end, this podcast and what you're doing is a credit to your ingenuity, but it's important to the profession.

**Prof. Peter Sobota** [00:50:53] Well, you've made that work easy. Thank you. To build on what you said. I have a devious plan myself. I hope we get a lot of educators listening, and I hope rather than some type of reserved reading they provide on their syllabus a link to this podcast. Are there any concluding thoughts that we didn't get to that you were really hoping to shout out about? Anything you want to get in before we end our conversation today?

**Dr. Michael A. Lindsey** [00:51:26] Yeah. I mean, I think I could, you know, offer how critically important it is for us to think about the pipelines. The pipelines are. How do we populate our profession with. For example, folks who represent. Historically marginalized group or population. Right. How do we ensure that they are then prepared to go into. A work force and hopefully have a keen interest and serving the needs of those who are historically marginalized. I think about that a lot in terms of my. My my Dean show here at NYU. Silver. And it's important to me, and I know that we have to also think about matters of. Affordability, accessibility, all those kinds of things. Right. But I think that I'd share that this is a really I think social work is is a superpower profession. And I'd love to see more folks who look like me or who come from, whatever the historical marginalization is. I'd like to see more of that. And our schools. And I'm working tirelessly to ensure that that happens at NYU. Silver And I challenge my colleagues around the country to do so. Right, because that is where we must go. That is a burden that I feel responsible for, for carrying. And so I hope that this conversation compels someone to think about the incredible, powerful profession of social work. Because I do think that if you want to make a difference and really think about a profession that is holistic and in terms of how it looks at the person and the environment fit. Then we do something about it, right? This is this is the profession. Social work is where it is. And I'm proud to be trained as a social worker and to be able to offer those kinds of perspectives and my work.

**Prof. Peter Sobota** [00:54:11] I think that's the place to drop the mike right there. Dr. Michael Lindsay, thanks again for taking the time to talk with us. It was a pleasure.

**Dr. Michael A. Lindsey** [00:54:22] I really appreciate it. Thank you so much.

**Prof. Peter Sobota** [00:54:24] Thanks again to Dr. Michael Leigh. Lindsay. The Social Work Podcast Crew is our director and media master, Steve Sterman. Nick De Smet, our multitalented graduate production assistant, audio wizard, master, scheduler and content

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coordinator. Say hi, Nick. Hello everyone, and meet Peter Sabbah. Check out the billions of other podcasts on our website. Send us your feedback and suggestions. And join us again next time. Peace and see you next time, everybody.