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Suicidal Ideation, Planning, and Attempts Among Black/African American Adults: Differences by Sexual Orientation 2023, USA

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Keywords

suicide, prevention, health

Authors

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Abstract

Suicide is the 15th leading cause of death among Black/African American individuals and remains a significant public health concern globally. Lesbian, gay, and bisexual (LGB) individuals are known to be at elevated risk for suicidality compared to their heterosexual counterparts. While recent evidence shows increasing rates of suicidality among Black/African American populations, few studies have examined these trends using nationally representative data, particularly at the intersection of race and sexual orientation. This study analyzed data from 4,543 Black/African American respondents from the 2023 National Survey on Drug Use and Health to assess risk factors associated with past-year suicidal ideation, planning, and attempts, with a focus on differences by sexual orientation. An estimated 3.70% of respondents reported past-year suicidal ideation, 1.27% reported planning, and 0.76% reported attempting suicide. Results indicated that Black/African American individuals identifying as bisexual had significantly higher risk across all suicidality outcomes. However, lesbian/gay Black/African American individuals did not significantly differ from their heterosexual peers in suicide planning or attempts. These findings underscore the importance of considering both racial and sexual identity when evaluating suicide risk and suggest the need for intersectional informed suicide prevention strategies, particularly for bisexual individuals within the Black/African American community.

Keywords: African American health, LGBT, suicide, prevention

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Introduction

In 2021, there were an estimated 1.7 million suicide attempts in the United States, and this has increased by 36% between 2000-2021, making suicide the 11th leading cause of death (American Suicide for Prevention Foundation, n.d.). Further, the number of hospitalizations and emergency department visits attributed to suicide attempts has increased (Zwald et al., 2020), straining healthcare systems, workers, and overall healthcare structures. The Healthy People 2030 Initiative has estimated that although the overall suicide mortality rate is declining, there has been little to no detectable change in reducing suicidal thoughts in minoritized populations (U.S. Department of Health and Human Services, n.d.); thus, more research is warranted on risk factors to further guide prevention mechanisms among marginalized and minoritized sub-populations.

Black/African American individuals traditionally have reported lower suicidal behaviors (i.e., thoughts, planning, and attempts) compared to their other ethnic counterparts (Bingham et al., 1994; Bridge et al., 2018; Kachur, 1995); however, suicide accounted for 8.8 deaths per 100,000 and 3,692 deaths by suicide in 2021. Further, recent increases in suicidal behaviors among young Black/African American adults have been estimated (Wang et al., 2020), with a 36.6% increase in suicide rates from 2018-2021. Likewise, among Black/African American individuals ages 25-44, there was a 22.9% increase in suicide rates from 2018-2021 (Stone et al., 2023); possible reasons that explain this increase are multi-factorial, such as mental illness, social isolation, and barriers to health care, all problems that have increased among this population (Kawaii-Bogue et al., 2017).

Risk factors for engaging in suicidal behaviors among the Black/African American community include prior substance use, identifying as male, age (18-24), education, mental health, trauma exposure, and rurality status (Beristianos et al., 2016; Cheref et al., 2015; Willis et al., 2003). However, a body of literature demonstrates that identifying as lesbian, gay, bisexual (LGB) significantly increases the risk for a predisposition to suicide. Compared to non-LGB individuals, LGB individuals are at increased risk for suicidal behaviors and have lower access to resources for treatment and affirming healthcare providers (Winter, 2012; Yockey et al., 2020). Previous research indicates that Black/African American LGB men who have sex with men have an elevated risk for suicidal ideation and suicide attempts compared to non-LGB Black/African American men (James et al., 2016). Similar findings have been noted for Black/African American LGB women (Kelly et al., 2021).

Minority Stress Theory (Frost & Meyer, 2023; Meyer, 2003) postulates that individuals who identify as part of the non-majority population experience unique psychosocial stressors that predispose them towards experiencing worse health outcomes and engaging in risky behaviors (e.g., suicide, substance use) that may alleviate stress. One study with sexual minority men found that Black/African American men experienced the highest levels of racial/ethnic stigma, which was associated with increased stress (McConnell et al., 2018). Another longitudinal study found a positive association between bullying and suicidal ideation and attempts among LGB adolescents (English et al., 2024). Black LGB participants were the only LGB group who experienced increasing rates of school and e-bullying over time, and the elevated bullying rates coincided with Black LGB participants showing increased rates of suicidal ideation and attempts over time compared to their White counterparts. However, there are little to no studies examining national data on suicidal behaviors among Black/African American individuals, especially by sexual orientation, thus creating healthcare gaps and little understanding or tailored intervention of these behaviors (Washington & Wall, 2010).

To guide this investigation, the present study draws on intersectionality as a conceptual and analytical framework. Intersectionality, first introduced by Crenshaw (1991), emphasizes that social identities—such as race, gender, and sexual orientation—do not exist independently but intersect in complex ways that shape individuals' lived experiences, particularly within systems of oppression. For Black/African American LGB individuals, the intersection of racism and heteronormativity can result in compounded psychosocial stressors that are not adequately captured when race or sexual orientation is analyzed in isolation (Collins, 2000; Bowleg, 2012). This framework allows for a more nuanced examination of how overlapping

marginalized identities create distinct vulnerabilities, such as limited access to culturally competent mental health care, experiences of stigma both within and outside of racial and sexual minority communities, and increased exposure to discrimination, bullying, or violence. Public health research has increasingly recognized the importance of intersectionality for understanding health disparities (Williams, 2021), yet national studies using this lens remain limited—particularly in suicide prevention research. By applying an intersectional approach, this study seeks to contribute to a deeper understanding of how racial and sexual identity jointly influence suicidal behaviors among Black/African American individuals and to inform more effective, equity-driven prevention and intervention strategies.

The aim of the present study was to investigate the prevalence of suicidal ideation, planning, and attempts within a nationally representative sample of Black/African American individuals, with a particular focus on understanding the differences based on sexual orientation. Additionally, the research aims to highlight intersectional factors such as race, ethnicity, and sexual orientation that may influence mental health and inform tailored interventions to reduce suicide risks within this community.

Methods

Data from the 2023 National Survey on Drug Use and Health (NSDUH) were analyzed. The NSDUH is an annual survey conducted in the United States assessing behavioral health, substance use, chronic disease, and healthcare utilization among individuals 12 years or older. The NSDUH incorporates a complex sampling design to ensure representative estimates and sampling adequacy. Computer-assisted interviewing (CAI) methods were utilized to ensure privacy of responses. The response rate was greater than 70%. Other details of the NSDUH can be found in the resource book (Center for Behavioral Health Statistics and Quality, 2023).

Measures

Suicidal Ideation

We assessed past-year suicidal ideation among adults ages 18 years or older with the following NSDUH survey question: "At any time in the past 12 months, that is from (12 months before the survey date) up to and including today, did you seriously think about trying to kill yourself?" Adult participants who endorsed a valid response of "Yes" or "No" to this question were included in all analyses.

Suicide Planning

Among those who endorsed past-year suicidal ideation, the NSDUH presented them with the following question with response options of "Yes" or "No": "During the past 12 months, did you make any plans to kill yourself?" Those who did not endorse past-year suicidal ideation were coded as "No" for past-year suicide planning.

Suicide Attempts

Participants who endorsed past-year suicidal ideation were also asked the follow-up question in the NSDUH survey with response options of "Yes" or "No": "During the past 12 months, did you try to kill yourself?" Participants who did not endorse past-year suicidal ideation were coded as "No" for past-year suicide attempts.

Sexual Orientation

To assess sexual orientation, we examined the following question: "Which one of the following do you consider yourself to be?" Responses included: "Heterosexual, that is,

straight," "Lesbian or Gay," and "Bisexual." We removed participants with responses of "Don't Know" (*n* = 24), "Refused" (*n* = 71), blank (*n* = 117), "I don't know what this question is" (*n* = 321), "I use a different term" (*n* = 67), and "not sure" (*n* = 55) from the current study sample.

Covariates

Biological sex (male, female), age (18-25, 26-34, 35-49, 50-64, 65+), and family income category (<$20,000, $20,000 – $49,999, $50,000 – $74,999, and ≥ $75,000) were used as covariates given differences in these relationships and its influence on suicidal outcomes among Black/African American individuals (Rowell et al., 2008). We also incorporated past-year opioid misuse and alcohol use. Responses were binary (1 = "Yes", 0 = "No"). We chose these covariates based on prior literature demonstrating a strong association between opioids, alcohol, and suicidal behaviors (Rizk et al., 2021).

Analysis Plan

Multiple imputed variables provided by NSDUH were utilized when available to limit the amount of missing data. Frequencies were calculated to describe sample characteristics. Adjusted odds ratios (aORs) and 95% confidence intervals (CIs) are reported with logistic regression analyses. All data were weighted to be representative of the U.S. population and to account for the complex sampling design. Analyses were conducted in Stata (v. 17.0). A 2-sided $P<.05$ was considered statistically significant.

Results

The sample consisted of 4,543 Black/African American individuals ages 18 years or older. Of the sample, 46.3% (*n* = 1,987) were male and 53.7% (*n* = 2,678) were female. Of the sample, 7.40% identified as LGB. An estimated 3.70% thought about suicide in the past year, 1.27% planned suicide in the past year, and 0.76% attempted suicide in the past year.

Controlling for demographic variables and covariates (e.g., sex, age, income, opioid use, and alcohol use), individuals who identified as LGB were at increased odds for suicidal ideation, planning, and attempts (Table 1). Specifically, with regards to suicidal ideation, those who identified as lesbian/gay (aOR: 2.09, 95% CI 1.06, 4.11) or bisexual (aOR: 3.75, 95% CI 2.29, 6.15) were at increased odds compared to non-LGB adults. Compared to non-LGB individuals, individuals who identified as bisexual (aOR: 5.06, 95% CI 2.53, 10.1) were at increased risk for suicidal planning; no differences were found between lesbian/gay and heterosexual adults (p = 0.11). Lastly, with regards to suicidal attempts, individuals who identified as bisexual (aOR: 3.48, 95% CI 1.58, 7.66) were at increased risk for suicidal attempts; no differences were found between gay/lesbian and heterosexual individuals (p = 0.76) (Table 2).

Discussion

Principal Findings

This study sought to examine recent data in the epidemiology of suicidal ideation, planning, and attempts among a national sample of Black/African American adults and investigate differences by sexual orientation. Findings from this study indicated that Black/African American LGB adults are at greater risk for suicidal ideation while only bisexual adults are at a greater risk for planning and attempts compared to heterosexual Black/African American adults.

Findings in Context

Suicide remains a global health crisis, prompting the implementation of numerous government initiatives and public health interventions (The White House, 2022). Our

Table 1

Demographics Sample Characteristics (n = 4,543)

Variable	Total Sample	Past Year Suicidal Ideation (No) *n* = 4,266	Past Year Suicidal Ideation (Yes) *n* = 277	Past Year Suicidal Planning (No) *n* = 4,445	Past Year Suicide Planning (Yes) *n* = 98	Past Year Suicidal Attempt (no) *n* = 4,481	Past Year Suicide Attempt (Yes) *n* = 62
Sexual Orientation							
Heterosexual	92.6 [91.4, 93.6]	97.1 [96.3, 97.7]	2.94 [2.32, 3.71]***	99.1 [98.7, 99.4]	0.89 [0.60, 1.34]***	99.4 [98.9, 99.6]	0.64 [0.37, 1.13]***
Lesbian/Gay	3.24 [2.49, 4.21]	91.7 [85.4, 95.4]	8.33 [4.60, 14.6]	96.8 [93.3, 98.5]	3.20 [1.50, 6.71]	99.0 [97.3, 99.7]	0.96 [0.33, 2.74]
Bisexual	4.16 [3.51, 4.94]	82.8 [76.4, 87.8]	17.2 [12.2, 23.6]	92.0 [86.8, 95.2]	8.00 [4.76, 13.2]	96.8 [94.4, 98.2]	3.16 [1.78, 5.56]
Biological Sex							
Male	46.3 (43.9, 48.8)	96.4 [95.2, 97.0]	3.55 [2.62, 4.78]	98.9 [98.3, 99.3]	1.12 [0.73, 1.72]	99.1 [98.3, 99.5]	0.90 [0.49, 1.65]
Female	53.7 (51.2, 56.1)	96.2 [95.1, 97.0]	3.84 [3.02, 4.88]	98.6 [97.9, 99.1]	1.39 [0.91, 2.13]	99.4 [98.7, 99.7]	0.64 [0.32, 1.26]
Age Group							
18–25 Years Old	14.2 (13.1, 15.4)	89.8 [87.5, 91.8]	10.2 [8.20, 12.5]***	96.7 [95.3, 97.7]	3.27 [2.27, 4.70]***	98.4 [97.7, 98.9]	1.56 [1.06, 2.29]
26–34 Years Old	18.0 (16.4, 19.7)	92.9 [90.2, 94.9]	7.12 [5.12, 9.84]	97.3 [95.6, 98.4]	2.68 [1.62, 4.39]	98.6 [97.3, 99.3]	1.39 [0.71, 2.70]
35–49 Years Old	25.2 (23.3, 27.2)	98.3 [97.2, 98.9]	1.71 [1.03, 2.84]	99.5 [98.8, 99.8]	0.52 [0.24, 1.15]	99.4 [97.9, 99.8]	0.57 [0.15, 2.12]
50–64 Years Old	23.8 (21.5, 26.4)	98.1 [95.7, 99.2]	1.88 [0.81, 4.29]	99.5 [97.3, 99.9]	0.54 [0.11, 2.69]	99.6 [96.9, 99.9]	0.44 [0.06, 3.06]
65 Years or Older	18.7 (16.6, 21.0)	99.5 [98.4, 99.8]	0.50 [0.16, 1.62]	99.7 [98.7, 99.9]	0.31 [0.07, 1.31]	99.8 [98.6, 99.9]	0.20 [0.03, 1.42]

Variable	Total Sample	Past Year Suicidal Ideation (No) *n* = 4,266	Past Year Suicidal Ideation (Yes) *n* = 277	Past Year Suicidal Planning (No) *n* = 4,445	Past Year Suicide Planning (Yes) *n* = 98	Past Year Suicidal Attempt (no) *n* = 4,481	Past Year Suicide Attempt (Yes) *n* = 62
Family Income							
Less than $20,000	22.6 (20.7, 24.6)	96.5 [94.5, 97.7]	3.53 [2.25, 5.52]	98.8 [97.8, 99.3]	1.23 [0.69, 2.16]	99.1 [97.7, 99.6]	0.93 [0.37, 2.34]
$20,000–$49,999	31.4 (29.2, 33.6)	95.8 [94.3, 96.9]	4.20 [3.08, 5.71]	98.6 [97.5, 99.3]	1.37 [0.74, 2.54]	99.0 [97.8, 99.6]	0.97 [0.44, 2.15]
$50,000–$74,999	14.0 (12.3, 16.0)	96.7 [95.0, 97.9]	3.28 [2.12, 5.04]	98.7 [97.7, 99.3]	1.26 [0.69, 2.31]	99.5 [98.8, 99.7]	0.54 [0.25, 1.18]
≥ $75,000	32.0 (29.7, 34.4)	96.5 [95.0, 97.5]	3.52 [2.48, 4.98]	98.9 [97.9, 99.3]	1.19 [0.69, 2.05]	99.5 [98.8, 99.8]	0.52 [0.23, 1.17]
Opioid Misuse (Past Year)	3.69 [2.86, 4.74]	93.6 [87.1, 97.0]	6.37 [3.03, 12.9]	95.8 [89.3, 98.4]	4.24 [1.61, 10.7]*	95.9 [85.3, 98.9]	4.07 [1.03, 14.7]
Alcohol Use (Past Year)	64.3 [61.9, 66.7]	95.7 [94.6, 96.5]	4.33 [3.49, 5.36]*	98.4 [97.9, 98.8]	1.59 [1.17, 2.16]	99.1 [98.6, 99.5]	0.85 [0.52, 1.39]

***p<.001, **p<.01, *p<.05

Table 2

Adjusted Odds Ratios for Suicidal Ideation, Planning, and Attempts

Variable	Suicidal Ideation	Suicide Planning	Suicide Attempts
Heterosexual	1.00	1.00	1.00
Gay/Lesbian	**2.09 [1.06, 4.11]**	2.30 [0.78, 3.11]	1.87 [0.94, 4.01]
Bisexual	**3.75 [2.29, 6.15]**	**5.06 [2.53, 10.1]**	**3.48 [1.58, 7.66]**

*Models controlled for age, sex, income, opioid, and alcohol use. Bolded values indicate $p<.05$.

findings underscore persistent gaps in the examination of suicidal behaviors among racial/ethnic minorities using nationally representative data. Suicide research remains limited within this population (Goodwill et al., 2021), highlighting the need for focused inquiry that can inform culturally responsive behavioral interventions and public health strategies.

A primary finding from the present study is that suicidal ideation, planning, and attempts were significantly higher among Black/African American LGB individuals compared to their non-LGB counterparts. This is consistent with national trends showing that LGB populations are more likely to engage in suicidal behaviors, influenced by intersecting social and psychological stressors such as minority stress, internalized stigma, lack of familial support, and societal exclusion (Skerrett et al., 2016). Minority stress theory (Meyer, 2003) explains how the chronic strain from stigma, prejudice, and discrimination increases the risk for mental health problems and suicidality among sexual minorities. Intersectionality theory further expands this understanding by positing that individuals with multiple marginalized identities, such as being both Black/African American and LGB, experience compounded and unique forms of oppression (Crenshaw, 1991; Bowleg, 2012). The combined stress from racial and sexual discrimination cannot be separated, and studies have shown that these dual stigmas significantly erode psychological well-being (English et al., 2022; Jackson et al., 2020).

Notably, Black/African American LGB individuals may experience rejection and discrimination, not only from the broader society, but also within their own communities. Research indicates that homophobia remains disproportionately high in some segments of the Black community due to religious conservatism, traditional gender norms, and the historical role of the church as a cornerstone institution (Lewis, 2003; Ward, 2005). This intracommunity stigma adds a layer of complexity to the sexual identity development of Black LGB youth, making critical developmental milestones—such as coming out—more psychologically distressing (Rosario et al., 2004). These challenges can result in a greater sense of isolation and alienation, which are well-documented risk factors for suicidal behavior (Joiner, 2005).

Although our findings establish disparities among the broader LGB group, they also raise important questions about variation within the LGB subpopulations. Not all sexual minority individuals are equally at risk. Research suggests that gay and lesbian individuals may report higher rates of suicidal ideation than bisexual individuals in some contexts due to the visibility of their identity and increased exposure to external homophobia, particularly when they are open about their identity (Marshal et al., 2011;

Hatzenbuehler, 2011). For Black gay men and lesbians, coming out may bring an additional risk of being alienated from both white LGBTQ+ spaces (which may perpetuate racial microaggressions) and their own cultural or familial networks (McConnell et al., 2018). In contrast, bisexual individuals, while also at risk, may experience distinct forms of "double discrimination" (from both heterosexual and gay/lesbian communities), but sometimes have the perceived option of "passing" in heteronormative relationships, which may affect both their exposure to stigma and help-seeking behavior (Ross et al., 2018). This form of minority stress, including identity invalidation and biphobia, has been linked to higher rates of mental health issues and suicide planning (Ross et al., 2018; Feinstein & Dyar, 2017). For Black bisexual individuals, these challenges are further intensified by the intersectionality of race and sexual orientation, leading to compounded stress due to the simultaneous experience of racism and biphobia. This layered marginalization may increase the risk of suicide planning specifically, even in the absence of differences in suicide attempts or ideation across groups. Conversely, lesbian and gay Black individuals may experience more cohesive community support within sexual minority networks (Frost et al., 2016), which could serve as a protective factor against suicide planning when compared to their bisexual peers.

Given these nuanced challenges, prevention efforts for suicidality must be tailored to meet the unique needs of Black/African American LGB individuals. Standard interventions—such as routine mental health screening, access to culturally competent care, and public awareness campaigns—must be adapted to address intersectional vulnerabilities. Screening alone has been shown to decrease suicide risk in general practice (Crawford et al., 2011), but Black/African American populations report lower rates of mental health service utilization due to systemic barriers and stigma (Busby et al., 2021).

Mental health providers must also recognize the enduring impacts of historical medical mistreatment and current systemic racism in healthcare (Alvidrez et al., 2008). Cultural mistrust and stigma in the Black community often discourage individuals from disclosing emotional struggles or seeking help (Wahby et al., 2019). This reluctance is even more pronounced when dealing with stigmatized sexual identities. Providers must adopt culturally sensitive and affirming strategies to address the unique stressors faced by this population (Talley et al., 2021), particularly regarding emotional expression, identity acceptance, and familial dynamics (Woods-Giscombè, 2010). Failure to consider these contextual factors may result in underdiagnosis, mistreatment, or disengagement from care.

Limitations

Several strengths and limitations should be noted when interpreting the present study’s findings. Using a large sample of Black/African American individuals and LGB individuals strengthens the study design. One notable limitation of this study is the absence of a race/ethnic comparator group. While our analysis focused specifically on suicidal behaviors among Black/African American LGB individuals, data from nationally representative surveys do include information on LGB individuals from other racial/ethnic backgrounds. Including a comparator group (e.g., White LGB individuals or other racial/ethnic minority LGB populations) could have contextualized the unique impact of intersecting racial and sexual minority stressors on Black/African American LGB individuals. This additional layer of analysis

may have provided a clearer understanding of whether observed disparities are unique to this group or reflect broader trends across marginalized communities. Future research should consider cross-group comparisons to better illuminate the nuanced ways in which race and sexual orientation interact to influence mental health and suicidality.

Additionally, this study was limited by the scope of sexual and gender identity categories available in the NSDUH dataset. Specifically, transgender and other gender-diverse populations were not included due to the absence of consistent data collection on gender identity within the survey, as well as insufficient sample sizes to conduct reliable subgroup analyses. The NSDUH primarily assesses sexual identity categories such as heterosexual, lesbian or gay, bisexual, and occasionally an "other" category, but does not systematically capture transgender status. A more expansive sexual and gender identity categorization could potentially reveal greater and deeper relationships within this at-risk community.

Data are cross-sectional in nature, limiting causal associations. Suicide measures were past year and limited. Notably, NSDUH respondents who did not endorse past-year suicidal thoughts were not presented with the past-year suicide planning and attempts questions. More suicide measures aimed at specific suicide behaviors and tendencies are warranted. Moreover, current (e.g., past 30 day) suicide measures are needed to better inform future behavioral interventions.

Conclusions

Suicide remains a significant public health crisis with disproportionately higher rates among marginalized and minoritized populations, particularly among racial and sexual minorities. Research consistently shows that individuals from these communities face unique stressors, including systemic discrimination, socioeconomic disparities, and cultural stigmatization, all of which contribute to higher risks for suicidal ideation, planning, and attempts (Forrest et al., 2023; Meyer, 2003). The present study adds to this growing body of literature by examining suicide-related behaviors among Black/African American adults with a focus on variations by sexual identity status.

The findings from the present study have critical implications for developing behavioral interventions that address both the mental health needs and the cultural nuances of marginalized populations. Specifically, the results can inform the design of targeted, culturally sensitive suicide prevention programs aimed at reducing suicidal ideation and attempts in Black/African American sexual minority individuals. These programs must integrate community-based approaches, culturally relevant resources, and strategies that reduce stigma related to both mental health and sexual orientation (Hammack et al., 2024). Furthermore, policies that address social determinants of health, such as income inequality, discrimination, and access to care, are vital to addressing the root causes of these disparities and ultimately decreasing suicide rates in these high-risk groups (Hammack et al., 2024; Mann et al., 2021; Rowell et al., 2008).

Implications for Health Behavior Research

The findings from this study provide critical implications for health behavior research by highlighting the urgent need for more nuanced and intersectional approaches to understanding and preventing suicide among Black/African American populations, particularly those who identify as lesbian, gay, or bisexual (LGB). The elevated risk of suicidal ideation, planning, and attempts among Black/African American LGB adults underscores the complex interplay of racial,

sexual, and sociocultural stressors that are inadequately addressed in current suicide prevention frameworks.

First, health behavior research must prioritize intersectionality as a central construct in study design, analysis, and interpretation. The unique experiences of individuals with multiple marginalized identities—such as being both Black and LGB—cannot be accurately captured using a single-axis lens. Researchers should adopt frameworks like Minority Stress Theory and Intersectionality Theory to better contextualize the cumulative psychosocial burdens these individuals face, including compounded stigma, discrimination, and cultural isolation. Future research should investigate how these intersecting identities influence coping strategies, help-seeking behavior, and access to mental health services.

Second, there is a significant need to develop and test culturally responsive behavioral interventions tailored to the lived experiences of Black/African American LGB individuals. Most existing suicide prevention programs have been designed for predominantly White or general LGB populations and fail to address the distinct cultural barriers, such as mistrust of mental health systems and stigma within the Black community, that prevent Black LGB individuals from accessing care. Health behavior researchers must engage in participatory research methods, involving Black LGB community members in the design, implementation, and evaluation of suicide prevention strategies to ensure relevance and acceptability.

Third, these findings emphasize the necessity of improving screening and early detection of suicidal behaviors within high-risk subgroups. The low prevalence of suicide attempts in the general population can mask elevated risk within smaller, marginalized communities. Health behavior researchers should develop and validate culturally appropriate screening tools that account for the unique risk profiles of Black/African American LGB individuals. Such tools can aid in the early identification of at-risk individuals and the implementation of timely interventions.

Discussion Questions

How can public health and clinical interventions be designed to meaningfully address the unique mental health challenges faced by Black/African American LGB individuals, particularly those arising from intersecting forms of discrimination and stigma?

In what ways does intersectionality theory help us better understand the heightened risk for suicidal behaviors among Black/African American LGB individuals, and how might it inform culturally responsive prevention strategies?

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