Boys Do(n't) Cry: Addressing the Unmet Mental Health Needs of African American Boys

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The Problem

DeShawn, a ninth-grade 14-year-old African American boy, was burdened by a host of challenges in his life. His mother and father divorced when he was 10 years old. DeShawn never seemed to recover from the separation of his parents, and it did not help that his father had been largely absent from his life since the separation and divorce. DeShawn struggled to get over the pain. He yearned for his father's attention and love. DeShawn's circle of friends was largely supportive, but they were not always involved in positive activities. His grades had dipped in the last year, going from Bs and Cs to Ds and Fs. DeShawn often found his thoughts wandering as he sat in class. He worried about his future, but somehow found it difficult to express this worry to his mother or other caring adults. DeShawn thought, *They will never understand.* He wished that he could talk to his father about these things, but his efforts to reach out were met with one disappointment after another. DeShawn lost interest in most activities, including sports, and spent most of his time playing video games with his friends and smoking marijuana. The weed took his mind off his wandering thoughts.

Not having the energy to do simple chores around the house, DeShawn's mother characterized him as being lazy. Teachers knew he was capable, but generally thought DeShawn failed to apply himself. With his academic failures mounting and with the prospect of having a "successful" future seeming more elusive, DeShawn considered whether he might be better off dead. These thoughts became more prominent every time he heard, "DeShawn, why are you so lazy?" or "DeShawn, you could do so much better if only you applied yourself."

One day, DeShawn took a loaded gun, held the tip of the gun under his chin, and pulled the trigger. DeShawn finally took matters into his own hands and committed suicide. Sadly, no one had ever engaged DeShawn about his depression. DeShawn was too proud to admit his pain. He thought that it was not "manly" to let anyone know about his pain. DeShawn was at risk for committing suicide. Without knowing it, he had been exhibiting warning signs. He was talking, but no one listened.

The sad reality is that DeShawn's story is not an isolated incident. Many African American adolescent boys have serious problems connecting to mental health treatment to address their depression and other precursor issues leading to suicidal behavior. According to the Centers for Disease Control and Prevention, from 1980 to 1995, suicide rates increased 233% for African American youth ages 10–14 compared to 120% among White adolescents in the same age group across the same span of time. A more recent study further points to a disturbing trend regarding the incidence of suicide among African American youth. A 2015 study by Jeffrey Bridge and colleagues found that the rates of suicide among Black youth, particularly those transitioning to adolescence (ages 10–11), doubled between 1993 and 2012. The resulting rate, after doubling, represented the highest suicide rate among all youth racial and ethnic groups. This finding is surprising because suicide has traditionally been considered a White phenomenon. African Americans were thought not to engage in the behavior. In fact, for all other demographic groups—that is, those more than 11 years old—Whites have higher rates of committing suicide than African Americans. The Bridge study, however, sheds new light: African American boys ages 5 to 11 are the only age group where the rates of suicide among African Americans are actually higher. Suicide is horrible for any age or racial or ethnic group, but to think that African American boys ages 5–11 have considered that life is not worth living and are engaging in any activities to end their lives is particularly disturbing. We also know from available evidence that engagement in suicidal behaviors has increased by triple digits among African American adolescent boys over the last 20 years, making suicidal behavior largely a male phenomenon among African American adolescents. Indeed, the circumstances that African American boys endure are great, especially those living in poor, underserved, or neglected communities.

If African American boys are contemplating taking their lives at early ages, the hope for future generations is challenging at best. What is going on in African American communities that there is a lack of safe spaces for boys to express their emotions and to share their travails with supportive networks in lieu of ending their lives? The situation of African American boys (ages 5–11) committing suicide at higher levels—more than any other group—and the recent studies regarding the rising rates of suicide among African American adolescent boys (12 and older) call for greater reflection and more discourse around the mental health challenges faced by this group. We must identify

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the emotional and psychological reasons that underlie suicidal behaviors for African American boys and work to provide immediate intervention. Families, educators, and community workers play key roles in identifying signs of mental health challenges such as depression and connecting African American boys to mental health care services. In this article, we discuss specific ways to better support boys who exhibit early signs of depression and suicidal behavior.

Engagement in suicidal behaviors has increased by triple digits among African American adolescent boys over the last 20 years

Untreated Depression and African American Youth

Untreated depression is a prominent precursor to suicide, leading to a stark increase in the rates of suicide among African American youth. Large-scale studies indicate that only about a third of youth who need mental health treatment actually receive it. Although the overall prevalence rate for mental disorders is typically higher for White youth, the chronicity and burden associated with mental illness are worse for African Americans. In fact, African American youth, relative to their White counterparts, are less likely to receive care. This finding is especially true for mood disorders such as depression.

Depression can develop from exposure to risks in the home, school, or community. Difficulty in coping with these stressors can lead to feelings of hopelessness, worthlessness, and even suicidal thoughts. For instance, research has shown that substance abuse or physical and emotional abuse in the home place youth at greater risk for depression and suicide. According to the 2004–2013 National Survey on Drug Use and Health, African American children and adolescents are consistently less likely than their White peers to receive treatment for depression. Moreover, African American adolescents with major depression disorders are 87% less likely to have ever received mental health services relative to their White counterparts. This lack of treatment in the African American community sheds light on untreated depression as the likely culprit underlying the increased suicide rates among Black boys. It illustrates the need for interventions specifically designed to increase better access to care among African American boys (for example, stigma reduction interventions).

Depression in adolescent males may also be misdiagnosed. Traditional characteristics associated with mental health challenges may not be the same in African American males. In fact, antisocial behaviors and attitudes may be a "mask" for depressive symptoms. The extant literature highlights gender differences in mental health challenges. Females typically use internalizing behaviors when dealing with depressive symptoms. Males tend to exhibit externalizing behaviors (for example, expression of depression symptoms as anger or aggression). Thus, mental health professionals and school personnel may misinterpret antisocial behaviors as conduct problems and not as signs of depressive symptoms. This point is especially salient for African American adolescent boys. They are referred for conduct problems more than any of their peers.

The school context is not the only place where African American males' behaviors may be misinterpreted. Many caregivers and other adults who come in frequent contact with youth may not realize that depression symptoms can manifest differently for youth. Persistent sadness, sense of feelings of worthlessness, hopelessness, aggression, anger, sleep disturbance (insomnia or hypersomnia), and social withdrawal are all signs that a child may be depressed. Irritability, however, may be a more nuanced feature of depression for youth versus adults. For example, a child who is experiencing depression may stay in bed all day wishing to avoid social interaction. Lack of attunement to these more nuanced symptoms, because they may be interpreted as being more benign, may creep into a deeper level of depression, which then leads to suicidal thoughts and engagement in suicidal behaviors. Important others—for example, families, friends, teachers, and other caring adults—are key to the surveillance of symptoms and help determine how and when depressed youth need treatment. These key network members, however, may miss the warning signs.

Going Further: Looking Deeper at the Reasons for Untreated Depression

Gendered Socialization: "Boys Don't Cry"

Many ill-conceived notions of what it means to be a man prevail in our society. In fact, there have even been many discussions regarding the gender binary of "boy behaviors" versus "girl behaviors." Notwithstanding these important discussions, the fact remains that we overwhelmingly socialize boys differently than girls in the United States (and in many other parts of the world). Parents, other family members, peers, and even coaches tell boys at a very early age that it is not manly to cry or even to express emotions. *Man up*, *Fight it off*, or *Be tough* are all popular refrains we relate to boys. Descriptions of young males as "young men" add to the confusion many adolescent males have about their male identity. Applying adult labels to young males robs them of their childhood. Young males need supportive environments in which to experiment with notions of *boyhood* and *manhood* without having the adult label placed on them before they are ready, developmentally, to handle the responsibility and, in many instances, the challenges that come with the label of being African American and a man.

Boys carry these confusing messages into adulthood. Many do not have opportunities to have discussions about what are developmentally and contextually appropriate behaviors and what are not, which extends to decisions about their health behaviors. The lower health-seeking behaviors for African American males can be, in part, attributed to these earlier messages. For example, studies show that African American males—relative to African American females, White males and females, and Latino/a males and females—suffer from more completely preventable diseases. They also face greater morbidity and premature mortality from these preventable and treatable conditions.

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Notions of masculinity even influence how men and boys with depression conceptualize their problems, whether they will admit to being depressed, and whether they will seek treatment. Thus, any attempt to understand and redress the matter of suicidal behaviors among African American boys and adolescents must first deal with gendered socializations and notions of masculinity among this group.

Applying adult labels to young males robs them of their childhood

Misunderstanding and Denial of Mental Health Challenges

Parents are often in denial about the mental health challenges of their children, and African American parents are no different. Denial of symptoms of depression and lack of treatment can exacerbate the problem and potentially lead to more severe outcomes—for example, suicide. In 2012, Michael Lindsey and colleagues completed a study examining mental health help-seeking determinants among African American adolescents and their caregivers. They conducted focus groups with both adolescents and caregivers to determine the factors contributing to decisions either to seek formal care or to resolve matters within the family in lieu of seeking care. A prominent theme among caregivers pertained to their reticence to acknowledge and, in some cases, even identify that their child was experiencing a mental illness, particularly depression. The reluctance to acknowledge depression symptoms related to parents' perceptions that the mental health struggles of their children were their fault. Somehow, they "caused" their child's mental illness through bad parenting or inattentiveness to their child's needs. Caregivers in the study also shared their doubts that treatment would make things any better for their children—that is, relieve presenting symptoms. These perspectives are at the core of the matter—children with depression do not receive treatment because parents mistake their child's behavior as something else (e.g., laziness), or they fear that depression is an indictment of their "ineffective" parenting.

African American families also often delay mental health help seeking for their children. African American youth share some responsibility in this situation. In the same 2012 study by Lindsey and colleagues, the researchers found that African American adolescents in the sample wanted those in their immediate social network to recognize their symptoms. In other words, they were not likely to forthrightly go to a loved one with their emotional pain. They especially wanted family members to "figure out" that something was wrong. The reasons may be threefold: (a) African American youth typically do not want to bring additional burdens to their caregivers; (b) the prevailing ethic for many African American youth is to "tough it out" as it pertains to emotional pain; and (c) youth do not have safe spaces or relationships with family members characterized by trust and understanding; therefore, youth keep their concerns to themselves. Thus, males need additional contexts to express themselves and potentially make others aware of their mental health challenges. For most adolescents, school is that context.

Risk Factors in Schools

Schools also play a critical role in how we address depression among African American boys. It is the context where children and adolescents spend a significant amount of their time. In this section, we indicate a few ways in which educators and administrators might exacerbate the problem.

Although gendered emotional socialization may begin with parents and family members telling African American boys to be tough, this message is also reinforced, albeit subtly, in schools. As mentioned previously, schools and educators focus much of their attention on lessening externalizing behaviors (e.g., aggressive, disruptive behaviors; conduct problems) in boys because these behaviors prevent the successful delivery of instruction. Indeed, behavioral problems remain a constant concern for educators, often leading many teachers to exit the profession. According to a 2005 study by Xiaofeng Lui and Patrick Meyer, student discipline problems were second only to low pay as a reason for teachers leaving the profession. For good reason, then, externalizing behavioral problems warrant concern in schools.

The problem, however, is that while much attention is given to externalizing issues, schools give less attention to internalizing behaviors (i.e., depression, anxiety). Additionally, externalizing issues in males may be indications of depressive symptoms and anxiety behaviors. In fact, children with behavioral problems receive higher rates of referral to school mental health services than youth with internalizing problems. Indeed, students with internalized emotional or mental health challenges are generally not disrupting class and perhaps are more likely to get ignored, overlooked, or even neglected. This contributes to the problem of underidentification of African American boys with depression and the overidentification of African American boys with externalizing issues, which underlies the reason for higher rates of their engagement in suicidal behaviors. Indeed, their suicidal behaviors reflect a cry for help, but African American boys may not be literally crying. Their internalizing behaviors may be more nuanced, as we suggested earlier and explain further later in this article.

Harsh Discipline Practices

It is also the case that African American boys receive higher rates of suspension, usually for aggressive, disruptive behaviors. In particular, studies indicate that African American males are 3 times more likely to be suspended than their White male counterparts. This disproportionality among the rates of suspension and expulsion among African American youth and those with disabilities led to a recent initiative from the U.S. Department of Education to encourage school officials to "rethink discipline." Schools are being encouraged to implement alternatives to zero-tolerance policies and punitive consequences (e.g., suspension, expulsion). For instance, many schools are adopting *restorative justice* approaches to discipline, utilizing *restorative circles* to bring school leaders, teachers, and students into dialogue with each other to learn to effectively handle conflict and to seek solutions for a broad range of issues occurring at the school level. However, these approaches are not specifically designed to address mental health needs, especially for African American adolescent boys.

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Although the data provide evidence of sex differences in the rates of disciplinary actions, with African American males as one of the most reported groups, the corrective approaches do not fully address these sex differences. Instead, expectations for African American male achievement and success are often not included in discussions associated with this group.

African American males are 3 times more likely to be suspended than their White male counterparts

Low Teacher Expectations

Alternative discipline programs coupled with specific strategies for addressing mental health concerns are desperately needed in schools, especially when research indicates that many teachers have low expectations of African American male students, some of which may be related to misinterpretation of internalizing versus externalizing behavioral problems. For example, in a qualitative study by Sonya Brady and colleagues, parents discussed their concern with teachers having lower expectations for African American students and even labeling them. Moreover, students in the study felt a mistrust of teachers and school professionals when it comes to having someone to talk to about their feelings of sadness or generally being upset about something. This is interesting in that internalizing symptoms, including depression, often underlie externalizing behaviors. For example, African American adolescent boys respond to symptoms of depression in volatile ways—for example, irritability may be expressed in anger and fighting. It is those manifest behaviors that get the attention. Indeed, youths' experiences with mental health problems are often comorbid in nature (i.e., externalizing and internalizing symptoms present together in a simultaneous fashion). Thus, taken together, greater attention needs to be given not only to the behavioral problems that youth exhibit in schools but also to the internalizing struggles that may underlie these behaviors.

Teachers play a pivotal role in this regard. Teachers and school personnel can have positive influences on African American males when they provide them with social support and have high expectations for student behaviors. For example, Charles Corprew and Michael Cunningham demonstrated that support from school personnel was a statistically significant contributor to decreasing African American adolescent boys externalizing attitudes and behaviors.

Disconnection From Adults

Positive relationships with adults in various contexts (i.e., at home, at school, and outside of school) are necessary to facilitate the healthy development of African American boys. Research suggests that adult–adolescent relationships encounter turmoil in the adolescent stage of development because youth are experiencing physical, emotional, and social changes due to the onset of puberty. Therefore, adolescents are desiring more freedom from what they perceive as parental control, and while parents desire to exercise less control, they are concerned about their child's ability to make sound choices in dealing with peer pressure to engage in undesirable behavior. Adolescence can be a confusing time for youth, as they may not understand the cognitive and physical changes they are undergoing. The lack of adult relationships characterized by responsiveness, care, guidance, and sensitivity in helping African American boys navigate this phase can contribute to higher levels of emotional distress and even depression for youth.

In addition to the challenges of puberty, risk factors in the home can hinder adolescents' healthy emotional development. Single-parent homes, families with more than one child, poverty, conflict in parents' romantic relationships, and parental substance abuse are risks that can hinder the development of a healthy parent–child bond. Conflict in parent–child relationships can occur as a result of lack of parental monitoring or control, which may be associated with various risk factors that distract parents from being "emotionally there" for their children. When parents do not respond with care and concern to the developmental needs of their adolescent children, youth are left to figure out their problems themselves. The result could be a sense of hopelessness and could lead to depression and suicide among African American boys. Teachers, parents, and other family members need to be aware of the role that they play in the emotional development of African American boys.

Families and educators play a critical role in the lives of African American boys and adolescents, especially as it relates to the early identification of mental health problems and connection to proper care. The next section focuses on strategies for families, educators, and community members to address the unmet mental health needs of African American boys.

Plausible Strategies

Number One: Improve School-Based Surveillance of Mental Health Needs

Any effort to redress the rising rate of suicide among African American youth, particularly boys, should start with those who are on the front lines to witness the range of their behavioral expressions: teachers. Perhaps even more so than parents, teachers have incredible opportunities to see youth interact with their peers and operate in group spaces. Teachers often see conflict emerge within group dynamics and can monitor its course as youth reconcile their differences, positively or negatively. Teachers can also notice shifts in mood or changes in attitudes through daily contact with the students' peers. It is from this unique vantage point that teachers can make a difference with respect to identifying mental health needs and referring students to the school counselor or social worker for services.

It is imperative that we train teachers on the signs and symptoms of depression for a number of reasons. First, teachers are critical because they are likely to spend more time with youth than their families, especially during the elementary school–age years. Through their teaching and other observations, they are able to differentiate one youth's intellectual level and even one's behavior from another. Teachers will likely know when DeShawn is not feeling well or might be down about something. Their abil-

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ity to distinguish behaviors from one another makes them prime to be trained on what depression looks like, how it manifests, and the course it might take. Second, given the time teachers spend with youth, they are likely to be the early identifiers of need. Early detection is key, given that most African American families delay access to care for their children. As such, symptoms become more severe, warranting entrée into emergency psychiatric care—the typical starting point of formal mental health treatment for many African American youth.

Number Two: Implement Suicide Prevention Programs in Schools

Research has shown that African American youth have high rates of psychiatric emergency service use, which indicates that care might be sought later in the illness cycle or as a last resort when a crisis has emerged. To address the heightened levels of crisis-oriented care and suicide among African American boys, schools must proactively incorporate evidence-based prevention programs in schools that educate students and staff on the symptoms and signs of depression, provide students with coping skills, lessen the stigma associated with mental health services among African American youth, and offer a space for dialogue on issues affecting students. Research has shown the effectiveness of some prevention programs in lessening depressive symptoms and behavior problems among youth.

To be effective, programs must be implemented by school staff who are trained in the program curriculum or by mental health professionals (e.g., school psychologists, social workers). This training ensures that intervention efforts are sustainable, particularly in the case that funding to support the research on these programs runs its course. Second, trained professionals who are presenting the curriculum should carefully consider the characteristics of the population participating in the program. Efficacious suicide prevention programs must be both culturally and developmentally appropriate and geared toward the specific needs of the students. Third, staff must cultivate a safe space for students to discuss the content of the program if they so desire. Fourth, staff members must secure a listing of mental health professionals who can be contacted should follow-up for individual students be needed.

Families can buffer the extent to which negative peer sentiments impact help-seeking behaviors

Number Three: Educate Families on Signs and Symptoms of Depression

Several studies on African American adolescent help seeking have indicated that families truly matter in terms of making connections to treatment. Individuals who experience a mental illness are not likely to go readily into professional treatment. They confirm the presence of symptoms and get feedback on the next steps before professional care is accessed. African American adolescent boys with depression are no different with respect to their help-seeking perspectives.

Families must consider the critical role they play in terms of facilitating or delaying entrée into care. For example, more network ties and overall family support suggest a greater chance of using mental health services for internalizing needs. Family support also shields the extent to which mental health stigma affects help-seeking behaviors; that is, through their messages concerning mental health and services, families can contribute significantly toward normalizing both. Families can convey the positive aspects of seeking help for emotional or psychological issues. Families can even buffer the extent to which negative peer sentiments impact help-seeking behaviors. Lindsey and colleagues found that families had a buffering effect in their interviews with depressed African American adolescent boys. In this study, respondents reported that what families said and conveyed to them about depression mattered most, even over what their friends said.

Educating families and caregivers in particular on the signs and symptoms of depression is key. Many of the concerns that African American caregivers have about services not being helpful are based in their lack of understanding of those services and related treatment processes. Lack of understanding leads to fear. Psychological concepts like the *limited sick role* can help families become more aware—and thus sensitive—to depression symptoms exhibited by their children. This concept suggests that depressed youth should be given the idea that depression is just like having any other illness in that it affects day-to-day functioning (e.g., low school performance, low interest in school activities). Performance expectations can be revised during the course of depression, and caregivers should be less critical and more supportive during the depression phase. Caregivers should also be aware when they notice a change in behaviors from what is typical—for example, withdrawn and isolative versus a former time of interpersonal engagement.

Number Four: Build an Interconnected Network of Support for African American Boys

For youth, social support is key to positive outcomes. Building positive, trusting relationships with African American boys is vital to their ability to cope with life challenges and to ask for help if they experience persistent sadness. If healthy relationships are established with African American boys at every institution they encounter (e.g., school, home, community), they may not experience the kind of hopelessness that results in suicide ideation and suicide. In addition, they will have a network of support to lean on to get the help they need. It is also important for the institutions within the community to work together and assist each other in this endeavor. For example, many faith-based organizations are composed of churches and other community entities that work together toward social change and community improvement. Such groups should be enlisted in efforts to build systems of support for African American boys.

Number Five: Increase Opportunities for Prosocial Engagement

Providing youth with more opportunities to help others in the community may pro-

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vide youth with a sense of accomplishment and connect them with adult mentors outside of the home (where parents may be stressed) and school (where teachers and administrators have several competing responsibilities). For example, community-oriented organizations and other nonprofits could solicit the help of youth in the community for internships and to participate in activities that give back to the community and encourage youth to contribute to a greater good.

Bring Interventions Into the Real World

Increasingly and across a range of diagnoses, we know the treatments and interventions that are efficacious. We know less about effective, or generalizable, treatments and interventions that are applicable to diverse populations and settings. To meet the needs of African American boys who are depressed or exhibiting suicidal behaviors, we need to meet them where they are—that is, schools, afterschool programs, recreation centers, and churches—with interventions that we know will work. Professionals also need to understand the social experiences African American males have within their respective communities that expose them to challenging situations such as exposure to community violence and chronic negative events. Research by Cunningham and colleagues has indicated that the challenging experiences that African American males have within their communities have long-term effects on their antisocial attitudes. These challenging experiences outweigh challenges they may have within their homes and schools. Thus, partnerships among families, schools, and community-based organizations are needed.

The challenges of addressing the mental health needs of African American males have not been fully implemented in community settings. In fact, too few of these interventions have been implemented in communities, and when they are, too few African American youth are participating in them. To be fair, communities can be complex in terms of being ideal to host evidence-based interventions. Urban schools, for example, face high staff turnover and too few resources to support the implementation of such interventions in the ways they were designed. These realities, however, should not be daunting in our efforts to reach those most in need, which is why partnerships among settings are optimal.

Suggestions for Further Reading

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Conclusion

The current rate of diagnosis and treatment of mental disorders among African American youth poses a significant problem not only in the lives of this population but also in the future of our nation as a whole. With racial or ethnic minorities projected to make up the majority (64%) of the U.S. adolescent population by 2060, serious measures must be taken to address the mental health needs of vulnerable populations such as African American boys and adolescents. The heightened rates of suicide among African American male youth call for action among all stakeholders, especially educators, parents, and community-based professionals who have the most frequent access to and interaction with youth.

Tackling the disparaging unmet mental health needs that exist demands that schools, as the largest provider of mental health services to youth, be more proactive as change agents in educating teachers, students, and parents on the signs of mental health disorders (i.e., depression or anxiety) and in taking immediate action to refer students for care. Early detection and intervention can lead to better academic, behavioral, social, and emotional outcomes for African American boys and can lessen the chances of suicidal ideation taking place.

At school, African American boys need a space to express how they feel on a consistent basis, not just when conflict arises. This will help African American boys and school officials recognize the early signs of depression before it escalates to suicidal thoughts. Programs in schools and in the community should be

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designed to serve the developmental needs of children. For example, faith-based organizations, through youth ministries, should establish caring relationships that allow African American boys and adolescents to speak out on issues that matter to them. These spaces should be a safe place for males to discuss the challenges they encounter by virtue of being African American and male in the United States. It is not just important to be a part of a group or to have relationships—it is also vital for youth to feel a sense of belonging within those groups. In doing so, young males can express their frustrations and receive support and guidance to help them understand their daily experiences.

The suggestions offered do not come without significant challenges. Years of stigma and negative beliefs among many African Americans suffering from a mental illness show that perceptual barriers to formal treatment will not be eradicated overnight. Resources for diagnosis and treatment of mental disorders need to meet problems where they are—in communities with proximity to those most in need. We must take these next steps in the change process because African American boys are suffering at increased rates and should not be left to cope with depression, suicidal thoughts, and other mental illnesses on their own. African American boys are crying for help. Are we listening?

Keywords: African American boys; suicide; depression; treatment

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