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Considering Developmental Phenotypes of Suicidality for Young Black Children

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ABSTRACT

Suicide is currently the 5th leading cause of death among children aged 5–11, a rate that has more than tripled in the last decade, and one that has increased significantly more among Black compared to White children. Specifying early childhood phenotypes of suicidality is critical for prevention of suicidal behavior. Such phenotypes need to be culturally relevant and rigorously tested in Black youth to yield data that will inform prevention science. We used the Interpersonal Theory of Suicide, to guide both the development of a theoretical model and a research protocol to conduct a study on suicidality in young Black children. The model was informed by an ecological adaptation which considers the context of structural, systemic, and interpersonal racism as critical for conceptualizing suicidal risk and identifying factors that reduce the likelihood of suicidal ideation and behaviors among Black youth. Developmental adaptations of IPTS components were based on existing research supporting associations between theoretically similar constructs and early childhood depression and/or later suicidality. Model components include loneliness and lack of family connectedness, low self-worth and hopelessness, and impulsivity. The components are measured via questionnaires and reactivity to behavioral probes as measured by facial emotion, heart rate variability, and self-reported mood. Risk and protective factors include exposure to racism and discrimination and racial identity and socialization, respectively. An accelerated, longitudinal design, enrolling 5–9-year-old children for 6 repeated assessments over 45 months will allow us to test stability from early childhood to early adolescence. Conducting robust tests of early risk and stability of suicidality in the context of culturally relevant risk factors (e.g., racism) and protective factors (e.g., racial socialization and identity) will contribute to efforts to reverse recent trends in Black youth suicide.

1 | Prevalence and Trends in Youth Suicidal Ideation and Behavior

Suicide is currently the 5th leading cause of death among children aged 5–11 (Centers for Disease Control and Prevention 2020). Suicide rates for children 10–14 years increased three-fold from 2007 to 2018, and rates have since remained steady (Curtin and Garnett 2023). Rates of youth suicide are significantly higher among Black compared to White children (Bridge et al. 2018). Recent data from the Adolescent Brain Cognitive Development (ABCD) study also reflect these trends: 8.4% of 9–10-year-olds reported past or current suicidal ideation (DeVille et al. 2020), rates of suicidality were higher for Black preadolescents compared to nonblack youth, and racial

discrimination was positively and significantly associated with suicidality (Argabright et al. 2022). When measured in early childhood, suicidal ideation appears to be relatively stable. In a sample of Black and White 3–7-year-olds oversampled for depression symptoms, suicidal ideation was endorsed by 11% of the sample, and 73% of those children continued to endorse suicidal ideation at ages 7–12 years (Whalen et al. 2015). The authors followed this sample through ages 14–19 and reported that approximately half of the children who experienced suicidal thoughts and behaviors (STBs) in adolescence first exhibited STBs in early childhood (Whalen et al. 2022).

2 | Early Childhood Phenotypes of Psychological Constructs Are Critical for Prevention and Early Intervention

Given these trends in youth suicide, assessments of suicidality in early childhood are needed, especially assessments that are relevant for Black youth. Such assessments require the use of developmentally and culturally informed tools and appropriate sampling; these are critical to accurately describe the psychological process. With few exceptions, the research to date has lacked the application of developmentally informed approaches to describe suicidal processes, and as a result may have led to omissions or errors in the understanding of the ontogeny of suicide. For example, Nock et al. (2013) reported that suicidal ideation is rare before the age of 10 and that the prevalence rapidly increases between 12 and 17 years of age. These findings, however, were based on data from interviews with 13–18-year-olds using questions from the Composite International Diagnostic Interview (Kessler and Ustun 2004) (e.g., 'You seriously thought about killing yourself'). Both the age of the participants and the method were likely not optimal for assessing suicidality in children under the age of 10 years. Research on early childhood suicidality has been impeded by the lack of age-appropriate methods, and relatedly, concern that the assessment of suicidality in younger children is developmentally inappropriate from a cognitive development perspective. This latter concern is countered by research showing that by age 4 years, most children understand death concepts such as universality, causality, irreversibility and cessation (Hennefield et al. 2019).

Historically, other areas of developmental psychopathology also were met with resistance to conducting research on diagnostic and/or disordered phenotypes in early childhood due to concerns about developmental inappropriateness and pathologizing normal behavior including ADHD and disruptive behavior disorders (Wilens et al. 2003; Keenan and Wakschlag 2003; McClellan and Speltz 2003), depression (Semrud-Clikeman and Hynd 1991), and autism (Matson, Wilkins, and González 2008). Rigorous, developmentally informed research, however, ultimately yielded support for the internal consistency, and concurrent and predictive validity of these early childhood constructs. Work conducted within our research group, for example, led to evidence for the validity of disruptive behavior disorders in early childhood for Black youth, specifically oppositional defiant and conduct disorders (ODD and CD) (Keenan and Wakschlag 2004), including strong internal consistency and concurrent (Keenan et al. 2007) and predictive validity (Keenan et al. 2011).

The study of depression phenotypes in early childhood, to which Luby and colleagues have contributed substantially, has provided evidence that children as young as 3 years of age experience clinically significant episodes of major depressive disorder (MDD) (Luby et al. 2003a). The validity of this depressive syndrome was established via tests of internal consistency and associations with social impairment and family history of related disorders (Luby et al. 2002, 2003b). Moreover, young children with depression displayed altered patterns of hypothalamic-pituitary-adrenal axis stress reactivity relative to age-matched comparison groups; patterns that were consistent with those observed in depressed adults (Luby et al. 2003c). Representation of Black youth in the studies on early childhood depression was relatively limited; the authors tested, but did not find differences, in the validity of depression phenotypes as a function of child race.

Importantly, the availability of early childhood phenotypes has facilitated the deployment of rigorous intervention research such as PCIT for depression in preschoolers (Luby et al. 2020), adaptations of effective interventions for early childhood for ADHD (Sugaya et al. 2022), as well as early screening, surveillance, and deployment of indicated and universal preventive interventions to support the emotional health of young children and reduce the risk for exacerbation of symptoms (e.g., Lewis et al. 2023; Sourander et al. 2016).

Preventing childhood suicidality will require, in part, a similar effort. Only a handful of studies have been conducted on preschool suicidality. Luby and colleagues have shown that suicidal ideation assessed in the early childhood period (3–7 years), is associated with greater mastery of concepts of death including universality, applicability, irreversibility, cessation, and causality (Hennefield et al. 2019) and greater preoccupation with death (Luby et al. 2019). Little to no research has been conducted, however, to elucidate the psychological context in which suicidal ideation in early childhood occurs, and none have been focused on the process for youth at highest risk. Even within the earlier studies focusing on Black youth, including our own, the context of racism and discrimination has largely been ignored.

3 | Incorporating Age and Race Into the Interpersonal-Psychological Theory of Suicide

The Interpersonal-Psychological Theory of Suicide (IPTS; Joiner 2007), is widely used for understanding the suicidal process, and as such is a reasonable starting point for conceptualizing how to study suicidality in early childhood in Black youth. According to the IPTS, a specific combination of psychological experiences elicits thoughts of death and dying and suicidal attempts: lack of belongingness and burdensomeness together with hopelessness leads to suicidal ideation, and capacity to engage in self-harm leads to suicidal behavior. The model was developed based on studies of adults (Chu et al. 2017), and some components have been validated for adolescents (Calear et al. 2021; Pagliaccio et al. 2024). IPTS components have been reliably measured in children as young as 10 years of age and such components have been associated with suicidality (Horton et al. 2016; Roberts et al. 2020; Stewart et al. 2017).

Although there has been no study conducted to date testing the reliability and validity of the IPTS components in early childhood, data from several studies provide support for such a proposal. Hopelessness has been measured in the context of "losing" and "winning" deals in a card game with 5-year-old children by Murray et al. (2001). Children whose mothers had a history of depression were more likely than children whose mothers had no history of depression to express hopelessness, pessimism, and low self-worth following "losing" deals. Lack of family connectedness in early childhood based on observed parent-child interactions was associated with later suicidality and was more salient with respect to later suicidality than connectedness in middle childhood (Khoury et al. 2019; Lyons-Ruth et al. 2013). Regarding capacity to engage in self-harm, in a prospective follow-up study of 4–6-year-old children who were clinically referred for ADHD symptoms of impulsivity in early childhood were predictive of later suicide attempts (Chronis-Tuscano et al. 2010). These data suggest that constructs consistent with the IPTS model can be assessed in early childhood and are associated with suicidality.

Data also support the validity of IPTS model components for Black adolescents. For example, using data from wave 1 of the longitudinal Adolescent Health Study, Boyd et al. (2022) reported that lack of family and parental support was associated with an increased risk of suicidal ideation among Black adolescents. In a community sample of 6th and 7th grade Black youth, self-worth was associated with suicidality (Lambert, Boyd, and Ialongo 2022). Significant associations between lack of belonginess in the family and school contexts and suicidality have been observed in several studies of Black youth (Boyd et al. 2024; Douglas et al. 2024; Vélez-Grau et al. 2023a, 2023b)

The IPTS model was further elaborated by Robinson et al. (2022) to be relevant for Black youth by incorporating two observations. First, the higher risk of suicide among Black American youth compared to White youth is likely due in large part to exposure to systemic and structural racism and discrimination (SSRD), which is associated with suicidality in Black children and adolescents (Argabright et al. 2022; Cahill, Illback, and Peiper 2024; Galán et al. 2021; Jelsma, Chen, and Varner 2022). Second, the ubiquity of such exposure, however, also leads one to consider evidence for relevant protective factors that buffer Black youth against their disproportionate exposure to SSRD. Robinson and colleagues added exposure to systemic, structural, and interpersonal racism as risks for, and racial socialization and identity as protective against, hopelessness, lack of belongingness, and burdensomeness (Robinson et al. 2022).

A recent 30-year review of research on the mental health of Black adolescents identified several protective factors including racial-ethnic identity and socialization (Loyd et al. 2024). A positive racial-ethnic identity reduced Black adolescents' depression and anxiety symptoms (Loyd et al. 2024). Results from studies conducted with young adults support the hypothesis that racial-ethnic identity serves a protective role against suicidal thoughts and behaviors. Suicidal ideation was positively associated with perceived racism, and negatively associated with ethnic identity (Hong et al. 2024). Among a sample of Black American women who had a suicide attempt in the past year, racial identity was associated with reasons for living (Street et al. 2012). Polanco-Roman and Miranda (2013) reported that higher ethnic identity was associated with lower hopelessness and less suicidal ideation and moderated a mediated pathway from acculturative stress and perceived discrimination to suicidal ideation via hopelessness. Together, these findings suggest that racial identity may protect youth from the risk conferred by racism-related stress on depression and suicidal ideation.

Family racial socialization has been shown to be both health promotive and protective against the negative impact of racism and discrimination on the psychological well-being of Black American youth (Neblett et al. 2006; Varner et al. 2018). Research on the protective effects of racial identity and socialization in early childhood is less developed, but results are consistent with findings for older children. Parents do engage in race socialization practices in the preschool period including communicating messages of cultural pride and preparation for bias (Caughy et al. 2002). Parents of young children view racial socialization as an important part of school readiness (Anderson et al. 2015; Caughy and Owen 2015). Furthermore, messages of racial pride in the preschool period are positively associated with child adjustment in first grade (Contreras et al. 2021).

Both racial identity and racial socialization are multidimensional constructs, however, and the potential health optimization of these constructs is likely a function of balancing child specific and environmental factors. For example, in one study of Black American middle school students residing in the Midwest of the United States, higher levels of parental preparation for bias increased the strength of association between interpersonal discrimination and depressive symptoms (Dotterer and James 2018). Other researchers have highlighted important sex differences in the association between dimensions of racial identity and parental racial socialization and child well-being (e.g. Stokes et al. 2020). Thus, hypotheses regarding the protective effects of racial identity and socialization needs to be informed by an approach that recognizes the dynamic interplay of identities, parental messaging, and contextual factors.

To summarize, there appears to be sufficient evidence for building upon the IPTS model in two ways to inform the study of suicidality in Black youth. One way is to consider developmental adaptations of the model components, adaptations that would lend themselves to measurement with standard and reliable methods. The other way is to consider the cultural contexts that shape the psychological experiences of burden, belongingness, and hopelessness. This latter consideration has been expertly outlined by Robinson et al. (2022). We build on their work in our developmental adaptation and testing of the suicidal process in early childhood in Black youth.

4 | Developing Approaches to Assessing Suicidality in Young Children That Are Developmentally and Racially Relevant: The Pittsburgh Girls Study—Mood Organization in Black Youth

In an excellent review and call for applying a developmental psychopathology framework to the study of suicidality, Oppenheimer, Glenn and Miller (2022) invoked guiding

principles of the field including that behavior ranges from typical to atypical, expression of risk may change across development, and that behavior moves along the continuum of typicality over time. Consistent with this call, we have recently launched a program of research aimed at articulating and testing a developmentally based theoretical model of suicidality in young Black children, which we present here. The program is organized around three aims. The first is to test the validity and stability of hypothesized constructs of the suicidal process in early childhood in Black youth. We hypothesize that our measured constructs of loneliness and lack of connectedness (lack of belongingness), low self-worth (burdensomeness), hopelessness, and impulsivity in early childhood will yield individual differences that range from typical to atypical, and that such differences will be moderately stable from early to mid-childhood, and from mid-childhood to early adolescence. The second aim relates to how behavior moves along the continuum of typicality over time. We hypothesize that our measured suicidal processes in early childhood will be prospectively associated with suicidal ideation and behavior. Finally, we aim to examine the impact of family and social contexts on individual differences in and stability of early childhood suicidality in Black youth. Consistent with existing research and theory (Robinson et al. 2022), we propose that family exposure to systemic, structural, and interpersonal racism will confer risk, and maternal racial socialization and maternal and child racial identity will serve as protective factors against the development of suicidality.

Our program is further guided by two primary considerations. The first is to include participants who manifest a continuum of suicidality similar to what would be observed in the general population of Black youth. To this end, we identified the children of mothers enrolled in The Pittsburgh Girls Study (PGS) as a representative cohort. The PGS is a community-based study that enrolled 2450 5–8-year-old girls living in the City of Pittsburgh in 2000 (Keenan et al. 2010). The girls and their primary caregivers (95% identified as the mother) completed annual interviews for 20 consecutive years that largely included standardized questionnaires of behavioral and emotional functioning and family and peer relations. About half of the 2450 now-adult participants in the PGS identify as Black ($n = 1309$). Information on pregnancies, births and sex at birth has been collected from PGS participants as part of the annual interviews. Thus, we are connecting with women from the PGS who self-identify as Black and who have a child 5–9 years of age for our PGS substudy, Mood Organization in Black Youth (PGS-MOBY).

We further describe the design and protocol (data sharing is not applicable to this article as no new data are presented or analyzed in this publication). An accelerated longitudinal design was selected as the optimal design for testing the study aims. Two cohorts of children of equal numbers ($n = 150$) will be enrolled: cohort 1 will be 5–7 years of age and cohort 2 will be 7–9 years of age. We will conduct assessments every 9 months for 6 assessments (spanning 45 months total duration). Thus, the younger cohort of children will complete their first assessments at ages 5–7 years and will be 8–10 years at the end of the study (see blue figures in Figure 1). The older cohort will complete their first assessments at ages 7–9 years and will be 10–12 years at the end of the study (see green figures in Figure 1). The 9-month time interval in between each of the six assessments will facilitate capturing shifts in mood and limit the duration of the period of recall. The overlapping ages at assessment for the younger and older cohorts (ages 7, 8, 9 and 10 years) will allow us to test whether the expression of suicidal risk changes across development from early to middle childhood, and from middle childhood to early adolescence.

The second consideration is to assess hypothesized elements of the suicidal process in early childhood, lack of connectedness, loneliness, low self-worth, and impulsivity, via multiple measures across multiple systems including emotional, behavioral, and psychophysiological (see Table 1). To this end, we identified probes to generate measures of behavior, self-reported mood, and reactivity of heart rate variability, and questionnaires that are reliable and valid in children as young as 5 years of age. Cyberball (Williams and Jarvis 2006), a computer game in which the participant and two virtual players toss a ball to each other that has been adapted for preschoolers (Vacaru et al. 2020), will be used to assess feelings of being ostracized and loneliness. Lack of connectedness will be coded from recorded mother-child interaction tasks using the Coding Interactive Behavior Manual (CIB; Feldman 1998), a system that has been validated in longitudinal studies spanning infancy

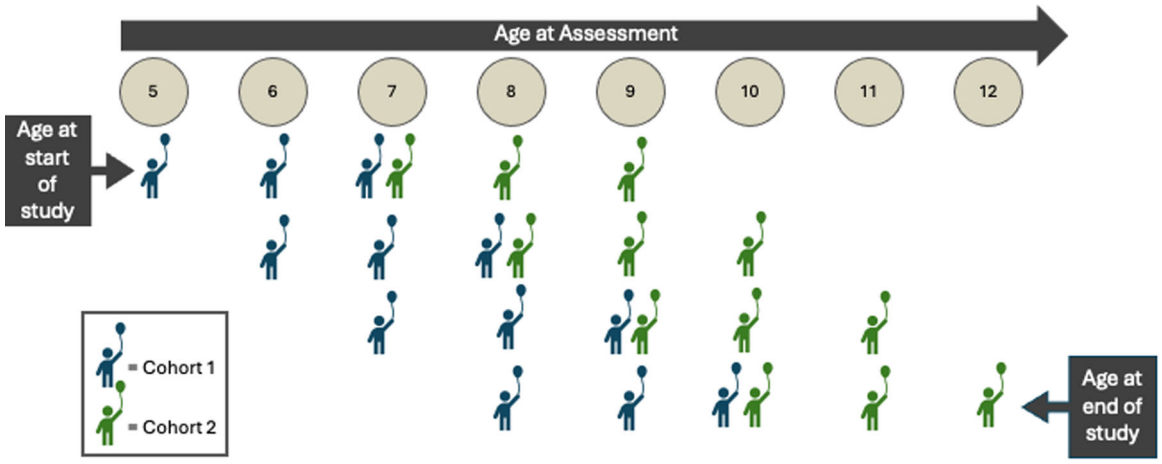

FIGURE 1 | Depiction of accelerated longitudinal design.

TABLE 1 | Description of measurement protocol.

IPTS component	Measured construct	Questionnaire/probe
Lack of belongingness	Loneliness	Loneliness and Social Dissatisfaction Questionnaire (Cassidy and Asher 1992) (child & maternal report)
		School Liking and Avoidance Questionnaire (Ladd and Price 1987) (child & maternal report)
		Emotion, HRV, mood in response to Cyberball Task (Williams and Jarvis 2006)
	Lack of family connectedness	Security Scale (Kerns et al. 2015) (child report)
		Parent Child Relationship Scale (Driscoll and Pianta 2011) (maternal report)
		Emotion, HRV, mood in relation to observed dyadic connectedness (Melby and Conger 2001) during tasks
Burdensomeness	Low Self-worth	Harter Perceived Competence - Global Self-worth (Harter 1982) (child & maternal report)
		Peer Victimization Questionnaire (Kochenderfer and Ladd 1996) (child report)
		Emotion, HRV, mood in response to wins and losses during game play (Murray et al. 2001)
Hopelessness	Hopelessness	Hopelessness Scale for Children (Kazdin, Rodgers, and Colbus 1986) (child report)
		Childhood Symptom Inventory – Depression Scale (Gadow and Sprafkin) (child & maternal report)
Capacity	Impulsivity	Urgency–Premeditation–Perseverance–Sensation seeking–Scale (Geurten et al. 2021) (child & maternal report)
		Emotion, HRV, mood in response to the Balloon Emotional Learning Task (Humphreys, Tottenham, and Lee 2018)
Suicidality	Suicidality	Interview using Columbia Suicide Severity Rating Scale (Posner et al. 2011) (child & maternal report)
Other factors	**Construct**	**Questionnaire/probe**
Death understanding	Death understanding	Children's understanding of life and death Interview (Slaughter and Griffiths 2007) (interview with child)
Protective factors	Child racial socialization	Parent's Experience of Racial Socialization Scale (Caughy et al. 2002) (maternal report)
		Coded maternal verbalizations during the Racial Socialization Task (Anderson et al. 2024)
	Child racial identity	Multidimensional Inventory of Black Identity-Teen (Scottham, Sellers, and Nguyên 2008) (child report 8 and older)
	Mother racial identity	Multidimensional Inventory of Black Identity—Race and Gender Centrality (Sellers et al. 1997) (maternal report)
	Spirituality	Daily Spiritual Experiences Scale (Underwood and Teresi 2002) (maternal report)
	Maternal Health	Flourishing Life Scale (Diener et al. 2010) (maternal report)
Risk factors	Maternal stress exposure	Perceived Stress Scale (Cohen, Kamarck, and Mermelstein 1983) (maternal report)
		Difficult Life Experiences Scale (Barnard et al. 1989) (maternal report)
	Maternal experience with racism	Racism and Life Experiences Scales (Harrell 2000)—Brief (maternal report)
		Contextualized Stress Measure (Jackson, Hogue, and Phillips 2005) (maternal report)

(Continues)

TABLE 1 | (Continued)

Other factors	Construct	Questionnaire/probe
	Child experience with racism	Perceptions of Racism in Children and Youth (Pachter et al. 2010) (maternal & child report)
	Maternal depression	Adult Symptom Report Inventory (Gadow, Sprafkin, and Weiss 2004) (maternal report)
	Maternal suicidality	Interview using the Columbia Suicide Severity Rating Scale (Posner et al. 2011) (maternal report)

to adolescence (Feldman 2012). Age-appropriate adaptations of the "Snap card game" (Murray et al. 2001), in which win and loss rounds are controlled and fixed, are being used to assess hopelessness and low self-worth. The Balloon Emotional Learning Task (BELT; Humphreys, Lee, and Tottenham 2013), a computer-based measure of risk taking in which children pump up balloons for points, is used to assess impulsivity.

Results from numerous studies show associations between lower heart rate variability (HRV) and suicidality in adolescents and adults (Bellato et al. 2023; Chesin et al. 2020; Kang et al. 2020; Sheridan et al. 2021). Thus, we are measuring baseline and changes in HRV in response to each of the behavioral probes. In addition, age validated methods developed by Durbin (2010) capture self-reported mood in response to each probe. Parent and child report on standardized questionnaires are paired with the behavioral probes to assess loneliness, lack of family connectedness, low self-worth, hopelessness, and impulsivity (see Table 1).

Assessment of protective and risk factors for Black youth center on racial identity and socialization, and racism-related stressors, respectively. Mothers will be administered the *Multidimensional Inventory of Black Identity* (MIBI; Sellers, Chavous, and Cooke 1998; Sellers et al. 1997) and children ages 10 and older the *Multidimensional Inventory of Black Identity*-teen version (MIBI-teen; Scottham, Sellers, and Nguyên 2008) to assess racial identity. We include parent report and observations of racial socialization. The *Parent's Experience of Racial Socialization* (PERS) Scale (Stevenson 1999) and an adaptation of the PERS by Caughy et al. (2002) for use with parents of preschoolers is used to measure parent communication of specific messages to their children. The Racial Socialization Observational Task and Coding System (RSOTCS; Smith-Bynum 2008; Smith-Bynum and Usher 2004; Smith-Bynum et al. 2005) involves multiple 5-min discussions between Black parents and their adolescent children about how to address racially charged dilemmas presented in audio vignettes. The original measure was adapted for use as early as 10 years of age (Anderson, O'Brien Caughy, and Owen 2022), and work in our laboratory has further developed the measure for ages 5–9 years (ROST-EC; Keenan et al. 2024). These interaction tasks are recorded, and the conversations are coded for messages such as preparation for bias and racial pride.

Racism-related stressors experienced by the mother are measured using the Contextualized Stress Measure (Jackson, Hogue, and Phillips 2005), and for the child using the Perceptions of Racism in Children and Youth (PRaCY; Pachter et al. 2010), a valid and reliable 10-item measure of perceived racism and discrimination for children 7–18 years (Marcelo and Yates 2019). We have permission from the author to use parent as a proxy measure for children under 7 years of age.

Suicidality is measured by parent and child report with the Columbia Suicide Severity Rating Scale (C-SSRS Posner et al. 2011), a semi-structured interview for ages six and older. The C-SSRS assesses passive and active ideation, intent, and plans. Recent work has led to the validation of the C-SSRS down to age 5 years. In addition, we administer an interview about children's understanding of death (Slaughter and Griffiths 2007) that assesses five components: inevitability ('tell me some things that die'), applicability ('tell me some things that don't die'), irreversibility ('can a dead person ever become a living person?'), cessation ('When a person is dead, do they need food?'), and causation ('tell me something that might happen that would make someone die'). The interview was developed for use with children as young as 4 years of age (Posner et al. 2010). The two interviews together will help inform whether the level of understanding of death is associated with suicidality and or the predictive validity of suicidality in early childhood.

5 | Conclusions

The increasing prevalence of suicidal thoughts and behaviors among Black youth have led to multiple calls for action (Molock et al. 2023; Richardson et al. 2024; Sheftall et al. 2022; Sumlin et al. 2024). The program described here is designed to support one component of an effort that will require multiple components. We aim to conduct robust tests of early risk and stability of suicidality in the context of culturally relevant risk and protective factors, by embedding a study of early childhood suicide phenotypes in Black children of PGS participants. Assuming support for our hypotheses and replication of results, prevention research would be the next goal, albeit a distal one. More proximal efforts to reverse recent trends in Black youth suicide are critical, including developing and deploying racially and culturally informed prevention and intervention programs (e.g., Lindsey et al. 2024; Robinson et al. 2024), broadening and refining screening and surveillance systems in pediatric care settings (Hua et al. 2024), supporting the capacity of families and communities to deepen and strengthen reasons for living (Hill et al. 2023), and dismantling racist systems and structures (Robertson et al. 2022).

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The authors have nothing to report.

Peer Review

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