Investigating the Role of Suicidality and Ethnic Identity among Black Adolescents: A Latent Profile Analysis

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ABSTRACT

Objective: Suicide among Black adolescent youth has steadily increased in recent years, yet few studies describe how facets of social identity shape suicidal thoughts and behaviors (STBs) during this critical stage of development. Ethnic identity represents an underexplored, yet important element of social identity among Black youth that may contribute to differential associations with STBs. This study examined the association between ethnic identity and self-reported suicidal ideation, planning, and attempts.

Methods: Data were drawn from 1,170 African American ($n = 810$) and Caribbean Black ($n = 368$) adolescents aged 13–17 (Mean age = 15) that participated in the National Survey of American Life Adolescent supplement study.

Results: Using latent profile analyses, three patterns of ethnic identity were identified: Undifferentiated, Low Ethnic Identification, and Alienated. Caribbean Black adolescents were more likely to be in the Low Ethnic Identification class relative to the Undifferentiated class. Adolescents in the Undifferentiated group reported higher proportions of suicidal ideation, planning, and attempts compared to the remaining latent profile groups.

Conclusion: Findings demonstrate that ethnic identity is an important aspect of social identity that can influence STBs among Black adolescents. Considering increased suicide attempts and death rates among Black youth, findings underscore the importance of examining culturally relevant developmental processes that may shape suicidal beliefs and behaviors.

Suicide rates in the U.S. have increased by over 20% in the past decade, claiming nearly 48,000 lives per year (CDC, 2019). Although suicide represents a universal public health concern, rates of suicidal thoughts and behaviors (STBs) among Black youth have and continue to dramatically increase relative to other racial and ethnic groups (Bridge et al., 2018; Joe, Baser, Neighbors, Caldwell, & Jackson, 2009; Sheftall et al., 2022), now representing the third leading cause of death for Black youth ages 5–19 (Benton, 2022). Indeed, evidence from a nationwide sample of high school students found that between 1991 and 2017, suicide attempts among Black adolescents increased by 73%, while attempts among White adolescents decreased (Lindsey, Sheftall, Xiao, & Joe, 2019). Given the increasing rate of STBs among Black adolescents, it is important to investigate developmental factors that may uniquely influence non-fatal suicide outcomes in this understudied population.

Research indicates that social identity or identities derived from the significance and meaning of being a member of a specific group (Tajfel, 1981) is an important, yet underexplored factor that can inform the risk for suicide (Standley, 2022). Scholars have suggested that ethnic identity is one such social factor to consider in understanding the extent to which Black adolescents engage in suicidal thoughts and behavior (Mekawi et al., 2020; Street et al., 2012). Whereas the term race and subsequently racial identity, relies on the underlying false presumption of sufficient biological/genomic variation between groups of humans (Graves & Goodman, 2022), we henceforth utilize the terms "ethnic group identity or ethnic identity" interchangeably in this manuscript to more appropriately capture the shared social status and cultural and social norms that inform identity formation in adolescence (Quintana, 2007). Ethnic group identity, defined as the meaning and significance individuals attribute to their racialized social status (Sellers, Rowley, Chavous, Shelton, & Smith, 1997), plays a key role in shaping psychological outcomes among adolescents, yet a paucity of research has investigated how ethnic identity may be related to STBs among Black adolescents. Thus, the current study explores the association between ethnic identity and suicidal behavior among Black adolescents.

Significance of Ethnic Group Identity in Suicide Prevention Research

Research has established that Black adolescents are not monolithic in their experiences and that ethnic social group identity represents a developmentally significant cultural factor that can inform psychological adjustment outcomes (Carter, Seaton, & Rivas-Drake, 2017; Rivas-Drake et al., 2014). Our theoretical understanding of Black ethnic social group identity is based on the Multidimensional Model of Racial Identity (MMRI; Sellers, Smith, Shelton, Rowley, & Chavous, 1998), which asserts that the significance and qualitative meaning Black individuals place in their racialized ethnic group identity is multifaceted. Specifically, the model proposes four dimensions of ethnic group identity: *salience, centrality, regard, and ideology*. Centrality refers to the extent to which an individual defines him or herself with regard to a Black ethnic group identity. In contrast, regard consists of two unique sub-dimensions: *private regard*, which refers to how positively or negatively an individual feels about being Black and about other Black people, and *public regard*, which refers to how favorably one feels that others view Black people. Research using the MMRI framework posits that *regard* and *centrality* are two constructs of ethnic group identity that remain consistent across varying contexts and situations (Shelton & Sellers, 2000); thus, only centrality and regard are examined within the present study.

Scholarship demonstrates that the more positive one feels about being Black (i.e., ethnic group centrality) and their ethnic group membership (i.e., private regard), the more likely they are to demonstrate positive mental health outcomes (Mandara, Gaylord-Harden, Richards, & Ragsdale, 2009; Yip, Seaton, & Sellers, 2006). In contrast, research focused on the influence of public regard has been more ambiguous. Specifically, while some studies have found higher levels of public regard to be associated with lower levels of depressive symptoms (Chae et al., 2017), others have found public regard to be associated with higher levels of depressive symptoms (Sellers, Copeland-Linder, Martin, & Lewis, 2006)

ordocumented no significant association with mental health outcomes (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003).

Extant research among socially marginalized samples has found that ethnic social group identity is associated with key proximal determinants of suicide risk. For example, Street et al. (2012) found that ethnic group identity served a protective role in a sample of African American female suicide attempters, such that those reporting higher private regard also endorsed more reasons for living compared to those with low private regard. Additional studies conducted in diverse study samples of college students identify the protective influence of ethnic identity on suicide risk, particularly in the presence of racism-related stressors, such as acculturative stress and perceived racial discrimination (Talley et al., 2021). Notably, ethnic group identity has been theoretically and empirically shown to attenuate key proximal mechanisms to suicide risk that may be exacerbated by racism-related exposures, such as thwarted belongingness, perceived burdensomeness, hopelessness, and self-esteem (Polanco-Roman & Miranda, 2013; Robinson, Whipple, Keenan, Flack, & Wingate, 2022; Yip, Wang, Mootoo, & Mirpuri, 2019). Collectively, this research demonstrates that ethnic group identity may be uniquely associated with suicide vulnerability and underscores the importance of clarifying the interplay between ethnic group identity and suicide risk at earlier developmental stages.

Person-Centered Approaches to Examining Suicide and Ethnic Group Identity

Empirical work often takes a between group comparative approach when documenting the prevalence of suicide among Black youth (Ramchand, Gordon, & Pearson, 2021). Although such approaches are informative in highlighting disparate trends in suicide risk, comparative approaches overlook important within-group individual social identity differences, such as ethnic group identity, that may serve as important determinants of STBs among Black adolescents (Opara et al., 2020). A person-centered approach that simultaneously incorporates multiple dimensions of ethnic identity may provide a more nuanced depiction of how the significance and meaning one places in their racialized ethnic group identity may be associated with suicidal thoughts and behavior. Such an approach would be more consistent with the literature supporting the theoretical framing of the MMRI, which emphasize that individuals can have various combinations of ethnic group identity dimensions, and, in turn, different "profiles" of ethnic identity (Banks & Kohn-Wood, 2007; Seaton, 2009). As illustrated by Mekawi et al. (2020), profiles of ethnic group identity can influence the extent to which individuals may endorse suicidal behavior. Specifically, Mekawi et al. examined the extent to which ethnic group identity profiles were uniquely associated with correlates of suicidal behavior (i.e., suicidal ideation, hopelessness, and depression) among a clinical sample of low-income Black women. Findings revealed that profiles of ethnic group identity characterized by higher ethnic group identification and regard reported the lowest levels of clinical outcomes associated with suicidal behavior, whereas profiles that that reported lower group identification and regard reported the highest elevations in suicidal ideation, hopelessness, and depression.

Present Study

Three key limitations limit our understanding of the interplay between ethnic group identity and STBs among Black youth. First, despite the considerable attention garnered by the alarmingly increasing trends in STBs among Black youth (Congressional Black Caucus, 2019), relatively little research has interrogated how cultural assets, such as ethnic identity may uniquely influence suicide risk within this demographic. Second, the scholarship that has considered ethnic group identity in relation to suicide has largely treated this sociocultural identity as a unitary construct (e.g., Perry et al., 2013; Street et al., 2012), despite its multidimensional conceptualization. As such, it is difficult to understand how different dimensions of ethnic group identity may interact to inform risk and resilience in the context of STBs. Third, although emergent work has utilized person-centered approaches to understand how distinct identity profiles may be associated with suicide (Mekawi et al., 2020), this small body of literature is limited by its exclusive focus on suicidal ideation among Black adults. Understanding the degree to which profiles of ethnic group identity shape risk across the continuum of suicide (i.e., ideation, planning, and attempts), particularly among Black youth, remains a critical priority that is important for the development of culturally informed intervention and suicide prevention approaches.

To address these limitations and to advance our understanding of how patterns of ethnic group identity are differentially associated with STBs among Black youth, the present study aimed to (1) examine patterns of ethnic group identity profiles within a national representative dataset of Black adolescents; and (2) identify if self-reported suicidal ideation, planning, and attempts were differentially associated with ethnic group identity profile membership. We focus on two specific dimensions of ethnic group identity: centrality and regard (public and private), which have been theorized to be stable across contexts and associated with psychological functioning among Black adolescents (Shelton & Sellers, 2000). Consistent with previous literature, we hypothesize that distinct profiles of ethnic group identity will emerge that are characterized by higher, moderate, and lower levels of centrality and regard, respectively. We also predicted that ethnic identity profiles characterized by high levels of centrality, private regard, and public regard would be associated with lower levels of self-reported suicidal ideation, planning, and attempts among Black adolescents, relative to ethnic group identity profiles characterized by moderate or low levels of these same dimensions.

METHODS

Participants

Data for the current work were drawn from the National Survey of American Life Adolescent Supplement (NSAL-A), which is a nationwide survey of African American and Caribbean adolescents ages 13–17 in the United States. The NSAL-A dataset is a supplemental study of Black and Caribbean adolescents who were in households that participated in the National Survey of American Life study (NSAL), which provides a comprehensive study of Black Americans with an emphasis on mental disorders, stressors, and risk and resilience factors, and was based on a stratified, multi-stage area

probability sample of the non-institutionalized civilian population in the 48 contiguous states (Jackson et al., 2004). Data collection occurred from February 2001 to June 2003 via face-to-face interviews with adolescents, following caregiver consent. Respondents were paid $50 for their participation in the study, and the overall response rate was 80.6% (80.4% for African Americans and 83.5% for Caribbean Blacks).

Participants included 1170 African American ($n = 810$) and Caribbean Black ($n = 360$) adolescents ranging in age from 13 to 17. The overall sample was equally composed of males ($n = 562$ unweighted, 50% weighted) and females ($n = 608$ unweighted, 50% weighted), and there was an equal gender distribution for African American and Caribbean Black youth. The mean age was 15 ($SD = 1.42$), and the age groups were categorized as follows: early (aged 13–14; $n = 477$, 40%), middle (aged 15–16; $n = 441$, 41%), and late (aged 17; $n = 252$, 19%). Approximately, 96% of the sample was still enrolled in high school and 9th grade was the average. The median family income was $28,000 (~$26,000 for African Americans and ~$32,250 for Caribbean Blacks).

Measures

Demographics
Adolescents completed questions regarding their gender, age, and race/ethnicity (e.g., African American or Caribbean American). Due to its high correlation with suicide outcomes, we also dichotomously assessed the lifetime prevalence of major depressive disorder (MDD).

Suicidal Thoughts and Behaviors
The World Health Organization Composite International Diagnostic Instrument (WHO-CIDI; Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998) was used to assess lifetime history of suicidal ideation, plans, and attempts among adolescents. This is a fully structured diagnostic interview that generates classifications of psychiatric disorders as defined by the DSM-IV and the ICD-10 (Andrews & Peters, 1998). Previous studies have found the CIDI to have good psychometric properties with youth as young as 15 years old (Andrews & Peters, 1998), and the instrument was modified from the original version to accommodate youths 13 or older for the NSAL (Caldwell, Jackson, & Seaton, 2005). Suicidal ideation was defined based on survey participants' affirmative responses as to whether they ever seriously thought about killing themselves. Participants who reported such ideations were then asked whether they ever made a plan for killing themself in their lifetime. Regardless of the answer to the question about a plan, respondents who reported suicidal ideation were then asked whether they ever attempted suicide in their lifetime.

Ethnic Social Group Identity
An abbreviated version of the Multidimensional Inventory of Black Identity-Short (MIBI-S) was used to assess participants' centrality, private regard, and public regard (Martin, Wout, Nguyen, Sellers, & Gonzalez, 2010). The centrality subscale was

comprised of four items and assessed the extent to which identifying as Black was important to participants' self-concept (e.g., "In general, being Black is an important part of my self-image"; $\alpha = 0.70$). The private regard subscale was comprised of four items and assessed how positively individuals felt about being Black (e.g., "I am proud to be Black"; $\alpha = 0.69$). The public regard subscale consisted of four items and assessed the extent to which individuals perceived others to view Black people positively or negatively" (e.g., "In general, society respects Black people."; Cronbach's $\alpha = 0.77$). Items on each subscale were scored on a 4-point Likert scale and reverse coded such that a greater score indicated a more positive attitude toward Black identity.

Analytic Strategy

We conducted latent profile analyses (LPA) to identify discrete profiles of ethnic identity among Black adolescents and to then assess the associations between LPA membership and suicide outcomes (e.g., ideation, plans, and attempts). Profiles, also known as subgroups, are identified as the adolescents' probability of being in a certain profile based on their scores on centrality, public regard, and private regard subscales. LPA was conducted on weighted data in Mplus v.8 (Muthén & Muthén, 1998–2017), which addresses missing data using maximum likelihood estimation (Allison, 2003). We also incorporated weight, cluster, and stratum options in the LPA to account for NSAL-A's complex sampling design.

We determined the final number of ethnic group identify profiles based on empirical model fit criteria (Collins & Lanza, 2009; Lanza & Rhoades, 2013; Nylund-Gibson & Choi, 2018), guiding theoretical frameworks related to social identity formation among Black youth (Sellers et al., 1998), and class interpretability (Nylund, Asparouhov, & Muthén, 2007). Absolute model fit was determined by the Akaike and Bayesian information criterion (AIC and BIC, respectively). Additionally, we incorporated the sample-size adjusted Bayesian information criterion (SABIC). Lower BIC, AIC, and SBAIC values indicate adequate model fit (Nylund-Gibson & Choi, 2018). The Lo–Mendell–Rubin likelihood ratio test (LMR-LRT) was also used to assess relative model fit. A non-significant p-value ($p > 0.05$) on the LMR-LRT implies no difference in model fit between a model with k profiles compared to a model with k-1 profiles and that the latter profile solution should be retained (Lo, Mendell, & Rubin, 2001). Finally, we considered entropy, which is an estimate to distinguish between latent classes. Entropy values >0.80 indicate acceptable separation of latent profiles.

Once the model fit was determined, class membership data was exported to Stata v.15 (Stata Corp, 2017) for additional analysis. To assess associations between profile membership and sociodemographic characteristics (e.g., ethnicity, age, gender, and major depressive disorder diagnosis), we conducted a multinomial logistic regression. For all models, we report results in the form of relative risk ratios (RRRs; exponentiated coefficients), which indicates the likelihood of demographic characteristics in the profile membership. Finally, we conducted chi-square and Fisher's exact tests to determine whether there were statistically significant associations between profile membership and suicide outcomes.

TABLE 1. Summary of absolute and relative latent profile model fit statistics.

Latent profiles (k)	AIC	BIC	SABIC	LMR-LRT p-value	Entropy
1	5423.35	5453.7	5434.65	–	–
2	4694.00	4744.6	4712.83	0.1494	0.945
3	**4290.94**	**4361.77**	**4317.31**	**0.188**	**0.952**
4	4155.44	4246.51	4189.34	0.685	0.869
5	3929.26	4040.57	3970.69	0.4502	0.959

AIC: Akaike information criterion; BIC: Bayesian information criterion; SABIC: sample-size adjusted BIC; LMR-LRT: Lo-Mendell-Rubin likelihood ratio test.
Bolded values reflect the final profile selection.

RESULTS

Descriptive information

Of our total sample, 8.3% ($n = 91$) of adolescents in our sample reported ideation. Among those who reported ideation, 22% ($n = 20$) reported planning for suicide and 34.1% ($n = 31$) reported an attempt. Bivariate correlations resulted in strong statistically significant correlations between centrality and public regard ($r = .21$, $p < 0.001$), centrality and private regard ($r = .41$, $p < 0.001$), and public and private regard ($r = .29$, $p < 0.001$).

Latent Profile Analysis

Table 1 illustrates the model fit indices for 1- to 5-profile solutions. Based on model fit criteria and interpretability, we selected a 3-profile solution, followed by a 4-profile solution. AIC, BIC, and SABIC were lowered with each $k + 1$ profile, which implies a better model fit with each profile. As a result, we relied on LMR-LRT p-values, entropy, and interpretability to guide the selection of profile selection. Entropy for the 3-class model was slightly higher than other class models (0.952). Additionally, the LMR-LRT test yielded non-significant values (0.188), which implies that model fit plateaued starting at the 3-profile solution and continuing at each $k + 1$ profile. We further compared the 3-profile to a 2- and 4-profile solution and found that both respective models either split or consolidated meaningful profile groups. In the case of the 4-profile solution, latent profiles were split with insufficient sample sizes to meaningfully interpret ethnic identity profiles. Thus, we confirmed the 3-profile solution for subsequent analysis.

Standardized means of the 3-latent profiles are presented in Figure 1. We characterized the largest profile as *Undifferentiated* (84.54%, $n = 984$), which consisted of relatively average scores across all three ethnic identity indicators. This subgroup resembles profiles found within other investigations of ethnic identity among Black youth that report average patterns of centrality, private regard, and public regard (Banks & Kohn-Wood, 2007; Rowley, Chavous, & Cooke, 2003). The mean age of adolescents in the *Undifferentiated* profile was 15.04 (*SD*: 1.42). The *Undifferentiated* profile consisted of the highest proportion of suicidal ideators ($n = 69$, 75%)

Profile 2, characterized as *Low Ethnic Identification*, represented 14.4% ($n = 167$) of the sample and was characterized by modestly below average scores on public regard and scores that were over half a standard deviation below the mean on the centrality and private regard. That is, despite reporting relatively average beliefs that other people
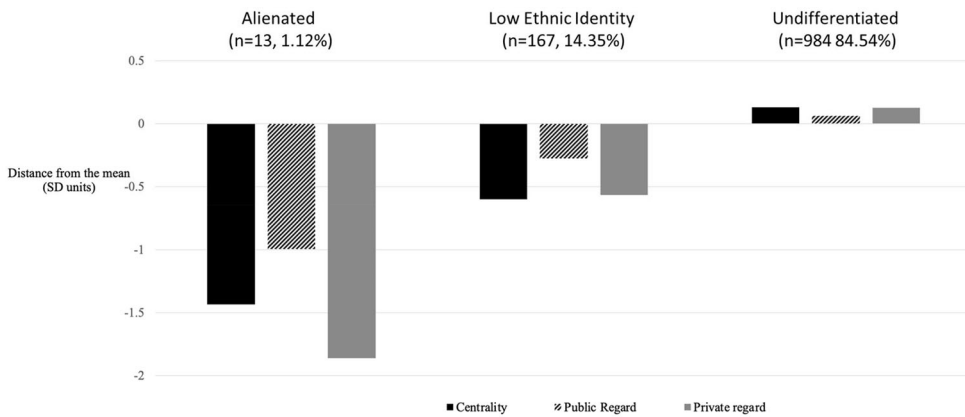
FIGURE 1. Standardized mean values of ethnic group identity cluster groups.

view Black people positively, individuals in this profile group did not ascribe race as central to their self-concept or feel positively about other Black people. This profile conceptually resembles the Low Race Salience profile identified in previous research, which describes a pattern of ethnic identity responses that reflects an assimilated worldview wherein individuals prefer not to be defined or seen based on their social group membership (Worrell, Vandiver, Schaefer, Cross, & Fhagen-Smith, 2006). The mean age of adolescents in Profile 2 was 15.05 (*SD*: 1.41). The *Low Ethnic Identification* profile consisted of the lowest proportion of suicidal ideators (1%, $n = 1$).

The final profile ($n = 13$), characterized as *Alienated,* represents 1.1% of the sample and is characterized by scores that were significantly below the mean on all three ethnic identity indicators. Specifically, this profile was identified by scores on the centrality and public regard dimensions which were over 1 *SD* below the mean, and the private regard dimension, which was over 1.5 *SD* below the mean. This pattern of responses resembled a specific pattern of ethnic identity endorsements among Black adolescents reported by Chavous et al. (2003) and Seaton (2009). The mean age of the *Alienated* profile was 14.46 (*SD*: 1.51). The *Alienated* profile consisted of the second highest proportion of suicidal ideators ($n = 23.07\%$, $n = 21$).

Differences in Sociodemographic Variables by Profile Membership

We designated the *Undifferentiated* profile as the referent group in our multinomial logistic regression because of its size and interpretability (Table 2). Caribbean adolescents were 1.67 times more likely to be in the *Low Ethnic Identification* profile (RRR:1.67, $b = 0.51$, $p = 0.003$) compared to the *Undifferentiated* profile. Additionally, those with a major depressive disorder diagnosis were 2.07 times more likely to be in *Low Ethnic Identification* (RRR: 2.07, $b = 0.72$, $p = 0.008$). Age and gender were not associated with profile membership.

Associations Between Profile Membership and Suicidal Thoughts and Behaviors

Differences in the proportion of suicide ideators, planners, and attempters were found by profile membership and presented in Table 3. Of those who reported ideation

TABLE 2. Multinomial logistic regression of latent profiles and sociodemographic factors.

	Low ethnic identity RRR (95% CI)	Alienated RRR (95% CI)
Sex (ref: male)	1.23 (0.88–1.72)	0.83 (0.28–2.50)
Age	0.98 (0.87–1.10)**	0.74 (0.49–1.11)
Ethnicity (ref: African American)		
Black Caribbean	1.67 (1.19–2.35)**	0.76 (0.21–2.79)
DSM-major depressive disorder	2.07 (1.21–3.52)*	1.55 (0.19–12.38)

RRR: relative risk ratio.
Comparison group: undifferentiated latent class ($n = 984$, 84.54%).
*$p < 0.05$.
**$p < 0.01$.

TABLE 3. Cross-tabulation of ethnic identity profile by lifetime suicide outcomes.

	Undifferentiated (n)	Low ethnic identity (n)	Alienated (n)
Ideation, % yes ($n = 91$)[a]	75.8 (69)	23.1 (21)	1.10 (1)
Plan, % yes ($n = 20$)	70.0 (14)	30.0 (6)	0
Attempt, % yes ($n = 31$)	71.0 (22)	25.8 (8)	3.23 (1)

Note. Percentages given are by outcome (row percentages).
[a]$p < 0.05$.

($n = 91$), the highest proportion (75.8%, $n = 69$) of ideators were in the *Undifferentiated* profile, followed by *Low Ethnic Identification* (23.1%, $n = 21$) and *Alienated* (1.10%, $n = 1$). Ideation was the only suicide outcome with significant differences across profiles ($p = 0.04$), with those in the *Undifferentiated profile* having a higher likelihood of reporting ideation than those in the *Low Ethnic Identification* profile and respectively for the *Alienated* profile. Of those who reported having a suicide plan in their lifetime ($n = 20$), 70% ($n = 14$) were in *Undifferentiated* profiles, followed by 30% ($n = 6$) in *Low Ethnic Identification*. Of those reporting a suicide attempt ($n = 31$), 71.0% ($n = 22$) were in *Undifferentiated* profiles, followed by 25.8% ($n = 8$) in *Low Ethnic Identification*, and 3.23% ($n = 1$) in the *Alienated* profile.

DISCUSSION

Although suicide is a leading cause of death among Black adolescents, few studies have identified sociocultural markers within this group that may inform suicidal ideations and non-fatal suicide outcomes, which represent important proximal correlates for future suicide death. The current study utilized a person-centered approach to examine the extent to which different patterns of ethnic group identity uniquely influence risk and resilience in the context of STBs among Black adolescents. Study findings extend the evidence on ethnic group identity and non-fatal suicide outcomes among a nationally representative sample of Black adolescents, revealing that ethnic group identity profiles reported in previous adolescent research can generalize to a larger representative sample. Further, results illustrate differences in the extent to which profiles were associated with STBs, suggesting that ethnic group identity is an important cultural mechanism relevant to suicide risk among Black adolescents.

The first aim of the study was to examine if distinct patterns of ethnic group identity would emerge from a nationally representative sample of Black adolescents. In partial support of our initial hypothesis, we found three unique ethnic identity profiles labeled Undifferentiated, Low Ethnic Identification, and Alienated, which

largely resemble specific subgroup patterns identified within previous research among Black adolescents *and* adults (Banks & Kohn-Wood, 2007; Seaton, 2009; Worrell et al., 2006). Such findings support assertions by Mekawi et al. (2020) who argue that there may be "meaningful similarities regarding ethnic identity attitudes and behaviors that result in comparable profile patterns across diverse samples of Black individuals" (p. 697).

Although study findings revealed many similarities in ethnic identity subgroups relative to previous research, it is also important to highlight areas of discrepancy, particularly in regard to scholarship examining the interplay between ethnic group identity and suicide vulnerability. As an example, compared to our three-profile findings, Mekawi et al. identified five ethnic identity profiles in their study sample, comprised of low-income African American women: Undifferentiated (average on all subscales), Detached (lower than the average on most subscales), Afrocentric (low public regard, high nationalism), Multiculturalist (high public regard, private regard, centrality), and Alienated (markedly lower than average on all subscales). One potential rationale for the difference in study findings in the Mekawi study compared to our results is the differential gender and life course focus (e.g., low-income women) of their study sample. Moreover, broader life experiences and maturity associated with adulthood may elicit more complexity in ethnic identities, resulting in more latent profiles than what was found in our adolescent sample. Despite these differences, the fact that the Undifferentiated and Alienated profiles continue to be replicated among youth and adult samples is noteworthy, particularly when considering recent research questioning the stability of ethnic identity over time beliefs over time (Willis & Neblett, 2020). Thus, more work is needed in this area to understand the extent to which profiles of ethnic identity remain stable across sensitive developmental periods.

The second aim of the study was to elucidate whether adolescent ethnic group identity profiles were uniquely associated with suicidal ideation, planning, and attempts among Black adolescents. We found that relative to the other two subgroups, the Undifferentiated group (the largest cluster group) had a higher proportion of adolescents who reported suicidal ideation, plans, and attempts. Given the descriptive nature of the current study and the limited number of Undifferentiated profile members who endorsed suicidal behavior, we caution to speculate why this group may be at the greatest risk for STBs. However, as ethnic group identity represents a developmental process (Umaña-Taylor et al., 2014) that may function differently over time to shape psychological risk and resilience (Yip, 2014), it is possible that the Undifferentiated group in the current sample characterizes a subset of adolescents that have yet to formulate strong attitudes and beliefs regarding their ethnic social group identity. Indeed, Rowley et al. (2003) note that moderate endorsements across ethnic identity dimensions may reflect a general indifference regarding ethnic attitudes, wherein individuals have yet to ascribe tangible value to their ethnic group. Thus, the Undifferentiated group may capture adolescents who are actively exploring and consolidating what it means to be Black in Eurocentric dominated society, which is a critical, yet, particularly vulnerable period for STBs (Opara et al., 2020).

We also found that adolescents who were diagnosed with a major depressive disorder were over twice as likely to fall within the Low Ethnic Identification subgroup.

Conventionally, higher levels of centrality and private regard have been shown to operate as cultural assets that can reduce depressive symptoms, in part, due to their abilities to promote adaptive coping strategies, self-esteem, and feelings of belongingness (Hughes, Kiecolt, Keith, & Demo, 2015). Thus, one potential rationale for this finding is that symptoms commonly associated with depression (e.g., self-esteem, belonging) may also extend to influence the degree to which adolescents perceive and feel connected to their ethnic social group. Alternatively, the inverse may also be true, in that lower levels of group identification, coupled with negative perceptions of one's own ethnic social group can increase the risk for depressive symptoms. Nonetheless, given the strong link between depression and STBs, it was striking to find that the Low Ethnic Identification group did not report the highest proportion of ideation, planning, or attempts relative to other subgroups. This raises an important question, namely directed at understanding the robustness of depression as a primary risk factor for STBs among Black adolescents relative to other ethnic groups. Future research should continue to explore the linkage between ethnic identity, youth identity development, and co-morbid risk factors related to STBs, such as substance use, social isolation, or adverse childhood experiences.

Finally, we noted that Black Caribbean youth were more likely to be categorized in the Low Ethnic Identity profile compared to the Undifferentiated group. It is possible that, for Black Caribbean youth, acculturative differences associated with immigrating to the United States may emerge in ethnic identity development such that their ethnic identification is not as central to their self-concept. Although we are limited in investigating this rationale further in our study, as immigration status was not assessed, previous work suggests that native and immigrant Black individuals conceptualize their ethnic identity differently based on the social construction of ethnic identity within their respective societies (Benson, 2006; Rogers, 2001). Additionally, because the survey was administered only in English, intersectional perceptions of Black identity that include linguistic diversity may have been obscured, resulting in diminished salience and regard toward Blackness as measured by the MIBI scale. We encourage researchers assessing ethnic identity in future research focused on the African Diaspora to consider an intersectional lens in the measurement approach, with particular emphasis on non-English speaking and immigrant populations.

Clinical Implications

Findings from the current study have important implications that could inform clinical practice among Black youth. First, results illustrate that among Black youth, ethnic group identity represents an important cultural correlate of STBs. Indeed, despite the relatively low base rate of STBs within the current sample, specific combinations of ethnic identity were found to be uniquely associated with depressive symptoms, in addition to suicidal ideation, planning, and attempts. Therefore, it is important for clinicians to develop competencies in respectfully exploring how their clients view and perceive their own ethnic group identity to understand the degree to which this cultural factor may serve as a suicide vulnerability risk or protective factor. Second, findings emphasize the notion that ethnic identity represents a developmental process, and that youth may still be negotiating what it means to be Black within a highly racialized society. As such,

Black youth are not monolithic in their ethnic group identity, suggesting that clinical approaches need to be individually tailored to address the unique needs of clients. For example, youth in the Low Ethnic Identification group may benefit from cognitive exercises that evaluate negative beliefs or biases held toward individuals who share their racialized social group identity, which may target the reduction of notable risk factors for suicide among Black youth including thwarted feelings of belongingness and perceived burdensomeness (Opara et al., 2020). Alternatively, individual and group-based therapeutic approaches that integrate opportunities for ethnic identity exploration may be better suited for Black youth in the Undifferentiated group, which can shape how youth come to perceive themselves and others, which also has important behavioral implications (Barnes, Williams, & Barnes, 2014). Regardless of group membership, it is imperative that clinicians are attentive to attend to cultural factors, such as ethnic identity within the clinical context as it can yield numerous benefits including bolstering the efficacy of suicide risk assessments and interventions, enhancing treatment engagement, and reducing suicide deaths among Black youth (Chu et al., 2019).

Limitations and Future Directions

This study is not without its limitations. First, the NSAL-A dataset is a cross-sectional survey, thus limiting our ability to establish temporal precedence, and underscores the need for longitudinal studies focused on trajectories of ethnic group identity and suicide outcomes. Also, while the NSAL-A remains one of the few nationally-representative datasets on Black youth (Assari & Caldwell, 2018), an important limitation of this data set is that it was collected over 20 years ago and administered only in English. Given the age of the dataset, it is possible that contemporary challenges that inform increasing trends of Black adolescents' risk for STBs are not reflected. Furthermore, language limitations in the survey administration may have excluded non-English speaking Caribbean Black youth, thus limiting the generalizability of our findings.

Second, only adolescents who responded affirmatively to ideation were subsequently asked about planning and attempts. Given the low number of adolescents who reported suicidal ideation, this stepwise process may have resulted in underestimations of more severe suicidal behavior. Moreover, due to the small number of youth in our study sample who endorsed suicide plans or attempts, we are unable to make conclusive inferences about the relationship between ethnic identity and suicidal behavior. We recommend that future researchers query about suicidal ideation, planning, and attempts concurrently rather than rely on branching for subsequent questions about suicidal behavior. Relatedly, despite the strengths of the NSAL-A, it is important to highlight that single-item indicators of suicidal ideation, planning, and attempts may result in imprecise means of measuring complex phenomena (Millner, Lee, & Nock, 2015). Future work is encouraged to utilize more robust forms of measurement to gain a more nuanced understanding of the nature and frequency of suicidal ideation, planning, and attempts among Black adolescents.

Third, ethnic group identity was assessed using a shortened version of the MIBI, which evidenced relatively low reliability in its measurement of private regard. Notably, this scale was created before the development of instruments designed to assess cultural identity among adolescents, such as the Multidimensional Inventory of Black Identity-teen (MIBI-t;

Scottham, Sellers, & Nguyen, 2008). Thus, additional work is needed to provide a more precise and nuanced understanding of the interplay between ethnic identity and STBs among adolescents using developmentally appropriate indicators of cultural identity.

Conclusion

The increasing rates of suicide among Black adolescents relative to other social ethnic groups represent a significant public health concern. Despite this alarming trend, Black youth remain underrepresented within suicide research, and as a result, our understanding of factors that may contribute to suicide among Black adolescents remains rudimentary. The present work represents among the first to use LPA within a nationally representative sample of Black adolescents to investigate the association between ethnic identity and STBs. Study findings affirm and extend previous research that highlights the heterogeneity of ethnic group identity development among Black adolescents, suggesting that aspects of one's social identity have significant implications for suicidal behavior.

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