

Amplifying Our Voices:

Racialised Perspectives in Suicide Prevention

This report has been written by members of the Learning & Collaboration Space,
convened and supported by the National Suicide Prevention Alliance

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Foreword:

Jess Worner, NSPA Lived Experience Network Manager

Over the past year we have been supporting a Learning & Collaboration Space, bringing together nine change-makers from racialised communities. Most group members had lived experience of suicide, including personal experiences of suicidality, and work in suicide prevention to make and influence change.

The space was facilitated by two brilliant and skilled facilitators – Natalia-Nana Lester-Bush and Isaac Samuels, who are from racialised communities themselves. Group members brought not only their experiences and expertise, but also their whole selves, sharing generously with each other.

The aims of the space were to:

- Facilitate opportunities for group members to support and learn from each other. This included learning from each other's work around suicide prevention, sharing approaches, and talking through challenges within a mutually supportive space.
- Provide an opportunity for group members to build connections with each other, building collaborations outside of the monthly space to support each other's work in suicide prevention.
- Discuss as a group what needs to change for greater inclusion of people from racialised communities in suicide prevention work, developing recommendations to share with suicide prevention policy makers and service providers.

This report has been written by facilitators and members of the group and is fully supported and endorsed by NSPA. It is based on themes that came from the Learning & Collaboration Space sessions, which members agreed was important to be shared with the wider suicide prevention community in their own words.

Personally, I felt hugely privileged to work with and share a space with the group. As a white woman, and staff member at NSPA, there were hard and important truths that were vital to hear – including recognising where we are contributing to the problem and need to step up as allies. The deep reflections, experiences and expertise shared in this report are vital for all who work in suicide prevention to know, and an important challenge to the suicide prevention community. For suicide prevention to take an inclusive, whole system and whole society approach, it needs to become anti-racist. To do that, we need to properly and meaningfully work with racialised people to make change. You can read more about NSPA's reflections in our accompanying blog.

Before you begin reading

Note on terms

- **Racialised** Throughout the report we refer to “racialised people” and/ or “racialised communities”. The term racialised refers to the way in which people from minoritised ethnicity communities in the UK have been marginalised based on race, ethnicity, or cultural features. We have used this term in the report because it acknowledges social and historical context, including white-majority systemic processes of othering and exclusion¹.
- **Global Majority** We also refer to Global Majority communities in this report. It is a collective term for people who identify as Black, African, Asian, Brown, Arab, mixed heritage, are indigenous to the global south, and/or have been racialised as ethnic minorities. Although these groups are often viewed or talked about as ‘minorities’ in the UK, collectively they make up about 80% of the world’s population.
- **Suicide Prevention** When we refer to “suicide prevention”, we are talking about any policies, strategy, practices, services or work that aims to reduce suicides.
- **Eurocentric** Centring European or “Anglo-American” cultural perspectives of the world as “the norm” at the exclusion of other world views and cultural perspectives.
- **“The group”** When we refer to “the group” in this report, we are referring collectively to people who joined the Learning & Collaboration Space sessions.
- **Lived and living experience** In the context of this report, lived experience of suicide refers to people with personal experience of suicidality, surviving a suicide attempt, being bereaved by suicide or caring for a loved one experiencing suicidality, alongside experience as a racialised person. We use the term “lived and living experience” to acknowledge that for some people the experiences may be in the past whilst for others they may be ongoing or current personal experience.

For links to additional glossaries, please see the Glossaries section at the end of this report.

¹<? Mental Health Foundation’s [Guide to Race and Ethnicity Terminology](#) guide to race and ethnicity terminology provides a definition on “racialised” and states that it is “especially relevant when speaking about inequality and injustice”.

Before you begin reading

Reflect as you read

Reading about issues of suicide prevention and racial identity experiences can be emotive. We encourage you, whatever your identity or role in this work, to notice your internal responses and reflections as you read this report. Perhaps you notice regret or guilt, or frustration? Some people might notice feelings of defensiveness, which can indicate feeling criticised or exposed. Or maybe relief and a feeling of being seen, heard and less alone if the experiences described relate to your own?

Whatever emotions and reactions arise, notice them, sit with them, and consider how they may influence your engagement with the content and calls to action recommended.

You might be reading this as a policy maker, service provider, someone who works in a charity, an academic, or someone who has lived experience. We encourage you to think about how the reflections and recommendations in this report apply to the area you work in, and what you can do in your role to help make change. We've included some open questions at the end of report which we invite you to reflect on.

“It is only when we embrace the full spectrum of lived experiences that we can truly create a suicide prevention system that works for everyone.”

Isaac Samuels



Introduction

The aim of the Learning & Collaboration Space was to bring together racialised individuals across the UK who are engaged in suicide prevention work in a monthly online gathering. It was a space designed to foster understanding, knowledge-sharing, and self and collective care. It quickly became clear that such a gathering space for racialised people was sorely needed, with members quickly finding strength and connection. Throughout the conversations, it was a commonly expressed feeling that our racialised experiences were often sidelined, misrepresented, or even entirely absent from the wider suicide prevention space.

We know that for many racialised people, the themes and recommendations in this report are not “new”. They include themes and calls that have been coming from racialised people for years, in many sectors and contexts, such as health care and mental health. With this in mind, we recognise the struggles of those who have gone before us and are standing on the progress they have pushed so hard to achieve. However, these experiences and calls for change are still too frequently unheard in suicide prevention policy and practice, and there are barriers that are particularly strong in the suicide prevention space. This needs to change.

This report has been written collectively by us as members of the Learning & Collaboration group, based on our own reflections, experiences, insights and expertise as racialised people with lived experience of suicide. We recognise that we don’t and can’t speak for all experiences of racialised people, and we don’t claim to. Even within our own group, there were many different experiences and perspectives. If you are reading this as a racialised person, and you have different experiences and perspectives to those expressed here, that is completely valid. We encourage dialogue between and with racialised people and those working in suicide prevention.

Summary of themes

Below is a summary of the themes that came from our group discussions during the Learning & Collaboration Space sessions, and that we wanted shared beyond the group. We go on to explore these in more detail later in this report.

1. The strength of global majority perspectives

The perspectives that racialised and global majority communities bring to suicide prevention are invaluable. Our lived and living experiences, unique strengths and on-going resilience offer innovative approaches to care that are culturally relevant and deeply compassionate. These perspectives are not just important—they have the potential to be truly transformative, ushering in new ways to approach suicide prevention that go beyond the conventional, creating a more inclusive and effective system for all.

2. The invisibility of racialised communities in suicide prevention

Experiences of racialised communities are profoundly overlooked in suicide prevention. For far too long, our stories, struggles, and needs have been marginalised, leaving a significant gap in vital conversations. This lack of representation means that the specific needs of these communities are often neglected in policies, strategies, and services aimed at preventing suicide.

Ignoring racialised voices deepens our isolation and perpetuates systemic barriers that prevent true inclusion. Understanding and dismantling these barriers is crucial to build a suicide prevention eco-system that truly serves everyone, regardless of race or ethnicity. For many members of the Learning & Collaboration Group, this invisibility has led to feelings of deep marginalisation and frustration. When raising concerns about the lack of inclusion or addressing racism within the organisations they work with, they often find themselves as a “lone voice,” struggling to be heard.

While progress has been made in involving people with lived and living experience in suicide prevention, these spaces still predominantly reflect the perspectives of white individuals. Racialised voices are still underrepresented, leaving vital insights and approaches out of the conversation.

Everyone involved in suicide prevention has a responsibility to combat racism within the field, particularly those with the most influence—such as large, well-established charities, and prominent individuals with significant reach and influence. It’s time for a shift that truly reflects the diversity of experiences, that are felt by racialised communities and ensures that everyone’s needs are met.

3. Impact of systemic racism and wider global context

“This work is exhausting”

Steve Gilbert, group member

Systemic racism in healthcare, mental health services, and third sector organisations means that racialised people face significant obstacles—whether in accessing care, dealing with cultural misunderstandings, or experiencing racial biases. The emotional toll this creates is undeniable. The experience of navigating, what should be a compassionate and caring system, is instead an exhausting trudge through a hostile environment, that fails to recognise the impact of racism as a factor in an individual’s distress.

Exhaustion, isolation and **deep emotional fatigue** was a recurring theme in our group. In a field of work which is already known to be emotionally tiring and intense, our experiences are being compounded by racial inequities. This includes often being a “lone voice” on anti-racism in suicide prevention, being ignored, navigating politics of predominantly white suicide prevention spaces, whilst feeling the pain of racism in wider society. This highlights the need for dedicated, compassionate, anti-racism approaches to suicide prevention that change the narrative and create more racially equitable spaces.

4. Nourishing ourselves: The power of collective and self-care

“Coming together, like-minded souls with a common goal and similar experiences truly made me feel whole and safe. I felt I was not alone. It was a true one-of-a-kind community.”

Sandeep Saib, group member

For those working at the intersection of racial justice and mental health, self and community care is not a luxury; it is a necessity. In the face of exhaustion and emotional strain, it is vital to carve out time and space to nourish ourselves—physically, mentally, and spiritually. Self-care becomes an act of resistance, an important tool supporting resilience, and a way to replenish so we can continue this critical work. This was the heart of the Learning & Collaboration Space—a much-needed refuge for racialised people to nourish ourselves. It also highlighted the significant gap in the wider suicide prevention sector, where spaces for racialised people to gather, reflect, and share are severely lacking.

In the fight for racial justice and suicide prevention, we need spaces that allow us to simply ‘be’ together. For many in the group, this was the first time they’d had the opportunity to come together with other racialised individuals doing similar work. To share our experiences without judgement. To connect, learn, and heal in community. These spaces are essential, offering solace and strength through collective experiences, where the healing process is not rushed but supported by empathy and solidarity.

Recommendations for change

This section presents three overall recommendations based on our experiences as a group and the discussions we had in the Learning & Collaboration Space sessions. More detailed recommendations are described later in the deeper review of themes.

Recommendation 1: Acknowledge shortcomings

The suicide prevention sector must finally confront a truth: it does not meet the needs of, listen to, or meaningfully engage with racialised communities. For far too long, organisations and those in positions of power have ignored the voices of racialised communities and those identifying as being from the Global Majority, leaving our experiences and needs sidelined. This is more than a missed opportunity—it causes harm to people who should be supported by suicide prevention work. Organisations and individuals with significant reach and influence must look both inwards and outwards. Only through a genuine and honest acknowledgement of this failure can true, lasting and transformative change occur.

This recommendation applies to the National Suicide Prevention Alliance (NSPA) as much as it does to the wider suicide prevention community. NSPA should continue to reflect and recognise ways in which it has mirrored and reinforced the invisibility of racialised people as a suicide prevention membership organisation. The NSPA should engage in rigorous self-scrutiny— looking inwards as well as outwards —at all levels of its structure, its partnerships, and its influence. It must make concrete, public commitments to change, that reflect a genuine intention to be more inclusive and diverse. Only then can NSPA hope to influence real change in the wider suicide prevention space.

If we are to move towards anti-racism in suicide prevention, organisations with influence must lead by example, acknowledging their past shortcomings and make a public commitment to true transformation.

Recommendation 2: Amplify our racialised voices and lived and living experience expertise

The diversity of voices in lived and living experience involvement and co-production spaces must be scrutinised and dramatically improved. Racialised and Global Majority people must be meaningfully included in these critical spaces, not just as token representatives but as valued and equal contributors shaping suicide prevention strategies. This includes practical steps, such as paying people for their time and expertise. Our experiences, our insights, and our lived realities need to be at the heart of co-production processes.

This recommendation applies to the NSPA Lived Experience Network, as much as it does to the wider suicide prevention world. We believe there is a great opportunity for NSPA to work in partnership with racialised communities to develop standards for Lived Experience involvement and leadership in suicide prevention.

We strongly urge organisations to reference reports such as the [Co-Production Collective and People's Voice Media report on racialised people's experiences of co-production](#), which highlights the systemic gaps. The voices of racialised individuals are invaluable in shaping effective, empathetic, and culturally competent suicide prevention strategies. These voices should never be an afterthought but a driving force in the design and delivery of service.

Recommendation 3: Move beyond white-led output-driven approaches

The dominant approach to suicide prevention is one that is outcome or output-driven and typically set by white-led organisations. People with lived and living experience are often consulted for projects with predefined outcomes, which are not shaped by the communities involved. While action is necessary, it's clear that space for reflection—especially for racialised communities—is lacking.

This highlights a deep concern: the constant hustle for outcomes is actively preventing real, meaningful engagement, particularly for racialised communities.

Organisations need to take time to work with racialised communities to define outcomes together. To make impactful and lasting change, we need to slow down and make room for people to process their emotions, feelings, and personal experiences. We need space to be together with other racialised people in suicide prevention, fostering both collective action and collective care together.

One member of the group said:

“Lived experience work is often driven by organisations and set outcomes. It doesn’t leave space for us to reflect on our feelings, especially as Black and Brown people.”



A deep dive into themes and what needs to change

Themes are explored in more detail below, along with specific recommendations, that came from our Learning & Collaboration Space sessions. The reflections, critiques and recommendations blend critique of the sector and those tailored for the NSPA as an organisation supporting this work.

1. The strengths racialised perspectives bring to suicide prevention

Racialised perspectives are powerhouses of strength and resilience, offering unique qualities that can profoundly enhance suicide prevention. These strengths should be recognised and celebrated. They make the work more meaningful and effective for everyone involved. Some of the incredible strengths include:

- **Complex understanding** We bring an innate understanding of the complexities in suicide prevention, having lived through layers of experience and discrimination that others may not fully grasp. This makes us uniquely equipped to address the **nuanced** realities of those at risk.
- **Unity and collective power** Racialised people have much experience of collective organising and supporting. The **mutual support** we offer one another is extraordinary, creating an unshakable solidarity that drives positive change. We know through experience that when we come together, we have a **stronger, more powerful voice** and can bring that to our suicide prevention work.
- **Collaboration over competition** Through a long history of standing together to challenge systemic oppression and fight for racial equity people from racialised ethnicities have proven time and time again that we **shine brighter together**. By supporting each other, we create a culture of **solidarity** where everyone can thrive, and no one is left behind, disrupting a system where peers in the sector can perceive others as threats for funding instead of collaborators.
- **Challenging Eurocentric approaches** Our lived and living experiences and cultural perspectives allow us to question and challenge Eurocentric approaches to suicide prevention, offering fresh insights that make the work richer, more inclusive, and truly responsive to the diverse needs of all communities.
- **Authenticity** In spaces where we are free to be our **authentic selves**, without the need to edit or mask our identities, we bring a **raw honesty** to our responses and solutions, making our approaches genuine and impactful.
- **Empathy** The collective pain of our racialised experiences deepen our **empathy** for others, giving us the ability to connect and respond with a level of compassion that enhances the effectiveness of the work we do.
- **Resilience** Our lived and living experiences shape an incredible strength to **persevere** through adversity. This resilience is an asset that can transform suicide prevention efforts.
- **Legacy and cultural strength** We are empowered by the legacy of those who came before us, who paved the way and left us with a depth of wisdom which we seek to call upon in our work for equity in suicide prevention. This connection to our ancestry and roots gives many of us a deep sense of purpose and strength.

2. Invisibility of racialised people in suicide prevention

As a group, we discussed some of the key factors within the culture and landscape of suicide prevention that contribute to the exclusion of racialised people. Several significant barriers were identified, including limitations of data and evidence related to ethnicity and suicide, inequities in funding, and the lack of diversity in lived and living experience voices within the sector. These issues create a system that often fails to meet the needs of racialised communities.

Limitations of data and evidence in suicide prevention

The strategic priorities in suicide prevention are often led by the available suicide data. However, this data presents a skewed and incomplete picture. Suicide statistics typically rely on reported deaths. Societal biases and cultural factors that can influence whether someone's death is recorded as a suicide, and inaccuracies in recording of ethnicity and racial identity, contribute to significant gaps in the data. Moreover, this data only captures those who die by suicide and overlooks the experiences of people living with suicidality or who have survived suicide attempts. As a result, the experiences of suicide survivors, and individuals from racialised communities, are ignored or lesser-heard and further marginalised. The current approach to data and evidence is at odds with the lived and living reality of racialised people, and the over-reliance on such incomplete data perpetuates inequities in suicide prevention.

Inequity in funding and resource allocation

Another barrier identified is the lack of funding and resources dedicated to engaging with racialised communities, as well as supporting services led by and for these communities. Organisations that on reflection primarily serve white populations tend to secure more funding, while smaller organisations that focus on specific racialised communities often miss out on critical financial support. These smaller, community-led organisations are key in building trust and engagement with racialised groups, yet they are consistently underfunded. This imbalance in funding results in a lack of tailored support and hinders efforts to address the specific needs of racialised communities in suicide prevention.

“The simple act of raising issues of racism within predominantly white spaces can feel like a monumental task”

Group member

A lack of diverse lived and living experience voices

While there are individuals with lived and living experience who influence suicide prevention strategy, policy and practice, there remains a significant lack of diversity in these voices. Racialised and Global Majority individuals are still rarely included in shaping policies and practices. This exclusion means that the lived and living experiences of people from these communities are not fully represented in discussions that directly impact them. Furthermore, the voices of suicide attempt survivors – who often have distinct perspectives from those who have been bereaved by suicide – are frequently excluded from these conversations. This lack of representation leads to policies that fail to address the unique needs of different groups within the population.

Eurocentric Approaches to Suicide Prevention

The prevailing approaches to suicide prevention in England are heavily Eurocentric. Dominant narratives around suicide prevention tend to overlook the diverse, nuanced lived and living experiences of racialised communities, especially when these experiences challenge the status quo. Issues such as racism and Eurocentric approaches that widely shape suicide prevention strategies are rarely addressed, meaning that cultural considerations and racialised experiences are often overlooked. As a result, perspectives that could offer valuable insights – particularly those that highlight the need for a more inclusive, culturally sensitive approach – are seldom heard or acted upon.

What needs to change?

➤ **Scrutinise data and evidence assumptions**

Policy makers and decision makers must critically scrutinise the assumptions drawn from current data. It's essential to move beyond the limitations of statistics and actively engage with the knowledge and experiences of people with racially diverse lived and living experiences. This means approaching experiential knowledge of racialised people as legitimate evidence. Only by listening to the voices of those of us who have been directly affected can we create policies that reflect the realities of all communities.

➤ **Invest in meaningful engagement, involvement, co-production and leadership with racialised communities**

To gain a more nuanced understanding of the suicide experience, there must be real investment in engaging with, involving, co-producing, and developing leadership with racialised communities. This means allocating resources to understand our unique experiences and building trust through ongoing,

meaningful dialogue. Without this, we risk creating policies and strategies that are disconnected from the needs of many people affected.

➤ **Equitable resource distribution**

It's time to rethink funding. Resources must be shared more equitably, with greater investment in organisations that are led by, with, and for racialised communities. These organisations are often the ones with the closest connection to the communities they serve, and are pivotal in fostering trust and delivering anti-racism based, culturally competent suicide prevention support.

➤ **Move beyond Eurocentric approaches**

We must create the space to explore new, inclusive approaches to suicide prevention that go beyond Eurocentric assumptions. Suicide prevention must reflect the diverse cultural needs and values of all communities, ensuring that methods of support are culturally relevant and truly accessible for everyone.



3. The impact of systemic racism and the wider global context

For many of us, as racialised people working in the suicide prevention space, the reality of trying to create meaningful change is exhausting. This work carries the heavy burden of not only fighting against systemic racism within the systems we work in but also facing the personal toll of racism in the wider world.

We came together as a group in the context of ongoing global and national racial tensions—such as the far-right racist riots across the UK in the summer of 2024 and the alarming rise in far-right political movements globally. These events, compounded by the lasting effects of colonialism and the deep-seated systemic racism that exists in the structures we navigate daily, have left us often feeling like we are “lone voices” challenging the systems that continue to perpetuate harm on the basis of racial or ethnic identity.

As we discussed, this work is not just intellectually challenging—it is emotionally exhausting. The simple act of raising issues of racism within predominantly white spaces can feel like a monumental task, leaving many of us feeling isolated and exasperated. It is mentally and emotionally tiring to constantly carry the weight of confronting racism, and it takes a huge amount of energy to manage the discomfort of others, particularly when intersected by issues of gender and sexuality. The emotional burden of navigating these spaces while holding our personal experiences of racism is something that often goes unacknowledged.

In the face of these daily struggles, we are often expected to serve as a source of hope and inspiration for others, encouraged to find a “silver lining” even in the toughest situations. But we need space to talk about the pain we are carrying, and the very real challenges we face every day. The suicide prevention community must recognise the deep pain experienced by people from racialised or Global Majority communities, and understand that this work is exhausting—not just because of the mental labour of our roles, but because of the emotional toll of constantly navigating a system that often feels indifferent, if not hostile, to the very real experiences we face in seeking care and support.

“This work carries the heavy burden of not only fighting against systemic racism within the systems we work in but also facing the personal toll of racism in the wider world.”

Group member

What needs to change?

➤ **Acknowledge and address the pain of racialised people**

Everyone involved in suicide prevention—especially those in positions of power—must listen to and acknowledge the pain that many racialised people are enduring as a direct result of racism. This is not optional. It is essential for creating a truly inclusive and effective suicide prevention system that recognises and responds to the lived/living experiences of all communities.

➤ **Understand suicide prevention in its broader social and political context**

Suicide prevention cannot be viewed in isolation. It must be approached within the wider social and political context, with a particular focus on how racism contributes to suicidality. We cannot address the root causes of suicidality without confronting the systemic racism that disproportionately affects racialised communities. Only then can we create comprehensive strategies that truly support all who experience the torment of suicidality. Equitable resource distribution

➤ **White allies step up**

There needs to be a greater commitment from white people to speak out and act as allies in the suicide prevention space. This includes white individuals with lived/living experience who already have platforms, as well as decision-makers holding power and influence in organisations and systems. It's not enough for racialised people to bear the burden of change alone—white allies must actively support the dismantling of racism and push for meaningful transformation within the field.

“We need space to talk about the pain we are carrying”

Group member



4. Nourishing ourselves: the power of collective and self-care

In the context of the emotional and mental toll this work takes, self-care is absolutely crucial. It's important to recognise that self-care means different things to different people. The group discussed a range of ways we nourish ourselves, acknowledging that each individual has a unique relationship to the term self-care. For many, it's about creating space to connect with our emotions and our bodies—a vital practice for racialised people who often carry the weight of trauma and systemic injustice. These moments of community and self-connection are not just about survival—they are essential to sustaining the work we do in the suicide prevention space.

“Self-care isn’t something that I was taught growing up in a large family. I’ve only recently in the last couple of years understood what self-compassion and kindness is, and that I am worthy of self-compassion and I can give myself time to practice self-care”

Group member

For some, self-care might involve quiet reflection, journaling, or deep breathing, while for others it could be through physical movement, such as dancing or yoga, or even through communal gatherings that allow space for emotional release and shared solidarity. It's about finding what nourishes us and recognising that this is an ongoing, ever-evolving process.

There's also the complex task of navigating hope and despair. In our group, we recognised that everyone has a different relationship to hope,

shaped by their experiences, yet we all agreed that change is possible, even if it's not always a straight path. We need the space to hold both hopefulness and pain at the same time. Acknowledging and accepting both emotions is necessary for us to move forward, to heal, and to keep pushing for the change we know is possible.

“We need these spaces to breathe”

Group member

People need space to explore their feelings, to reflect, to vent, and to connect with others who “get it” – to remove the masks we wear in predominantly white spaces. Without this, we can't sustain ourselves, and we can't do the work properly. Reflection is a core part of self-care and meaningful change.

“Being with other racialised people in this group helped me connect with what I needed to care for myself”

Group member

One of us shared that this was the first time in their career that they'd felt safe enough to talk about their racialised experiences. It was a space where, despite coming from different cultures, they could recognise that they'd been through similar challenges and shared an understanding. Being around others who “get it” is not only healing, it is a necessary part of the work in suicide prevention.

Without spaces to be together and support each other, we risk burnout due to inadequate responses to the needs of racialised people.

What needs to change?

➤ **A broader approach to outcomes**

Outcomes measures are essential, but organisations working to reduce and raise awareness of suicide and suicidality need to expand their measures of success to include the safety and quality of experience of those working with them or sharing their lived and living experiences. Success is limited if interventions are measured but the wellbeing of those involved are not.

➤ **Normalise and foster environments for connection**

Organisations and systems we work with must normalise and foster environments that allow for genuine connection and reflection. It's essential to create spaces where racialised people can truly “be” with each other – spaces to share experiences, vent, reflect, and recharge. This is not just a luxury; it's vital to sustaining the work we do in suicide prevention.

➤ **Invest proper time, resources, and space**

It's essential to allocate time, resources, and space for people with lived and living experience, especially those from racialised communities, to fully explore and co-create approaches to suicide prevention. We need these dedicated spaces to genuinely collaborate, reflect, and develop solutions that are rooted in our experiences.

Racialised communities need dedicated spaces within suicide prevention that are theirs to own, where they can be themselves, share, and work together on their terms. This is not just about inclusion—it's about creating environments where we can build approaches that genuinely reflect our needs and realities. This enables us to influence and make systemic change.



Conclusion: Moving forward with collective action and change

As a group, we have reflected deeply on the challenges and barriers racialised people face within the suicide prevention space, and the need for a significant shift in both attitudes and practices. This work is crucial – it's about life and death, and we cannot afford to keep ignoring the voices and needs of racialised communities. The conversation we've started isn't just important, it's essential for creating a future where suicide prevention is truly inclusive, effective, and equitable for everyone.

What's clear from our discussions is that we need space to breathe, reflect, and collaborate—space where racialised voices are not just heard but valued. We must stop treating lived and living experience as a box to tick and start treating it as the foundation of change. This means giving people from racialised communities the time, resources, and support they need to truly influence and take up leadership in co-creating policies, strategies, and solutions. It's about recognising the strengths we bring to the table, which go beyond resilience—we bring empathy, understanding, solidarity, authenticity, expertise and a powerful legacy of cultural strength. These qualities should be celebrated and central to the work we do.

The suicide prevention sector must be willing to reflect deeply on its own biases and recognise the gaps that persist, especially when it comes to data, funding, and representation. Racialised communities should not have to fight to be seen and heard. We need to expand our understanding of lived and living experience and ensure that it includes

those who have survived suicide attempts, those who have been directly impacted by systemic racism, and those whose voices have long been ignored.

Moving forward, organisations, decision-makers, and everyone involved in suicide prevention must commit to real change—to listening, learning, and adjusting. Change won't be easy or immediate, but it's possible if we come together, hold space for each other, and keep pushing for a more inclusive, reflective, and responsive system.

For those in power—whether in charities, individuals with prominence and influence, policy-making bodies, or organisations—this is a call to acknowledge the pain, listen to the experiences, and make tangible commitments to dismantling the systems that continue to marginalise racialised people in this crucial work. If we want to make suicide prevention more effective for everyone, we must start by acknowledging and amplifying the voices and needs of racialised communities.

Together, we can build something better. We cannot afford to wait any longer. The work is hard, it is tiring, but it is essential – and we are committed to making it happen. We call on you all to join us in the process.

Reflect on what you have read

- Did you notice what emotions and reactions arose for you as you read? What do they tell you? How can you process these?
- What are your key takeaways from reading this report?
- Considering your role in suicide prevention, how may you action some of the recommendations in your own work?
- What key insights or learnings will you carry with you from this report? How will they influence your thinking or actions?
- How can you actively support the inclusion and amplification of racialised voices in suicide prevention strategies, policies or services?



Glossaries

There are a variety of terms, words and phrases related to race and ethnicity, as well as suicide prevention, and some people may be more familiar than others. We added a note on terms that we frequently use at the beginning of this report. For more detailed glossaries, you might find the following helpful

- Centre for Mental Health's guide to race and ethnicity terminology
<https://www.centreformentalhealth.org.uk/guide-race-and-ethnicity-terminology/>
- Racial Equity Tools glossary
<https://www.racialequitytools.org/glossary>
- University of Glasgow Together Against Racism glossary
<https://www.gla.ac.uk/explore/togetheragainstracism/glossary/>

Sources of support

As a group, we compiled a wellbeing resource with links to suicide prevention and/or mental health support for racialised people.

If you need support related to suicide or mental distress, you might find this list helpful.

General emotional support

Samaritans

Whatever a person is going through, Samaritans trained volunteers can provide emotional support and are available 24 hours a day.

Telephone 116123

Email jo@samaritans.org

Website www.samaritans.org

Hub of Hope

Hub of Hope is an online directory of support services that can be searched to find help within your area.

Website <https://hubofhope.co.uk/>

Papyrus UK

Papyrus UK is dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people. They offer emotional support to people under 35 who are suicidal. They can also support people who are concerned about someone under 35 who might be suicidal.

Telephone 0800 068 41 41

Website www.papyrus-uk.org

Shout

Shout 85258 is a free, confidential, 24/7 text messaging support service for anyone who is struggling to cope.

TEXT SHOUT TO 85258

Suicide&Co

Helps with specific kinds of grief that comes from a variety of personal experiences of losing a loved one to suicide.

Email info@suicideandco.org

Website <https://suicideandco.squarespace.com/>

Sources of support

Support and wellbeing resources for people from racialised communities

Aashna

Aashna is a therapeutic and learning community of therapists and clients of LGBTQIA+, global majority (collective term for people of Indigenous, African, Asian, and Latina descent), visible and non-visible disability, neurodivergent, working class and care experienced communities.

<https://www.aashna.uk/>

Bayo

Bayo is a space to find collectives, organisations and services from across the UK that offer mental health and wellbeing support to the Black community

<https://www.bayo.uk/>

Black, African and Asian Therapy Network

The Black, African and Asian Therapy Network (BAATN) provides lists of therapists from Black, African, Asian and Caribbean heritage in the UK.

<https://www.baatn.org.uk/>

Black Minds Matter

Black Minds Matter have produced resources for Black people around mental health, including where to find culturally appropriate therapy.

<https://www.blackmindsmatteruk.com/resources>

Mindfulness Network for People of Colour

Mindfulness Network for People of Colour (MNPC) is a grassroots organisation that helps people work through racialised trauma. They provide resources, grief spaces, grief retreats, and online courses.

<https://www.mnpc.co.uk/>

Muslim Community Helpline

Muslim Community Helpline provides a confidential, non-judgemental listening and emotional support services for people from Muslim communities.

<https://muslimcommunityhelpline.org.uk/>

Sehhat

Sehhat aims to empower people to live a life where suicide is preventable and mental health is managed with tailored, accessible, and relevant resources for the Punjabi community.

<https://sehhat.co.uk/>

Southeast and East Asian Centre

Southeast and East Asian Centre (SEEAC) offers mental health support to people of Southeast and East Asian heritage in the UK.

<https://www.seeac.org.uk/>

Spark & Co

Spark & Co. is a community-led organisation that provides education, information and connection for racialised people and communities.

<https://sparkandco.co.uk/>

Taraki

Taraki works with Punjabi communities to shape positive futures in mental health by mobilising awareness, education, application and research.

<https://www.taraki.co.uk/>



**For more information on the National Suicide Prevention Alliance,
and for details of partner organisations, please visit www.nspa.org.uk**

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T 020 8394 8300 F 020 8394 8381 www.nspa.org.uk