In recent weeks, we’ve seen painful reminders of the racism and violence that Black Americans and other communities of color experience on a daily basis. In addition to joining the outcry against these injustices, this moment calls for those of us in suicide prevention to critically examine how White privilege has shaped our work and to make bold moves toward equity and inclusion in our field.

Suicide affects every race, culture, and community, and we can all agree that one suicide death is one too many. Yet the suicide prevention field in the U.S. has historically focused the bulk of its research and prevention efforts on White Americans, with some attention paid to minority groups who experience higher death and attempt rates, such as American Indian/Alaska Native (AI/AN) and LGBT populations. Although African Americans may have lower suicide rates based on national statistics, those data do not tell the whole story, as rising rates among Black youth [2] and the undue burden of trauma and inequity receive little attention.

Prevention efforts are typically tested and validated in White populations, with very few programs available that are culturally appropriate or tested in non-White communities, even among AI/AN populations that have the highest suicide death rates nationally. Efforts to improve mental health care and research effective treatments to support those at risk of suicide are focused almost exclusively on White people, and racism in health care has not been adequately investigated and addressed. The resulting message the suicide prevention field is sending, however unintentionally, is that suicides among Black Americans and other communities of color do not matter as much as suicides among White people.

What can we do to create a more equitable and inclusive suicide prevention field and help change our country to reduce the daily traumas experienced by Black and other minority communities? In the shorter term, our organizations can offer supports [3] for Black individuals we serve, who may be experiencing re-traumatization from recent violence and deaths. Here are some other ideas you can start now and continue over the longer term:

- Learn about and implement existing recommendations for mental health and suicide prevention in Black
populations. I recommend starting with the Congressional Black Caucus report *Ring the Alarm: The Crisis of Black Youth Suicide in America* [4] created in response to the recent rise in Black youth suicide rates. SAMHSA’s National Network to Eliminate Disparities in Behavioral Health also offers a number of resources from their national roundtable [5] on improving mental health outcomes for young African American boys.

- Include the perspectives of Black and other minority communities in our suicide prevention conversations and approaches. This year’s American Association of Suicidology annual conference [6] did a great job of bringing in diverse voices and experiences. How can we follow this example in our own state and local conferences, coalitions and meetings, and research and program planning?
- Explore how our own organizations and programs are reinforcing systemic racism and take steps to change that. Like many others, SPRC’s parent organization, Education Development Center, has issued a statement [7] declaring our collective commitment to ending racism, structural injustice, and health inequities in our country. That work starts with looking more closely at the role of our own internal structures and actions [8].
- Prioritize and fund new programs to build evidence for effective approaches that reduce suicide in Black and other communities of color. The first step in making suicide prevention more equitable is to partner [9] with local, state, and national organizations already working with communities of color. Collaboration can help you design suicide prevention materials that are linguistically and culturally competent [10] and build prevention efforts most likely to reduce suicide in those communities.
- Leverage our status in and connections to the mental health field to reduce structural racism and discrimination. This can entail addressing unconscious bias in clinical practice [11] when working with clients of color, but also involves broader health and behavioral health care systems [12] change.

There is a lot to do, both in our field and as a country, to build a more equitable and just world. The good news is that there are many roles to play and resources to guide us. Whether it’s creating new partnerships, exploring our own organizational structures, or having open conversations to consider how our actions or systems can improve, small steps we take today may have a big impact tomorrow. Whatever your role in suicide prevention, I hope we can come together as a community to show through our actions that Black lives DO matter in suicide prevention.

**Links within this resource**

[3] https://docs.google.com/document/d/1AGLEOINitQ1JI7MvQXZxrpEbAvr42r5RewjO_iXaKtE/mobilebasic#heading=h.m3e2itrhl9ci