Support After Suicide Partnership

Supporting people from racialised groups and communities who have been bereaved by suicide

A guide for support services and professionals

Contents

1. About this guide

Who is it for?

This guide is for anyone working with people who have been bereaved or affected by suicide, to ensure inclusivity and accessibility for racialised groups and communities within your services.

The guide looks to understand more about the experiences of people from racialised groups and communities of help-seeking and the challenges experienced in accessing support.

The guide will support suicide bereavement services to better understand and respond to these barriers with a view to improving the accessibility of these services and the provision of support offered.

Why is it needed?

People from racialised groups and communities are more likely to experience health inequalities. The recent national suicide prevention strategy highlights this and calls for more comprehensive research in this area.

What we know about suicide rates among racialised groups is limited for a number of reasons. Groups may be incorrectly categorised in data collection. Vastly different ethnicities are often homogenised into one much larger group such as ‘BAME’ and travelling communities such as Roma and Gypsy communities are often not recorded as ethnicities but rather, residential statuses.

It is also possible that stigma may impact the recording of a death as suicide, further hampering efforts to understand the scale of suicidality among racialised groups (Rockett, 2010).

Suicide rates are consistently reported as lower in racialised groups and communities compared with the white British population (Troya, 2022). While this may reflect a genuinely lower risk, there is evidence to the contrary. A coroner study carried out in London showed that there are differences in attribution of suicide at inquest across different ethnicities so that people belonging to perceived racialised groups were more likely to have their death misclassified as accidental or misadventure (Neeleman, 1997).

Ethnicity is not currently recorded on death certificates which further complicates our understanding of ethnic disparities in suicide in England and Wales. These limitations in data collection underscore the importance of developing culturally informed approaches to support racialised groups who are bereaved by suicide.

One study found that compared with the non-migrant population, migrants had a lower rate of suicide regardless of ethnicity, but among descendants, people from a mixed ethnicity background had a higher risk of suicide than White British people,

suggesting that there are differences in the way that suicide and potentially suicide bereavement is experienced across different ethnicities (Knipe, 2024).

Cultural values and norms may also influence disparities in mental health and help-seeking. Social constraints such as stigma and fear of negative reactions may be heightened among racialised groups and communities, which may affect treatment and help-seeking and impede trauma processing (Groff, 2016). One study considered the way in which these social constrains may impact help-seeking among people bereaved by suicide. Of those that did seek treatment it was found that they were at an increased risk of PTSD and depression compared with white people (Groff, 2016). There is also evidence to show that people from racialised groups may experience greater social constraints in disclosing their loss, increasing the likelihood of symptoms of PTSD and depression (Asnaani, 2017).

These findings show that well-informed and culturally appropriate treatment and support options, that take account of these barriers to help-seeking and understand the potential for heightened risk factors for poor mental health are critical.

Those belonging to racialised groups that have been bereaved by suicide report a lack of support despite attempts to find help and access services and call for more joined-up and better coordinated suicide bereavement support.

Findings suggest that provision should be accessible and visible and able to tackle stigma, enabling professionals to more successfully engage with people bereaved by suicide from these communities (Rivart, 2021).

What do we mean by racialised groups and communities?

Throughout this guide, we will be using the term ‘racialised groups and communities’. Drawing on guidance drawn up by the Mental Health Foundation, we are using this term ‘because ethnic, racial and cultural communities who are in the minority have been racialised – that is, white-majority systems have categorised groups according to the colour of their skin or other cultural or religious features, and in doing so have ‘othered’ and marginalised them’.

The term ‘racialised groups and communities’ refers to the experience of being categorized and marginalized based on race, ethnicity, or cultural features. It acknowledges that these identities are shaped by systemic processes of othering and exclusion.’

2. Supporting people who are part of racialised groups and communities and bereaved by suicide

What are the key factors we need to consider?

Shame and stigma

Service providers need to be aware that mental ill health, and particularly suicide, are difficult and delicate subject areas for many racialised groups and communities and can be socially shaming.

Community-based services may offer a sense of cultural understanding and trust. However, the same proximity to one's community can amplify feelings of shame or fear of judgment, leading some individuals to seek external, more anonymous support

In some communities, shame may be linked to religious beliefs, while in others, cultural expectations around strength or resilience may hinder help-seeking.

Some families may prefer to have 'accidental death' rather than 'suicide' cited on the Coroner's report into their loved one's death. This choice may reflect a family's effort to preserve dignity and reduce stigma within their community, highlighting the complex interplay between cultural expectations and grief.

It is important to acknowledge that people within some communities can find it extremely hard to reach out for mental health care because of shame and stigma. It may be the case that for the loved one of the people you are supporting, the levels of shame and stigma were so high that they felt taking their own life was their only option.

Where mental health services were accessed, it may have been that the support received was unsuitable due to the barriers discussed below. For example, services may lack cultural competence, fail to address language barriers, or offer interventions that do not align with the individual's spiritual or cultural values.

Historical and ongoing trauma

Until structural and institutional racism is acknowledged and broken down within statutory systems, it's very hard for people from racialised groups and communities to feel fully supported. The NHS Patient and Carer Equality Framework launched in 2023, acknowledges racial inequalities within services and the need for affirmative actions to address this long-standing issue but there is still work to be done.

Long-standing legacies of colonization, slavery, apartheid, and systemic oppression have deeply affected racialised groups. Intergenerational transmission of trauma impacts mental health, family dynamics, and community resilience. Historical exclusion from healthcare, education, and other social systems compounds distrust and marginalization. Intergenerational trauma can be rooted in historical events such as slavery as well as systemic racism. This could relate to a parent or carer that has experienced trauma who then struggles with attachment and emotional regulation, who in turn models unhealthy behaviour to their children (UKCP, 2023).

Structural racism in institutions continues to perpetuate inequities in healthcare, social services, and justice systems. Daily experiences of microaggressions, discrimination, and racial profiling contribute to chronic stress and mental health

challenges. Cultural erasure and lack of representation in public discourse and policymaking reinforce feelings of invisibility and marginalization.

Inequitable access to mental health support and culturally competent care for racialised communities act as barriers to support and may prevent people from seeking help when they need it. The development of initiatives to respond to these issues should include racialised people at every step of the decision-making process. A lack of representation of people in decision-making positions in statutory organisations must be addressed for services to truly be inclusive.

Cultural and religious practices around grief

In some racialised groups and communities, religious beliefs can play a very important role in how grief is processed. Some cultures and religions have particular rituals to follow. For example, in Islam, three days of overt grief is observed. Black Caribbean communities sometimes observe ‘nine nights’, a celebration of the person’s life nine days after their death when their spirit traditionally leaves the body. In Hinduism there is an intense period of mourning that lasts for 13 days but for the immediate family this is a full year and would restrict access to other events and festivities. In Islam, the official mourning period is 3 days during which time family must stay at home and others will visit with food.

Linguistic and religious implications

The way suicide is viewed in different cultures and faiths may have implications for accessibility. The Quran discusses suicide in the context of preserving life and assumes the strength of community supports. As a result, suicide has traditionally carried a great deal of stigma. Faith leaders are now taking a more nuanced approach to suicide, however, recognising that mental health is an important consideration, as is the availability of effective intervention at the time. Where there has not been effective intervention and a person has felt unable to carry on, suicide is then viewed differently. Whilst this is a positive shift in thinking, some community groups have shared that not enough has been done to communicate this widely and so stigma and shame are still very much a concern. When providing support and if consulting faith leaders, it is important to consult those that understand this shift in thinking.

The importance of community-based services

Following a bereavement by suicide, some people from racialised groups and communities may feel it is very important that they receive support from a service that is part of their own community, or part of their wider identity, such as a person of colour.

Funding versus demand can be a huge issue for community voluntary sector services.

Often it is not possible for people to referred directly to community services. For some people from racialised groups and communities, they can be incorrectly

signposted and it takes months for them to arrive at a service that is culturally right for them.

What are the barriers to accessing support currently?

- Distrust of services, or experiences in the past that may mean the person feels they were failed by services. This may be because of historical abuses and current inequities in statutory systems.
- Fear of scrutiny and exposure both inside and outside their community.
- Not reaching racialised groups and communities through external communications. Some people do not know there is any support out there. Others would not consider accessing support because they do not feel it is for them or see themselves represented in marketing and communications. See section 3 for more.
- Limited availability of culturally competent and trauma-informed services.
- Stigma within communities about mental health issues and seeking support.
- Care pathways do not always work well for people from racialised groups and communities.
- Funding challenges.

How can we overcome these barriers, and what does good support look like?

Take a person-centred approach and build trust - Person-centred care is foundational for inclusivity and respect. Focus on the individual. Build trust by recognising that each person's experience of grief is unique.

Avoid generalising or using one size fits all approaches for different groups or communities.

Support individuals in understanding their options and empower them to make informed decisions that align with their values and circumstances.

Being clear about your confidentiality policy can be a way to establish trust and help people to open up.

Ensure cultural competency - Take time to learn about the cultural norms, values, and practices of the groups you serve. For example, understand how different communities view grief, spirituality, and family roles in times of bereavement.

Make sure you do not downplay someone's spiritual connection or beliefs. Knowing what grief means to the person we are supporting and how they may process this is very important.

Learn and co-produce your service wherever possible - Start with assuming you will need to learn how to work with the racialised groups and communities in your

area, unless you are from the same group as the person you are helping, or you already have that experience to draw on.

Wherever possible, co-develop your service alongside groups and communities in your area. Consider how people with lived experience can be involved in this process as a way of encouraging communities to feel a sense of ownership of the way services are delivered. Their input ensures your support is relevant and resonates with those it serves. This can enhance a sense that your service is available within groups and communities.

SASP include co-development and partnership working as a key part of their core standards for service delivery. You can find out more here.

Build relationships - Wherever possible, engage proactively with local community groups, faith leaders, and organisations. Strong relationships not only enhance trust but also create a network for effective referrals and outreach.

Consider providing training for spiritual leaders and racialised groups and communities in your area around the support you provide.

Commissioned suicide bereavement services should link in with relevant voluntary community sector organisations as a first step when supporting people from racialised groups and communities.

Work with schools to support children and young people who may experience unique challenges in multigenerational households. Breaking taboos early can provide lasting benefits.

Review access to your service - Rather than thinking in terms of certain groups and communities being ‘hard to reach’, think instead of your service being ‘hard to reach’ and take a ‘how to reach’ approach.

As far as you can, make accessing your service as straightforward as possible.

Ensure that different ways for people to communicate with your service are in place. For example, text chat, translation services, and flexible in-person or online support.

Think about signposting and wraparound care - Reassure those you are supporting that support is out there, even if it does not exist within their community or as part of the services you offer.

Ensure you have a good knowledge of the community services within your area, and any wraparound care that may be available for the person you are supporting. This might include mapping local provision and thinking about national services where the local offer is limited.

Having a good knowledge of the indicators of some of the key issues those you are supporting may be experiencing, or may have played a part in their loved ones suicide, such as debt or gambling harms, can help you instigate a holistic support package for those you are supporting. See our resources section for guidance on key factors, including SASP’s recent guides on neurodiversity, and gambling harms, and research into supporting those who are LGBTQ+.

3. External communications

How best can we tell people about the support available?

It is very important to think carefully about external communications and marketing your service, to ensure that people know there is support out there. Some people do not know that there is any support out there and suffer in silence. Effective communication ensures that services reach those who need them, particularly in communities where awareness of available support may be low.

- Ensure marketing campaigns are culturally representative. People may not come to you if they do not see themselves represented.
- Carefully worded marketing campaigns can encourage people to reach out. Consider your use of culturally competent language that will resonate with people within certain groups and communities.
- Draw on lived experience expertise for feedback about marketing campaigns and the language being used. Ensure that lived experience voices are not tokenized but integrated meaningfully into your communications. For example, one service that contributed to this guide set up a voluntary advisory group that is representative of their community, and was incentivised by both people's desire to help and monetary rewards for specific tasks.
- Elevate lived experience voices through your communications. If people understand that you work with people who have a similar background or experiences to them, it may encourage people to access your service.
- Improving the search engine optimisation (SEO) of your website is an important step to ensuring that service users from racialised groups and communities can find you using their search terms via search engines. To do this:
    - Start by doing some key word research to figure out what people in your local groups and communities are searching for. Perhaps you could draw on any lived experience input you have to your service. Think about simple, inclusive keywords and phrases commonly used by racialised communities to describe their experiences, such as 'grief support for [specific group]' or 'bereavement help in [region]'. You can also use the "People also ask" and "related searches" tools in Google.
    - Create some new content that addresses these topics and utilises these keywords.
    - Weave the keywords you have identified through your current content.
    - Make sure your content has clear descriptive titles using your keywords where relevant.

    - Ensure your pages link to other useful pages on your website to make sure visitors are encouraged to look further at your site after accessing it.

- Try to reach people in a variety of ways through existing networks, organisations and community spaces. Think carefully about communications channels that racialised groups and communities trust such as social media, newsletters and faith groups. For groups with limited digital access, prioritise print materials, in person outreach, and partnerships with community hubs.

4. Measuring effectiveness

How can services measure their effectiveness in improving accessibility for people from racialised groups and communities?

Measuring effectiveness ensures that services are continually adapted to meet the needs of racialised groups, identifying both successes and areas for improvement. Those that were involved with this guide suggested:

- It's never too early to start measuring.
- Start with understanding whether people know about your service.
- Gather a range of qualitative and quantitative data. You might find our monitoring and evaluation toolkit helpful for this, particularly our checklist of data document (quantitative) and service user outcome questionnaires (qualitative). Collect testimonials and stories from racialised service users to highlight both the impact of your service and areas for growth.
- Look at how people move through your service, and who disengages with your service before even speaking with someone.
- Collate outcomes data and share how people from racialised groups and communities have benefitted from the support you offer. This can communicate positive messages about how you are helping people. It also highlights gaps, e.g. who is not using your service.
- It may be difficult to show that any changes you make to your service have been able to improve diversity in your referrals but it's still important to measure to show change over the longer term
- Shorter-term metrics that measure the extent to which you have been able to implement changes to practice may be sufficient for now
- Use data insights to inform service adjustments, staff training, and future outreach strategies.

- Measure how people were introduced to your service so that you can understand which aspects of your outreach work are having the greatest impact
- SASP have a monitoring and evaluation toolkit available. See the resources section.

5. Resources and signposting

- SASP's monitoring and evaluation toolkit
- SASP's core standards for suicide bereavement service delivery

National

- **Black Minds Matter** – Free, one to one, culturally appropriate talking therapy for Black people in the UK www.blackmindsmatteruk.com
- **The Brave Project** – Provides culturally competent mental health support and resources for Black, Asian and minority ethnic young men and their families www.thebraveproject.org.uk
- **The Delicate Mind** – Mental health CIC that serves racialised communities www.thedelicatemind.org.uk
- **Mind –**Mind offers information and advice to people with mental health problems https://www.mind.org.uk/
- **Muslim Community Helpline** – Offers a confidential, non-judgemental listening and emotional support service www.muslimcommunityhelpline.org.uk
- **Muslim Youth Helpline** – Safe and culturally sensitive support for young people www.myh.org.uk
- **Papyrus –** for children and young people under the age of 35 who are experiencing thoughts of suicide or anyone concerned that a young person could be thinking about suicide https://www.papyrus-uk.org/
- **Samaritans –** provides emotional support to anyone in emotional distress, struggling to cope or at risk of suicide https://www.samaritans.org/
- **Survivors of Bereavement by Suicide (SoBS)** – UK peer-led support to adults impacted by suicide loss https://uksobs.com/

- **Taraki –** works with Punjabi communities to shape positive futures in mental health www.taraki.co.uk

Local

- **The Listening Place** - The listening place provides free, face-to-face support across London for individuals to talk openly about their suicidal feelings without being judged or given advice www.listeningplace.org.uk
- **AtaLoss** – directory helping bereaved people find support and wellbeing https://www.ataloss.org
- Hub of Hope – The UK's largest mental health directory https://hubofhope.co.uk
- **Nafsiyat** – Offers intercultural therapy in over 20 languages to people from diverse cultural communities www.nafsiyat.org.uk
- **BME Forum – Croydon** – giving Black and Minority Ethnic people a voice in Croydon www.cbmeforum.org
- **Mind, Richmond** – Offers information, advise and support to young people and adults experiencing mental health issues, as well as their carers www.rbmind.org

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