Suicide Prevention Equity Assessment

Interactive Screening Tool

Recommended Citation

The Oregon Alliance to Prevent Suicide (2023). *Suicide Prevention Equity Assessment: Interactive Screening Tool.* https://oregonalliancetopreventsuicide.org/community-resources.

Oregon Alliance to Prevent Suicide
Hope • Help • Healing

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OREGON ALLIANCE TO PREVENT SUICIDE

The Oregon Alliance to Prevent Suicide is a legislatively enacted advisory group to the Oregon Health Authority. Our role is to monitor the statewide Youth Suicide Intervention and Prevention Plan (YSIPP) and provide policy feedback and guidance to OHA, the legislature and other state agencies. The more than 100 Alliance members and affiliates include subject matter experts, people with lived experience of loss to suicide or suicide attempts, young people, cross-sector leaders from state agencies, evaluators and representatives from local and regional suicide prevention coalitions. Members of the Alliance were also actively involved with developing Oregon's first lifespan suicide prevention plan, now known as the Adult Suicide Intervention and Prevention Plan (ASIPP). We have been instrumental in the passage of 18 pieces of suicide prevention related legislation and are strong advocates for investments across the continuum of suicide prevention, intervention, and postvention.

Our Mission: The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

Our Vision: In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Equity Statement: To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities, and geographic locations.

SOME FACTS ABOUT SUICIDE

- Suicide is preventable. Most individuals struggling with suicide desperately want to live, but they are unable to see alternatives to their current problems or life is incredibly painful for them right now.
- Talking about suicide does not cause someone to have thoughts of suicide. Asking someone directly if they're thinking about suicide won't "put the idea in their head." Most are relieved when someone starts a conversation because it gives them permission to talk about it and they no longer feel alone in their pain.
- Suicide is complex and not a response to one problem that a person is experiencing. Some risk factors vary with age, gender, or ethnic group and may occur in combination or change over time.

- Statistically speaking, while there may be groups more likely to experience suicide, suicide occurs across all age, economic, social, racial, and ethnic boundaries. Suicide can affect anyone.
- Surviving family members not only suffer the trauma of losing a loved one to suicide, they may themselves be at higher risk for suicide and emotional problems.
- If someone can get through the intense, but often brief suicide crisis, chances are they will not die by suicide.
- Limiting a person's access to methods of suicide dramatically decreases suicide rates in communities.
- Suicide is not a moral weakness or a character flaw. It is not selfish or a cry for attention. These ideas are all part of the stigma that surrounds suicide. Stigma can cause someone who is thinking about suicide to believe that their feelings are something to be ashamed of. It is dangerous and can stop people from seeking help. That is why it is so important to talk about suicide, so we can break down the shame and stigma that surrounds it.

Sources:
Western Michigan University https://wmich.edu/suicideprevention/basics/facts
American Foundation for Suicide Prevention https://afsp.org/learn-the-facts
Talk Canada https://talksuicide.ca/understanding-suicide/facts-about-suicide

EQUITY ASSESSMENT BACKGROUND & CORE CONCEPTS

This edition of the Equity Assessment updates and expands the tool developed in 2021 for Oregon's first Adult Suicide Intervention and Prevention Plan (ASIPP). It was designed for workgroups to assess how power in society impacts populations identified with the highest rates of suicide. We hope that the tool provides a pragmatic and incremental approach while being grounded in a commitment to social justice and liberatory practices. We are deeply indebted to the many people who have lost someone to suicide, survived their own suicide attempt, or struggled with thoughts of suicide who have informed our thinking about this work. The following is language adapted from Oregon's ASIPP 2022-2026.

The Suicide Prevention Equity Assessment sets forth 5 basic principles about equity in order to inform and shape decision-making, policy recommendations, and resource allocation. Its principles and reflective questions will **(1)** help organizations and workgroups move their suicide prevention and mental health promotion efforts from a universal one-size-fits-all approach focused on individual solutions through the lens of the dominant culture to more contextual approaches and **(2)** encourage

expanding our focus from individual interventions to include public health promotion**,** policies, and practices that address environments and social conditions which lead to suicide.

In alignment with the Oregon State Health Improvement Plan (OSHIP), the Alliance seeks to make Oregon a place where suicide reduction and suicide prevention is achieved for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities, and geographic locations. This tool is intended to help move our field toward that goal.

Acknowledging the impact of white supremacy and multiple forms of oppression, the Equity Assessment was developed with the following core concepts in mind.

The reasons people die by suicide are complex and rooted in a cultural context, and suicide prevention is about changing our beliefs, values, practices, and policies from an individual lens on suicide to a culturally contextualized lens that changes how we look at suicide prevention.

Disparities in suicide and suicide prevention exist in different populations living in environments and social conditions that impact their access to help and support. Specifically, according to OSHIP, how people are treated based on their social identities creates direct forms of adversity, trauma, and toxic stress that can lead to higher risk for suicide. Therefore, policies and practices must focus on environments and social conditions that lead to suicide and promote prevention rather than solely individual intervention. **The need for equity exists because disparities strongly and systematically exist for individuals and groups with certain social identities and/or group characteristics.**

Standards and expectations valued by dominant cultures contribute to high rates of suicide in both social identity groups that are harmed and not helped, as wells as those that have easy and open access to help and prevention as a result of their social identities. While high-risk populations may be identified as the groups with the largest represented demographic in suicide (i.e., veterans, White-males, LGBTQ2SIA+, construction workers), those numbers do not automatically situate suicide in discussions of equity. Naming the largest group populations is not the same as identifying groups that have been impacted by harm and blocked access to help as a result of their race, sex, class, age, ability, language, and sexuality. **Most importantly, to address equity, we must look at high-risk populations with a lens toward their social identities and systems that have impacted their risk for suicide rather than solely a lens of individualism.**

CORE CONCEPTS

1. The reasons people die by suicide are complex and rooted in a cultural context.
2. Suicide prevention is about changing our beliefs, values, practices, and policies from an individual lens on suicide to a lens that see the complex and multi-faceted ways people are influenced and impacted by culture and society.
3. Disparities strongly and systematically exist for individuals and groups with certain social identities and/or group characteristics.

4. Social identities include gender, race, ethnicity, social class, wealth, level of education, religion, sexual orientation, ability, age, language, housing status, immigration status, veteran status, geographical location, and specific professions i.e., military/service members, police officers/first responders, etc.
5. While high-risk populations may be identified as the groups with the largest represented demographic in suicide, it is not the same as identifying groups that have been impacted by forms of oppression, including racism, sexism, classism, ageism, ableism, homo-and transphobia, and linguicism.
6. If we want to reduce suicide, an equity lens reminds us that it is important to think about the ways that we support and partner with people who are at a higher risk of suicide because of things like the context of their social identities and systems that have impacted their risk for suicide, rather than individual characteristics alone.

WHY CULTURE MATTERS?

The well-being of people is closely tied to their mental health, which affects everyone regardless of their cultural background. However, cultural differences have a big impact on how we understand and deal with mental health.

Culture can greatly shape how we see and respond to mental health issues. This includes things like the shame associated with asking for help and the preferred ways of treating mental health problems.

To provide good and understanding care, mental health professionals and individuals working in suicide prevention need to understand and recognize these cultural differences. This understanding helps us give effective support that respects and considers different cultural perspectives.

Here are a few examples of common cultural experiences that occur when navigating mental health:

- ***Attitudes towards mental health:*** Culture can also shape attitudes towards mental health and the perception of specific conditions. For example, some cultures may regard certain mental health issues as a natural aspect of life, while others may consider them as personal shortcomings.
- ***Treatment preferences:*** Different cultures may exhibit distinct preferences for addressing mental health concerns. Traditional or spiritual practices may hold significance in some cultures, while others may prioritize medication or talk therapy. Mental health professionals need to be cognizant of these preferences and show respect towards them.

- ***Stigma towards help-seeking:*** In certain cultures, there may be a prevailing stigma surrounding seeking assistance for mental health issues, considering it a sign of weakness. Consequently, individuals may be deterred from seeking the necessary support, leading to limited access to resources and treatment.
- ***Communication style:*** Culture can influence how individuals express and cope with their mental health concerns. Direct communication may be valued in some cultures, whereas others may rely more on nonverbal cues or indirect forms of communication. These cultural differences can impact the communication dynamics between mental health professionals and clients, ultimately affecting treatment outcomes.

For individuals who experience different forms of oppression and/or racism routinely, it can create a hostile social environment that brings forth a certain set of challenges for maintaining wellness and balanced mental health. It's important to note that every culture has its own strengths and resources. Understanding or seeking to learn more about these protective factors is essential to providing culturally specific support, but our clinical frameworks, tools and structures for designating practices as evidence-based often do not appropriately highlight or incorporate these strengths.

These experiences of discrimination and marginalization contribute to chronic stress, psychological distress, and a diminished sense of self-worth. Persistent exposure to racism and oppression can lead to a phenomenon known as racial trauma, which encompasses the emotional, psychological, and physical consequences of experiencing racism.

Historical trauma refers to the collective emotional and psychological wounds resulting from past traumatic events experienced by a specific group, such as colonization, slavery, genocide, or forced displacement. Historical trauma can be transmitted intergenerationally, impacting individuals' mental health and overall well-being. It can manifest as unresolved grief, depression, anxiety, and post-traumatic stress disorder (PTSD).

When considering suicide prevention work, these factors have significant implications for mental health. Oppressed and marginalized individuals often face additional barriers in accessing mental health services, including limited resources, cultural insensitivity, and mistrust of healthcare systems due to historical mistreatment. Additionally, the internalized oppression resulting from systemic racism can contribute to feelings of hopelessness, helplessness, and suicidal ideation.

Addressing the connection between oppression, racism, historical trauma, and mental health requires a comprehensive approach. Suicide prevention efforts must be culturally sensitive, trauma-informed, and inclusive, recognizing and validating the unique experiences and challenges faced by marginalized communities. This includes promoting equity in mental healthcare access, developing interventions that address racial trauma, and training mental health professionals to provide culturally-specific care.

Research shows that community-based interventions, support networks, and advocacy play critical roles in suicide prevention. Empowering communities to address systemic oppression, challenge racism, and promote resilience can foster protective factors and reduce suicide risk. Providing platforms for marginalized voices, promoting social justice, and advocating for policies that address inequality are essential components of suicide prevention work in these contexts.

Overall, recognizing and addressing the interconnections among oppression, racism, historical trauma, and mental health is crucial for effective suicide prevention efforts. By addressing systemic factors that contribute to suicide risk and promoting culturally sensitive support, we can work towards creating a more equitable and inclusive society that supports the mental well-being of all individuals.

To learn more about why lead with race, visit GARE - Our Approach. For more information about Identity and Cultural Dimensions in mental health, visit NAMI - Identity and Culture.

OREGON HISTORICAL CONTEXT

We love the state of Oregon and the communities living here, but given our state's history, feel a particular need to address pervasive issues of anti-Blackness, discrimination, and trauma. We recognize that these harmful ideologies and history are deeply ingrained in our dominant culture and laws, resulting in unequal distribution of and access to resources and opportunities. This screen is intended to be one small step towards ensuring that our current suicide prevention and behavioral health strategies and practices are equitable.

A Note About Oregon's History of Racist Policy:

Oregon's original constitution, ratified in 1857, contained several racist provisions and discriminatory measures. Some of these included:

1. The exclusion of African Americans: The constitution explicitly stated that no Black person could reside, hold real estate, or make contracts in Oregon, effectively barring African Americans from the state.
2. The prohibition of free Black people: The constitution prohibited the immigration of free Black people into Oregon.
3. Land ownership restrictions: The constitution restricted land ownership rights to white individuals, excluding people of African or Indigenous descent.
4. Voting rights limitations: The constitution limited voting rights to white male citizens, excluding African Americans, Indigenous peoples, and women.

Some of these provisions were gradually repealed or rendered unenforceable through legal challenges and amendments; however, the presence of such discriminatory language in the state's original

constitution reflects the pervasive racism and exclusionary practices of the time and have helped shape Oregon's current culture.

Oregon entered the union in 1859, and its history is marked by the enactment of "lash laws" that legalized the use of whipping as a punishment for Black people, and notably, it was the only state to explicitly exclude Blacks through constitutional provisions. The "lash laws" were removed from Oregon's state constitution in 1926 through a constitutional amendment. Oregon's history also features acts of racism, xenophobia, and bigotry towards Chinese, Japanese, and Mexican immigrants, including exclusionary laws, and forced imprisonment at different junctures around World War I and World War II.

In 2000, Oregonians finally voted to eliminate all racially discriminatory language from their constitution. The constitution previously contained a clause that stated: "No free Negro or mulatto, not residing in this state at the time of the adoption of this constitution, shall come, reside or be within this state or hold any real estate."

Understanding the negative trends, outcomes, and disparities that persist within Black, Indigenous, Latine/x and other marginalized identities first starts with understanding how their histories as a people were impacted by white supremacy. By acknowledging and confronting the historical roots of systemic racism, we gain insight into the structural barriers and biases that perpetuate inequities today. We believe that understanding the context will allow you to plan for targeted suicide and mental health approaches that address the underlying causes and promote equitable access to resources, opportunities, and healthcare, leading to improved health outcomes and lowered risk of suicidality.

By adopting an equity lens, mental health and suicide prevention efforts can prioritize the needs of vulnerable Oregonians, including Black individuals and other historically marginalized communities. This approach recognizes that mental health is influenced by social determinants and systemic factors, and it requires a comprehensive understanding of the specific challenges faced as well as an assessment of resiliency factors of marginalized populations. It calls for tailored strategies, community engagement, and partnerships with community-based organizations to ensure that interventions are culturally appropriate and address the unique needs and experiences of different groups.

Understanding the complex history of racism and anti-Blackness in Oregon is needed to dismantle these barriers. By critically examining how privilege, particularly white privilege, has influenced the unfair allocation of resources and access to mainstream services, we can begin to address these gaps that limit the opportunities available to marginalized communities.

The Equity Screening Tool helps identify and confront the biases and inequities that may exist within various systems by integrating these concepts into our work towards addressing past inequities, building wellness and, ultimately, preventing suicide for all people.

Sources:

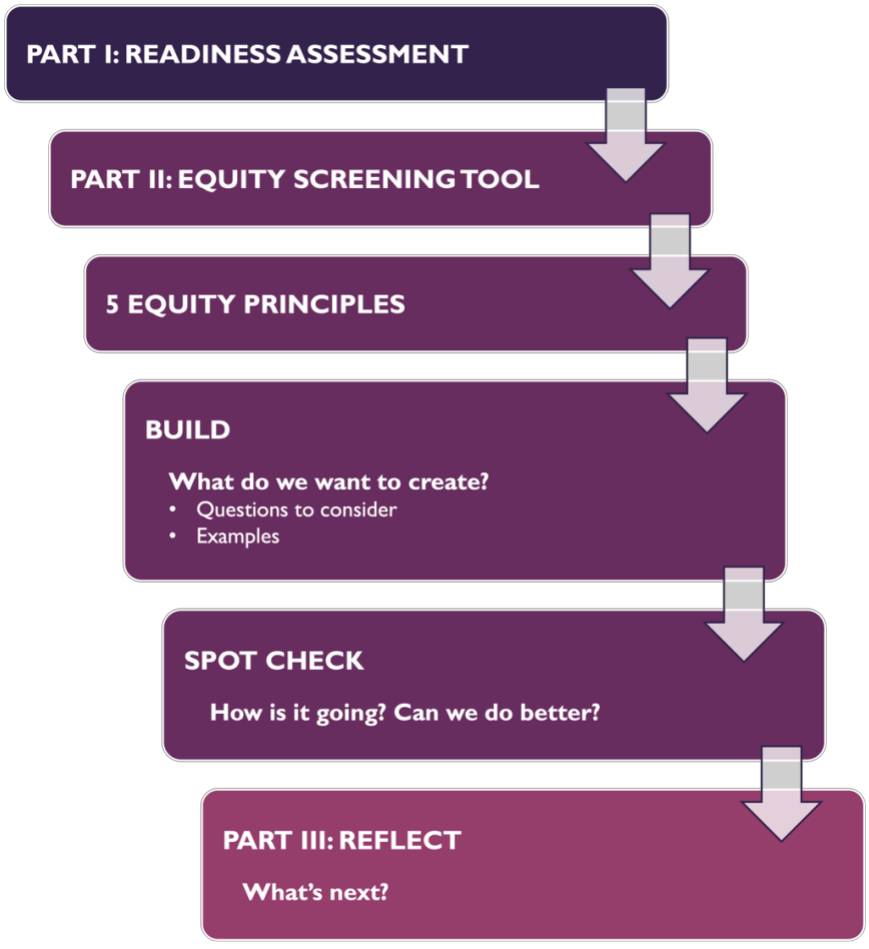
Oregon's Racist History Timeline Summary https://cpb-us-e1.wpmucdn.com/blogs.uoregon.edu/dist/0/15213/files/2020/09/Oregons-Racist-Timeline-Summary_2020.pdf

Black Exclusion Laws in Oregon https://oregonencyclopedia.org/articles/exclusion_laws

OR Legislation https://storywall.osbar.org/2000-2014

HOW TO USE THE EQUITY SCREENING TOOL

This tool can be used to assess whether your suicide prevention or mental health promotion efforts align with the values outlined in the 5 Equity Principles. The tool can be used when you are developing a strategic plan or setting priorities, or it can be used to reflect on and adapt current efforts so that programs, services, and initiatives reflect the values outlined in the 5 Equity Principles.



Part I of this document is a brief **Readiness Assessment** to help identify where you stand in your Diversity, Equity, and Inclusion (DEI) journey.

Part II is our primary resource, the **Equity Screening Tool**, which identifies 5 Equity Principles that relate specifically to suicide prevention. It can be useful whether you are in the early stages of exploring DEI, in the intermediate phase of implementing initiatives, or already practicing advanced equity work.

Use the tool as a guide when determining priorities or establishing new recommendations, projects, and services by considering each Equity Principle's **BUILD** questions. Use it to identify areas for improvement and develop strategies to mitigate disparities in your current mental health promotion and suicide prevention work by completing both **BUILD** and **SPOT CHECK** questions.

Part III provides an opportunity to **Reflect** on the progress made, identify areas that require further attention, and celebrate successes. This reflection is intended to inspire continued thought and action so that your DEI initiatives remain dynamic and responsive, continuously advancing towards greater equity and inclusion.

Whether you are….

> Reflecting on past projects, actively engaged in an ongoing initiative, or embarking on a new endeavor, this tool can guide you in understanding the equity impact of your work.

Analyzing completed projects through the lens of equity will help you understand the consequences your plans may have had on marginalized communities. Our screening tool allows you to delve into the details, examine the project's processes, decision-making, and outcomes to identify any biases or disparities that may have occurred, recognizing areas where equity was successfully promoted and areas that require improvement.

When integrated into ongoing projects, the Equity Screening Tool is a mechanism for evaluating and monitoring the project's equity impact. It provides a framework to assess decision-making processes, resource allocation, and stakeholder engagement, allowing you to identify potential inequities as they arise.

The Equity Screening Tool can also be employed after the completion of a new project. It assists in examining the project's overall equity outcomes and assessing successes and areas for growth. By utilizing the tool at this stage, you can gain insights for future projects. We hope this will empower your team to implement changes in pursuit of greater equity.

HARM DISCLAIMER

Evaluating the potential harm that could be caused by any given project incorporated through the use of the Equity Screening Tool is of utmost importance. This evaluation involves considering unintended consequences, unintended power dynamics, and the potential for further marginalization or re-traumatization of certain groups. Incorporating Trauma-Informed Practices is crucial to ensure that individuals' past experiences of trauma are acknowledged and respected throughout the equity assessment and planning process. This approach recognizes the significance of trauma and aims to create a safe and supportive environment for all participants.

By proactively assessing the potential harm, mitigation strategies can be put in place to ensure that the project is ethically and equitably implemented, minimizing any negative impacts. For example, while listening sessions can be a useful way to gain insights on a community, too often, no concrete action is taken to address the feedback provided from community. This contributes to broken trust, loss of interest, feeling unheard, and further marginalization.

Part I

Readiness Assessment

READINESS ASSESSMENT

To make the most of this Equity Screening Tool, take a look at the general pattern of your readiness assessment to identify areas where additional work may be needed. At whatever stage of readiness you find yourself, we believe you can use this Equity Screening Tool to promote equity and enhance your work.

Are you ready to do this work? Indicate your level of readiness for each of the following areas:	None/ Not At All	Starting/ Growing	Spreading/ Well-Established	The Norm/ Deeply Embedded
1. An individual understanding of institutional racism and the dynamics of power, privilege, and oppression				
2. Shared common racial equity analysis among project team members				
3. Meaningful relationships with communities of color and historically underrepresented groups				
4. Integration of equity into an organization's mission, vision, and/or strategic planning				
5. Support from leadership to prioritize issues of equity and inclusion				
6. Financial and human resources are allocated towards this work				

None/Not At All

If you **marked three or more** questions in the "not at all" category, it indicates a beginner level in your equity analysis. To advance towards diversity, equity, and inclusion best practices, consider taking the following steps:

- Engage in educational opportunities to develop an understanding of institutional racism and power dynamics.
- Seek resources, such as books, articles, and workshops, to increase your knowledge about privilege and oppression.
- Begin self-reflection and critical analysis of your own biases and assumptions.
- Actively listen to and learn from individuals and communities affected by racism and marginalization.

Starting/Growing

If you have **marked three or more** questions in the "starting/growing" category, it indicates that your equity analysis is in the early stages. To further progress, consider the following steps:

- Encourage open dialogue within your project team to build a shared understanding of racial equity analysis.
- Foster an environment that supports learning and growth in relation to diversity, equity, and inclusion.
- Develop partnerships with communities of color and historically underrepresented groups to build meaningful relationships.
- Seek out guidance from experts or consultants who can provide insights and strategies for advancing equity in your organization.

Spreading/Well-Established

If you **marked more than four** questions in the "spreading/well-established" category, it indicates that your equity analysis is gaining momentum and becoming more established. To continue the progress, consider the following steps:

- Ensure that equity is integrated into your organization's mission, vision, and strategic planning processes.
- Foster collaborations and partnerships with communities of color to promote mutual understanding and support.
- Provide ongoing training and professional development opportunities to enhance the racial equity analysis of your project team.
- Allocate financial and human resources towards equity initiatives to sustain and expand your efforts.

The Norm/Deeply Embedded

If you **marked more than four** questions in the "the norm/deeply embedded" category, it indicates that your equity analysis is deeply embedded in your organization's practices. To maintain and enhance this level, consider the following steps:

- Advocate for equity and inclusion as a priority at all levels of your organization, from leadership to frontline staff.
- Continuously assess and monitor the impact of your equity initiatives, adjusting strategies as needed.
- Share your successes, challenges, and lessons learned with other organizations to contribute to broader social change.
- Seek opportunities to influence policy and systemic change to address inequities beyond your immediate sphere of influence.

Remember, the Equity Screening Tool is not a one-time assessment; rather, it is a dynamic framework that supports ongoing self-reflection and growth. The tool should be useful at any stage of readiness, but your work and learning and planning may be different depending upon your current readiness.

Part II

Equity Screening Tool

Principle 1: Addressing Impacts of Oppression

Principle 2: Social Context & Strengths Perspective

Principle 3: Intersectionality

Principle 4: Multi-Level Lens

Principle 5: Institutional Accountability

PRINCIPLE 1
ADDRESSING IMPACTS OF OPPRESSION

Forms of oppression and exclusion exist, impacting how programming and human and financial resources are distributed, how people are treated, and how suicide is viewed in communities. To make things fair for everyone, we need to look at the things that people usually assume are true, and the rules that make it hard for some people to succeed. We need to change the way we make decisions and share resources so that everyone has a fair chance.

P1 | BUILD WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- How do unfair and exclusionary practices affect the mental and physical health of people in the community?
- What institutional barriers are getting in the way of preventing suicide in your community?
- What things in their lives, like where they live, their surroundings, and the situations they're in, make this group more likely to consider suicide?
- What are the opportunities/what must change in current practices to meet the needs of your group to improve the social conditions that make them vulnerable?

Examples

- People should be able to get help when they need it, and there should be enough mental health resources that are made for different cultures. There shouldn't be areas where it's hard to find counselors who understand BIPOC, Spanish-speaking, trans, or military veteran issues.
- Programs designed within the context of the group that take into account...
  - The Black community's value of community care (e.g., other mothering and doing whatever is necessary to take care of each other)
  - Rural values of individualism
  - Gender norms that promote vulnerability for boys and men
  - Religious conceptions of suicide
- Access to quality health insurance, not limited to subsidized health insurance that is catastrophic
- Low-barrier access to resources, including people not having to show documentation or sharing personal information if they're worried that it might get them in trouble with the government or community services
- Policies that support positive engagement with individuals with severe and persistent mental illness (SPMI), substance abuse, or mental health episodes, especially for individuals living with multiple intersections of their identity that make them socially vulnerable, i.e., (SPMI + Houseless; SPMI + BIPOC; SUD + SPMI + BIPOC + LGBTQ+)

How does your project, initiative, or recommendation address this principle?

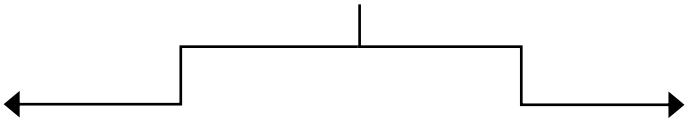
Are there any “BUILD” questions not being addressed?

P1 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

How is this initiative changing or maintaining the status quo?

Have there been any unintended consequences?

Is change needed?



No = Continue

Yes = Pivot or Stop

How do we know it's working?
How will we know when to stop?

How will we adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 2
SOCIAL CONTEXT & STRENGTHS PERSPECTIVE

Suicide risk factors are not treated strictly as individual traits and shortcomings, but rather are understood in the context of social determinants, oppression, and community cultural assets based on social identities. Cultural, spiritual, ancestral, and intergenerational assets like knowledge, skills, abilities, and contacts possessed by oppressed groups are protective factors against suicide. Effective suicide prevention requires understanding the norms, strengths, and local contexts of communities developed over time as a response to oppression.

P2 | BUILD WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- What resources are currently being used to achieve lower suicide rates and improve mental health for your specific population/community?
- Who is able to use the resources to help with mental health and suicide in your community? Who is unable to use them?
- What are a community's values, ideas, beliefs, teachings, stories, and oral tradition of health, mental health, suicide, and death?
- How do community cultural norms impact help-seeking?
- What types of community assets/strengths exist (hopes and aspirations for their community, ability to navigate systems, social and family connections, access to funding and resources, mutual aid, community care, intergenerational support systems, etc.)?
- Who is able to use the resources to help with mental health and suicide in your community? Who isn't able to use them?
- What do communities identify as their strengths?
- Who needs to be present in decision making to ensure hearing marginalized voices and creating true partnership and safety?

Examples

- Changing requirements by funders that only provide "evidence-based" or known programming to include community-based, place-based approaches
- Not assuming that a behavioral health intervention is always the best way to prevent suicide
- Understanding and leveraging community assets and strengths like…
  - Black communities may practice "other mothering" and kids are raised by all the adults in a community
  - Mexican-American families may feel that the family is more important than the individual

- Asian-Americans may live in multigenerational households where elders teach and support younger generations
- LGBTQ2SIA+ may create "chosen families" not defined by blood alone
- Individuals and communities who are unhoused may rely on "Street Smarts" about how to navigate agencies and create community with people who will watch out for them
- The mentality of "Leave No Man Behind" or "No Veteran Stands Alone" may help military personnel and veterans work to support each other

- Building relationships, supporting, and following the lead of existing community groups already doing this work, formally or informally (Black Lives Matter, Urban League, NAYA (Native American Youth and Family Center), Gay Men's Chorus, Movimiento Estudiantil Chicanx de Aztlán, churches and faith communities, Alcoholics Anonymous, Veterans of Foreign War, Safe+Strong Peer Networks, etc.)

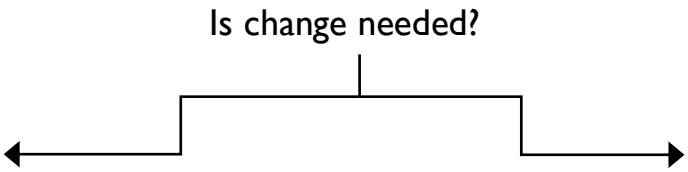
How does your project, initiative, or recommendation address this principle?

Are there any "BUILD" questions not being addressed?

P2 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

How are cultural assets and strengths being leveraged to positively impact social determinants of health?

Have there been any unintended consequences?



How do we know it's working?
How will we know when to stop?

How will we adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 3
INTERSECTIONALITY

Intersections are important. Understanding how social identities overlap with each other, individual lived experiences, and social group characteristics impacts individuals' ability to access appropriate resources and interventions is imperative to equity. It's not just one thing that causes harm or makes it hard to get help. When someone has multiple different backgrounds or experiences, it can be even harder to find the right kind of help. This is why it's important to consider people's unique intersectional identities and how their positionality affects them. It's not necessary to address every single intersection, but it's good to think about which ones are most important to the people you're working with.

P3 | BUILD WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- What are the primary identities that exist within your demographic group that may impact high numbers of suicide?
- Within a group, who is served or not served through the service/recommendation?
- How is a recommendation that involves a service, institution, or system actively mindful of multiple social identities?
- Are there ways that the service/recommendation negatively impacts parts of an individual's identity while supporting other parts of the same individual's identity?
- Does your solution/recommendation attempt to reduce harm for more than one social identity?

Examples

- A service intended for a particular social identity also meets the needs of an individual's other salient identities
- A person of faith finding support in a community that also supports their LGBTQ2SIA+ identity
- A veteran can find a person who understands military service even if they live in a rural community
- An older Spanish-speaking adult receives services in Spanish that incorporate the familial context of their multi-generational home
- An undocumented person experiencing housing insecurity is able to access services in a way that protects their anonymity
- Materials are professionally translated and available to the groups of individuals who need services in their primary language spoken. (i.e., intake forms, FAQ guides, and signage within a medical providers office.)

How does your project, initiative, or recommendation address this principle?

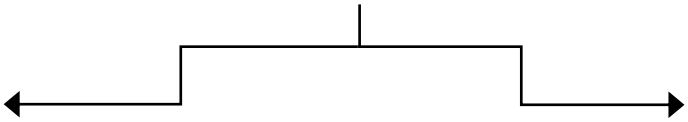
Are there any “BUILD” questions not being addressed?

P3 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

In what ways are multidimensional identities supported?

Have there been any unintended consequences?

Is change needed?



No = Continue

Yes = Pivot or Stop

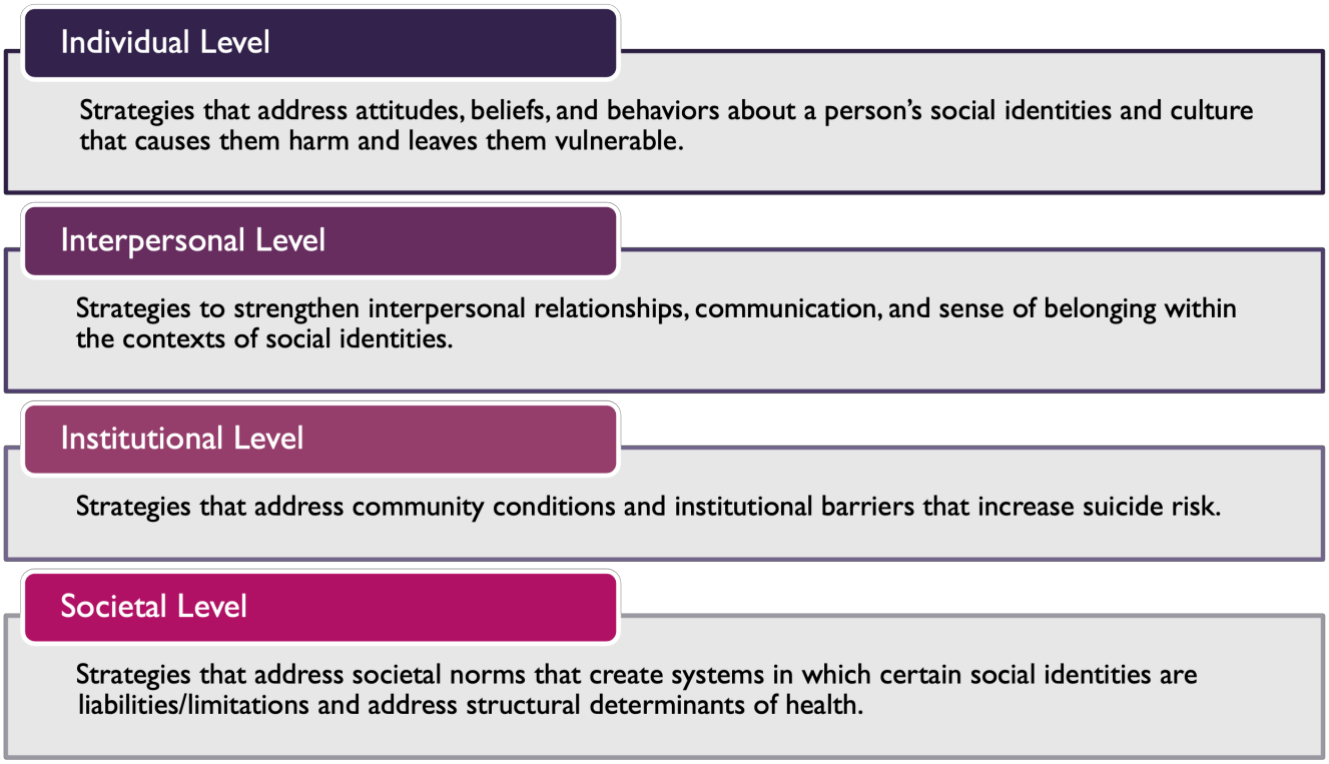
How do we know it's working?
How will we know when to stop?

How will we adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 4
MULTI-LEVEL LENS

Preventing suicide requires working across individual, interpersonal, institutional, and societal levels. A lens towards equity is defined by evaluating the harm and lack of access at each of these levels. Addressing inequities in suicide prevention needs to focus on contexts of systematic power and social identities rather than individual characteristics alone.



P4 | BUILD WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- What are the social identities of your group that impact their individual, interpersonal, community, and societal experiences?
- Do recommendations and interventions address inequities across all levels?
- Who is impacted?
- How are decisions made?
- How can power dynamics be shifted to better integrate voices and priorities at each level without being tokenistic?
- What are barriers and supports to access and experiences with programs, services, policies, etc.? At what level(s) do these barriers or supports exist?

Individual Level Examples

- Including questions about culture at all levels of assessment and in the interpretation of assessments to avoid mislabeling, misdiagnosing, and/or mistreating
- A White mental health provider exploring the impact of racism or the social support network of a Black client rather than focusing solely on strategies like gratitude and mindfulness that are common or well-accepted by White/Western culture, and that situate all the power within the individual

Interpersonal Level Examples

- Developing a suicide safety plan that considers the family structure, which may include a person's reliance on aunts, uncles, siblings, or grandparents, rather than only considering the nuclear family as the primary supports
- Creating opportunities for connection within culturally-based and/or peer-run organizations

Institutional Level Examples

- Agencies taking a proactive approach to address unconscious bias to better engage individuals in culturally responsive and culturally specific treatment options
- Strategies that address community conditions like neighborhood poverty, high density of alcohol outlets, lack of transportation
- Ways to overcome obstacles caused by institutions such as too much paperwork, strict eligibility criteria, distance from services, and restricted access to resources.
- When creating plans to assist individuals, it is important to recognize the negative impacts that institutions have had on marginalized communities. For instance, if helping someone who identifies as LGBTQ2SIA+, it would be helpful to offer a list of welcoming and accepting churches as a resource.

Societal Level Examples

- Adapting evidence-based education and prevention programs, treatment modalities, etc. to make them more suitable for communities that were not included in the research that produced the original evidence-base (Institutional and Societal Levels)
- Addressing perspectives that reinforce the individualistic nature of mental health and suicide stigma in US culture
- Developing a treatment plan for an individual with a disability by including them in the decision-making rather than making decisions solely based on the disability diagnosis and/or by talking to the caregiver rather than the individual seeking treatment

How does your project, initiative, or recommendation address this principle?

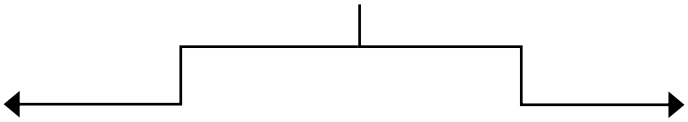
Are there any “BUILD” questions not being addressed?

P4 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

At which level(s) do we have the most impact? Who are our strategic partners on addressing the other levels?

Have there been any unintended consequences?

Is change needed?



No = Continue

Yes = Pivot or Stop

How do we know it's working?
How will we know when to stop?

How will we adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 5
INSTITUTIONAL ACCOUNTABILITY

Holding institutions accountable for the harm they cause is crucial in promoting positive results and preventing suicide for marginalized groups and communities. Institutions often use confusing technical language and over time have developed policies that disempower people. It's important to make an effort to communicate in a way that helps those they serve, and to acknowledge that negative impacts of institutions can occur despite the positive intent of individuals working within systems.

P5 | BUILD WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- How are we making institutions responsible for the harm they cause due to existing power imbalances?
- What policies and procedures do organizations have in place that could cause harm?
- What are some of the things that your agency does that are potentially harmful? What are some things being done to try to change that?
- How is an individual's autonomy taken into consideration during a mental health crisis?
- How are state-led institutions helping or hindering access to the right help at the right time?

Examples

- A community mental health program's materials are written at a 3rd grade reading level, communicated in plain language without jargon, and are easy to find
- The role of an ombudsman is described during a food and housing intake, with a clear process to make complaints or advocate for remedies; and includes a cycle of communication where the individual receives information about what happened
- Family or youth advisors review materials for accessibility before they are shared with the general public
- A health center makes a formal apology to a group who has been harmed and works with that community to repair harm and establish supportive practices
- A psychiatric hospital uses involuntary holds under only extreme circumstances under the guidance and review of a peer-led panel
- A county agency acknowledges historical injustice and its impacts on current members of a tribal community. The county develops a multi-component reparations program that includes return of land, formal direct individual payments allocated over time, and support for community-led healing.

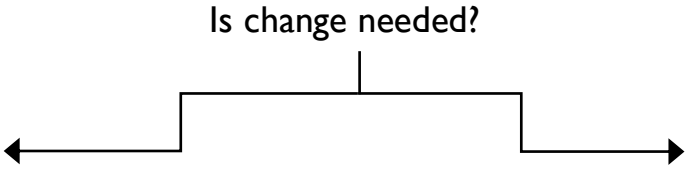
How does your project, initiative, or recommendation address this principle?

Are there any “BUILD” questions not being addressed?

P5 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

How have we been documenting and communicating systemic changes about policies and procedures?

Have there been any unintended consequences?



No = Continue

Yes = Pivot or Stop

How do we know it's working?
How will we know when to stop?

How will we adjust?

Is there anything we need to do to repair harm?

Part III

Reflect

REFLECT

In what areas are you excelling? How are you celebrating your achievements?

What do you see as your biggest areas of improvement?

What action steps can you take in the next 3-6 months to further integrate these equity principles?

Have any of our values been compromised for the sake of moving this work forward? Why, and how can we get back?

Closing

Share Your Feedback

Reference Materials

Acknowledgements

Recommended Citation

In conclusion, the Equity Screening Tool is an essential component of the Oregon Alliance to Prevent Suicide's commitment to fostering racial equity. As we embark on our own equity journey, we will actively utilize this tool for our learning and growth. Moreover, we value the feedback from individuals who use the tool, as it will be instrumental in refining and evolving it over time. By listening to the diverse perspectives of Oregonians dedicated to achieving equity, we can fine-tune the tool to cater to the needs of all, ensuring a more inclusive and impactful approach towards racial equity in our community. Together, we strive to build a more just and equitable future for everyone in Oregon.

SHARE YOUR FEEDBACK

We would love to hear your successes and/or challenges with using the Equity Screening Tool. Your feedback will help us continue to refine and improve it.

Please contact us as EquityatOAPS@gmail.com.

REFERENCE MATERIALS

Literature and several equity tools were reviewed in the development process. These have had the biggest influence on the development of this suicide-specific equity assessment tool:

Balajee et. al. (2012). Equity and Empowerment Lens (with a racial justice focus). Portland, OR: Multnomah County. Retrieved from multco.us/diversity-equity/equity-and-empowerment-lens.

Oregon Health Authority, (2020). Healthier Together Oregon: 2020-2024 State Health Improvement Plan (OSHIP). Retrieved from oregon.gov/oha/ph/about/pages/healthimprovement.aspx.

Oregon Education Investment Board (OEIB), (n.d.). Oregon Equity Lens. Retrieved from oregon.gov/ode/students-and-family/equity/equityinitiatives/Documents/OregonEquityLens.pdf.

ACKNOWLEDGEMENTS

The Alliance wishes to acknowledge and thank the work of the Equity Workgroup of Oregon's first Adult Suicide Intervention and Prevention Plan (ASIPP) for the creation of the first iteration of this Equity Screening Tool.

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The Alliance's Equity Advisory Committee has continued the development and refinement of this tool with the support from Equity Co-Chair, Michelle Bangen michelle.bangen@inciteforchange.org and committee member, Lukas Soto ls@lukasmsoto.com. Additional guidance from Iden Campbell McCollum, Kris Bifulco, and Lucina Micha is also greatly appreciated.

As well, we are grateful for the year-long learning process we engaged in with the The Uprise Collective who provided the Oregon Alliance to Prevent Suicide with insight and support in strengthening our ability to center equity in our work and planning.

RECOMMENDED CITATION

The Oregon Alliance to Prevent Suicide (2023). *Suicide Prevention Equity Assessment: Interactive Screening Tool.* https://oregonalliancetopreventsuicide.org/community-resources.

Appendix

Glossary

Ableism: Discrimination, prejudice, and social prejudice against individuals with disabilities, as well as the systemic exclusion and marginalization of people with disabilities. It can take many forms, including physical and social barriers that prevent access to goods, services, and opportunities, negative attitudes and stereotypes towards people with disabilities, and the underfunding or neglect of disability-related policies and programs. Ableism perpetuates inequality and reinforces the dominant status of able-bodied individuals and communities.

Anti-Blackness: A system of prejudice, discrimination, and hostility towards individuals who are perceived as belonging to the Black race or African descent. It encompasses both overt and subtle forms of racism that perpetuate negative stereotypes, biases, and unequal treatment of Black people based on their race. Anti-blackness is deeply rooted in historical, social, and cultural contexts, and it can manifest in various domains of life, including education, employment, housing, criminal justice, and healthcare. It is a pervasive and harmful form of racism that seeks to devalue, marginalize, and oppress Black individuals and communities.

Barriers: Various obstacles that hinder progress, restrict access, or create limitations in different contexts. Common types of barriers include physical, social, language, psychological, economic, technological, legal and regulatory barriers. It's important to note that the term "barriers" can have different meanings depending on the context in which it is used.

Community Care: An approach embraced by individuals to provide mutual support and foster a sense of well-being in the broader community. For generations, BIPOC and Queer and Trans BIPOC communities have embraced this philosophy, rooted in their collectivist beliefs, where the welfare of each person is intertwined with that of others and the entire community. The essence of community care lies in cultivating meaningful connections, purposeful actions, and concerted endeavors to mobilize individuals in supporting one another. The facets of community care include, but are not limited to:

1) Mutual Aid
2) Healing Circles
3) Community healing practices
4) Doulas
5) Faith-based practices
6) Community Health Workers
7) Peer support specialists

At the core of community care lies the acknowledgment of existing inequities affecting individuals and communities. These inequities are often linked to systemic barriers and structures, commonly known as social determinants of health, which directly impact people's well-being.

In response to these disparities, community care addresses the gaps in resources by establishing new structures that bridge these divides. It strives to enhance access to valuable resources through mutual support and aid offered by individuals and broader community-focused initiatives. By doing so, community care seeks to alleviate existing inequities and promote a more inclusive and supportive environment for all.

Communities of Color: Racially and ethnically diverse groups facing social, economic, and political challenges due to systemic discrimination and oppression. This term recognizes structural inequalities that disproportionately affect non-white populations, including Native American, African American, Latino, and Asian American communities, among others. These communities share experiences of systemic racism, discrimination, and marginalization, leading to unequal access to resources, opportunities, and representation in positions of power.

Terminology for individuals of Black, Brown, and Indigenous backgrounds can vary based on factors like regional context, historical influences, and personal preferences. It's important to respect people's preferences and use language that reflects their comfort levels and self-identification. Different communities and regions may have their own preferred terms for collective representation. Some commonly used terms include:

- ➔ **BIPOC (Black, Indigenous, and People of Color):** An acronym that acknowledges the distinct experiences and shared struggles of Black and Indigenous communities, as well as other non-white individuals. It highlights the need to center the experiences and perspectives of these groups within discussions of racial equity and social justice.
- ➔ **Communities of Color:** Encompasses all non-white racial and ethnic groups, emphasizing their shared experiences of marginalization and discrimination. It recognizes the common challenges faced by various racial and ethnic communities and emphasizes solidarity and collective struggle against systemic oppression.
- ➔ **Global Majority:** Acknowledges that people of non-white backgrounds comprise the majority of the world's population. It challenges the dominant narrative that centers whiteness and recognizes the diverse and significant contributions of non-white individuals globally.
- ➔ **POC (People of Color):** A broader term that collectively refers to individuals who are not considered part of the white racial category. It includes individuals from various racial and ethnic backgrounds and serves as an inclusive umbrella term to highlight shared experiences of racism and discrimination.

Community Cultural Assets: Cultural, linguistic, and social resources that exist within a community, and may include traditions, values, language, art, music, and other cultural expressions unique to a particular community. It also includes spirituality, ancestral connections, intergenerational assets like knowledge, skills, abilities, and contacts possessed by oppressed groups. Community cultural assets are often seen as important resources for promoting the well-being of the community

and fostering a sense of cultural identity and pride, and they can be leveraged to support community development, economic growth, and social cohesion. All of these assets are considered cultural protective factors.

Discrimination: The unjust or prejudicial treatment of individuals or groups based on their membership in a particular social category, such as race, gender, sexual orientation, religion, age, or nationality. Discrimination can take many forms, including denial of opportunities, unfair treatment, harassment, and segregation. It can be perpetrated both intentionally and unintentionally, and can occur at individual, institutional, and systemic levels. Discrimination is a violation of human rights and can lead to social, economic, and political inequalities and injustices.

Disparities: Differences or inequalities in outcomes or opportunities between different groups of people based on their membership in a particular social category, such as race, ethnicity, gender, age, or socioeconomic status. Disparities can manifest in various aspects of life, including healthcare, education, employment, housing, and criminal justice. They may result from historical, social, and economic factors, such as institutional discrimination, unequal distribution of resources, and systemic barriers. Disparities can have negative effects on individuals and communities, leading to increased levels of poverty, illness, and social exclusion.

Diversity: The variety of differences and similarities that exist among people, including their characteristics, identities, experiences, perspectives, and cultures. Diversity encompasses various dimensions, such as race, ethnicity, gender, sexual orientation, religion, age, ability, socioeconomic status, and geographic location. Diversity acknowledges that each person is unique and brings a valuable and distinct perspective to the table. It also recognizes the systemic and historical factors that have shaped social inequalities and the need to promote inclusivity and equity. Valuing diversity involves recognizing, respecting, and celebrating the differences among people and creating an environment that fosters mutual understanding, collaboration, and learning.

Dominant Culture: Refers to the cultural values, norms, and beliefs that are considered mainstream and dominant in society. The dominant culture in the United States is often associated with White, Anglo-Saxon, Protestant (WASP) values, although this is changing as the country becomes more diverse. The dominant culture shapes and influences social institutions, media, politics, and education, among other things. In the US, it is often characterized by individualism, competitiveness, consumerism, and a focus on productivity and efficiency. The dominant culture has often marginalized and excluded other cultures, including those of people of color, Indigenous people, immigrants, and other minority groups.

Ethnicity: A person's cultural identity, which is based on shared ancestry, language, customs, traditions, and beliefs. It is a socially constructed concept that distinguishes one group of people from another based on their cultural practices and heritage. Ethnicity can be based on a range of factors,

including national origin, religion, race, language, and geography. Ethnic identity is often passed down from generation to generation, and it can be a source of pride, community, and social connection for individuals. However, ethnic identity can also be a source of discrimination, as people who are perceived as different or "other" based on their ethnicity may face prejudice and unequal treatment in society. Ethnicity is often used interchangeably with race, although the two concepts are distinct. While race is typically associated with physical characteristics, ethnicity is more focused on cultural and social factors.

Equity: Equity means fairness and justice in how resources and opportunities are distributed among individuals and groups, considering their unique needs and circumstances. It's about addressing existing disparities and making sure everyone gets the support they need to achieve fair outcomes.

Unlike equality, which treats everyone the same, equity recognizes that different people face different challenges due to factors like race, gender, and socioeconomic status. It aims to level the playing field by giving extra support to those who have been historically disadvantaged, creating a more inclusive society for everyone. The ultimate goal is to ensure that everyone can fully participate in society and have the opportunity to succeed, no matter where they come from or what their background is.

There are three forms of equity that can be promoted through design and decision-making:

- ➔ **Procedural equity:** Ensuring that processes are inclusive and fair in the development and implementation of programs or policies.
- ➔ **Distributional equity:** Ensuring that resources and benefits, as well as burdens, are distributed fairly, with a focus on addressing the needs of those with the greatest need first.
- ➔ **Structural (Intergenerational) equity:** Making a commitment to rectify past injustices and prevent future negative consequences by establishing accountable decision-making structures that aim to sustain positive outcomes.

Exclusion: Deliberately or inadvertently leaving individuals or groups out of social, economic, or cultural participation, denying them equal opportunities, rights, or access to resources based on factors such as race, gender, socioeconomic status, or other characteristics.

Gender: Gender encompasses the social and cultural roles, behaviors, and expectations associated with being male or female in a particular society or culture. It is a complex concept, including self-identity, social roles, and relationships. Unlike biological sex, which is typically binary (male or female), gender is more fluid and exists on a spectrum.

Gender norms, on the other hand, are societal expectations and beliefs about how individuals should behave, express themselves, and perform roles based on their assigned gender. These norms often

reinforce binary distinctions between masculinity and femininity, influencing various aspects of life, such as appearance, behavior, and social roles.

Individualism: The philosophy or belief system that emphasizes the importance of individual autonomy, self-reliance, and personal freedoms, prioritizing the rights and interests of the individual over those of the collective or society.

Inequities: Inequities arise from a range of social factors, including income inequality, economic forces, educational quality, environmental conditions, individual behavior choices, and access to services. These disparities in health outcomes are considered unjust and preventable. (Adapted from Multnomah County Health Department, Health Equity Initiatives)

Institutional Barriers: Systemic and structural obstacles or limitations that exist within organizations, institutions, or systems that hinder or impede the full participation, access, or equitable treatment of certain individuals or groups. These barriers are often embedded in policies, procedures, practices, and cultural norms, and can result in disparities or unequal opportunities for marginalized or underrepresented populations. Institutional barriers may include discriminatory hiring practices, lack of diverse representation, limited access to resources or services, biased policies or regulations, and exclusionary practices that perpetuate inequity and limit individuals' ability to fully engage or succeed within the institution or system.

Intersectionality: A term coined by legal scholar Kimberlé Crenshaw that refers to the interconnected nature of social identities and systems of oppression, particularly the ways different forms of discrimination (such as racism, sexism, homophobia, ableism, etc.) intersect and interact with one another. The concept recognizes that individuals have multiple social identities, and that these identities cannot be understood or addressed in isolation from one another. Intersectionality emphasizes the need to address the ways multiple forms of oppression and privilege are intertwined and shape individual experiences and outcomes.

LGBTQ2SIA+: An acronym used to refer to the lesbian, gay, bisexual, transgender, queer/questioning, Two-Spirit, intersex, asexual, and other gender and sexual minority communities. It is an umbrella term for people whose sexual orientation, gender identity or expression, or biological sex characteristics are not exclusively heterosexual or cisgender and is a way to recognize and affirm the diversity of identities and experiences within the community. The "+" sign is used to acknowledge that the acronym may not be inclusive of all identities and that there are additional identities beyond those represented in the acronym.

Liberation/Liberatory Practices: Approaches and strategies aimed at challenging oppressive systems and promoting freedom, justice, and empowerment for marginalized individuals and

communities. They focus on addressing power imbalances, fostering equity, inclusivity, and self-determination.

These practices involve critical reflection, education, and collective action to disrupt systemic forms of oppression like racism, sexism, ableism, homophobia, and other discriminations. They include grassroots organizing, community engagement, advocacy, and the development of alternative structures and systems that prioritize the liberation and well-being of all individuals.

The ultimate goal of liberatory practices is to create transformative change by tackling the root causes of oppression and working towards a more just and equitable society that benefits everyone, especially historically marginalized or oppressed groups.

Leveraging Asset: Utilizing and maximizing existing resources, strengths, or capabilities to achieve desired outcomes or create value. It involves identifying and strategically deploying available assets, such as knowledge, skills, relationships, technologies, or financial resources, to gain a competitive advantage, address challenges, or pursue opportunities effectively. By leveraging assets, individuals, organizations, or communities can optimize their potential and achieve greater impact or success.

Mainstream Services: Service organizations that often lack specific services tailored to communities of color, or that provide only minimal or symbolic responses to their unique needs. They operate under the assumption that service needs are separate from racial and cultural needs, and that training individual staff "cultural sensitivity" or "cultural competence" to address the need, when in fact, services must be delivered through the lens of culture in order to provide high-quality services to clients of any race or ethnicity.

Marginalized/Margins: The way in which groups with a history of oppression and exploitation are progressively distanced from the centers of power that shape and control society. This often leads to these groups being situated at the margins of society.

Mutual Aid: A voluntary and reciprocal system of support and assistance among individuals or groups within a community. It involves individuals coming together to provide help, resources, and solidarity to one another based on the principle of mutual cooperation and solidarity. This practice is directly tied to the concept of *community care*.

Ombudsman: An independent and impartial official appointed to investigate complaints or concerns raised by individuals or groups regarding the actions, decisions, or policies of an organization or institution. Their primary role is to promote fairness, transparency, and accountability by providing an avenue for individuals to voice their grievances and seek resolution.

Oppression: The systemic and pervasive mistreatment, subordination, and marginalization of certain groups of people by those in positions of power or privilege, based on social identities such as race, gender, sexual orientation, religion, ability, socioeconomic status and other intersections. It involves the use of institutional, cultural, and individual power to deny opportunities, resources, and rights to certain groups while granting them to others, creating and reinforcing systemic disadvantage and inequality.

Positionality: An individual's social location, identity, and perspectives shaped by their personal experiences, social identities, and relationships to power structures. It recognizes that our positions within society, including factors such as race, gender, class, and other intersecting identities, influence our understanding of the world and how we navigate and interpret social contexts. Positionality acknowledges that different individuals hold unique vantage points that shape their knowledge, biases, and perspectives, which can impact how they engage with and understand various issues.

Postvention: Actions and support provided in the aftermath of a suicide to help individuals and communities cope with the loss, prevent further harm, and promote healing. It involves immediate and long-term interventions aimed at providing emotional support, counseling, education, and resources to those affected by a suicide, including family, friends, peers, and the broader community. The goal of postvention is to reduce the risk of contagion (thoughts of suicide spreading), support survivors, and facilitate their journey towards recovery and resilience.

Power: The ability to influence or control the behavior of others, institutions, or systems. It can manifest in different forms, such as economic, political, social, or cultural power, and can be individual, positional, or systemic. Those who hold power often have greater access to resources, decision-making processes, and opportunities, while those without power may face disadvantages and barriers that limit their ability to achieve their goals or access resources. Power can be exerted through explicit or implicit means, such as through laws, policies, social norms, or cultural practices.

- ➔ **Individual Power:** The capacity and ability of an individual to exert influence, make choices, and take action to shape their own life and impact the world around them. It encompasses the autonomy, agency, and personal resources that empower individuals to express their values, pursue goals, and effect positive change in their personal lives, relationships, and communities. Individual power is rooted in self-determination and the belief in one's capacity to make a difference.
- ➔ **Positional Power:** The authority, influence, and control that an individual holds within a formal organizational or social structure based on their position or role. It is derived from factors such as hierarchical rank, job title, or formal responsibilities. Positional power grants individuals the ability to make decisions, allocate resources, and direct the actions of others within their designated sphere of influence.

- **Systemic Power:** The structural and institutional mechanisms through which power is distributed and maintained within a society or system. It encompasses the social, political, and economic systems that shape and perpetuate power imbalances, privilege, and oppression, often influencing access to resources, opportunities, and decision-making processes.

Privilege: A set of unearned advantages and benefits that a person or group enjoys simply because of their social identity, such as their race, gender, sexual orientation, or socioeconomic status. These advantages and benefits can include greater access to opportunities, resources, and social power, as well as greater freedom from discrimination and negative stereotypes. Privilege is often invisible to those who possess it and can be taken for granted, while those without privilege may face significant barriers to achieving their goals and living fulfilling lives.

- **White Privilege:** In the context of the United States, white privilege refers to the societal advantages that benefit white individuals over non-white individuals in areas such as education, employment, housing, and criminal justice, among others. These advantages are often invisible to white individuals, as they are seen as normal or expected aspects of daily life, rather than as privileges. White privilege can manifest in various forms, such as access to better schools or neighborhoods, greater economic opportunities, and lower rates of discrimination or mistreatment based on race. It is a concept often discussed in the context of systemic racism and social justice.

Racism: A system where a particular group holds power over others based on socially constructed categories and physical attributes such as skin color. Racism can be expressed both individually and systemically, through personal biases, institutional practices, and societal structures that create and maintain unequal opportunities and outcomes for people of different races. Racism can manifest in overt or subtle ways and can be intentional or unintentional. It is important to note that these forms of racism are interconnected and often mutually reinforcing, contributing to the persistence of racial inequality and injustice.

- **Interpersonal Racism:** Acts of discrimination, prejudice, or bias that occur between individuals or small groups based on race, perpetuating unequal treatment and reinforcing stereotypes.
- **Institutional Racism:** Discriminatory practices, policies, or systems embedded within institutions (such as government, education, or workplaces) that systematically disadvantage certain racial or ethnic groups, even if unintentional.
- **Structural Racism:** The overarching social, economic, and political systems that perpetuate racial inequalities and disparities. It encompasses the historical and ongoing patterns of power, privilege, and disadvantage that disproportionately affect marginalized communities.

➔ **Systemic Racism:** The complex interplay of interpersonal, institutional, and structural racism, where discriminatory practices and beliefs are deeply ingrained in society, perpetuating unequal outcomes and opportunities based on race.

Reparations: Actions or compensation provided to individuals, communities, or groups who have suffered harm or injustice, typically as a result of historical or systemic wrongdoing. Reparations aim to address the long-lasting effects of past wrongs and provide redress for the harm inflicted.

Restrictive Screening: The practice of implementing stringent criteria or measures to filter or limit access to certain resources, services, or opportunities. It involves setting specific requirements or conditions that individuals must meet in order to be eligible or granted permission. While these measures are often put in place to safeguard security, mitigate risks, or maintain certain standards, they can also have potential drawbacks like creating barriers to access, disproportionately affecting certain groups or individuals, and limiting opportunities for those who do not meet the established criteria. Striking a balance between security or eligibility requirements and ensuring fairness and equal opportunities is an ongoing challenge in implementing restrictive screening processes.

Resource Deserts: A term used to describe geographic areas or communities that lack access to essential resources and services necessary for a healthy and thriving life. It is often used in the context of socioeconomic disparities and refers to areas where access to vital resources is limited or non-existent, creating significant challenges for residents.

Severe and Persistent Mental Illness (SPMI): A category of mental health disorders characterized by their chronic and debilitating nature, often requiring ongoing treatment and support. SPMI encompasses a range of conditions that significantly impair a person's thoughts, emotions, behavior, and overall functioning, leading to substantial challenges in daily life. Examples include schizophrenia, severe bipolar disorder, severe major depressive disorder, and severe post-traumatic stress disorder (PTSD); however, the specific diagnoses and criteria may vary across different diagnostic systems and healthcare settings.

Social Conditions: The various factors and circumstances that shape and influence the lives of individuals and communities within a society. They encompass the social, economic, cultural, and environmental aspects of people's lives and impact their well-being, opportunities, and quality of life.

Social Determinants of Health: The conditions and circumstances in which people live, work, and age that have a significant impact on their health outcomes and overall well-being. These include factors such as socioeconomic status, access to healthcare and healthy food, education, employment, social support, housing, and environmental conditions. Social determinants of health are critical in understanding and addressing health inequities and disparities across different populations.

Social Identities: The different aspects of an individual's identity that are shaped by their social group membership and their experiences within those groups. These can include characteristics such as race, ethnicity, gender, sexual orientation, socioeconomic status, age, religion, nationality, citizenship, language, and ability. Social identities play a significant role in shaping an individual's experiences, opportunities, and interactions with others, and can lead to experiences of privilege or oppression based on the social norms and power dynamics within a given society.

Social Justice: The fair and just distribution of wealth, opportunities, and privileges within a society. It involves a collective effort to ensure that all members of a community are treated equitably, regardless of their race, gender, socioeconomic status, or other social identities. The goal of social justice is to create a society that is free from discrimination, oppression, and inequality, and where all individuals have equal access to basic human rights and resources. This includes access to healthcare, education, employment, housing, and other essential resources that enable people to live fulfilling and meaningful lives.

Tokenism: The practice of making only a perfunctory or symbolic effort to do a particular thing, especially by recruiting a small number of people from underrepresented groups in order to give the appearance of racial or ethnic diversity. In other words, it involves making a symbolic gesture towards diversity without actually addressing the underlying issues of inequality and marginalization. Tokenism can be seen as a form of superficial or empty inclusivity that ultimately perpetuates discrimination and maintains the status quo.

Trans/Transgender: An umbrella term that describes people whose gender identity or expression does not match the sex they were assigned at birth. Transgender people may identify as male, female, nonbinary, or any gender identity that differs from the sex assigned to them at birth. Some transgender people may undergo medical procedures or take hormones to align their physical appearance with their gender identity, while others may choose not to undergo any medical interventions.

Transphobia: A range of negative attitudes, feelings, and actions directed towards transgender individuals or people who do not conform to traditional gender roles and norms. It includes discrimination, prejudice, and violence against transgender people, as well as social, cultural, and institutional practices that marginalize or exclude them. Transphobia can take many forms, from verbal and physical harassment to denying access to healthcare, education, employment, and other basic rights and services.

Trauma: Broadly defined as a deeply distressing or disturbing experience that overwhelms an individual's ability to cope. There are several different types of trauma, and recovery and healing often require individualized and comprehensive approaches that address the specific impacts and needs of each person.

- **Acute Trauma:** A single distressing event or a series of events that occur within a short period, causing intense emotional and psychological distress resulting from incidents such as accidents, natural disasters, or violent assaults.
- **Collective Trauma:** The psychological and emotional impact of traumatic events that affect entire communities, societies, or groups which can include events like natural disasters, acts of terrorism, or systemic oppression, leading to shared grief, loss, and disrupted social cohesion.
- **Complex Trauma:** Typically occurs over an extended period and involves multiple and prolonged traumatic experiences, often beginning in childhood. It is commonly associated with repeated abuse, neglect, or exposure to chronic violence, leading to severe and long-lasting effects on psychological and emotional well-being.
- **Developmental Trauma:** Arises from adverse experiences during critical stages of childhood development, including chronic neglect, physical or sexual abuse, or disruptions in primary caregiver relationships. It can interfere with the formation of healthy attachment, emotional regulation, and overall development.
- **Historical Trauma:** Enduring psychological and emotional wounds experienced by a group of people due to significant historical events or prolonged adversity. It encompasses the collective impact of past traumas on present-day well-being, affecting individuals, families, and communities. This trauma can arise from events like colonization, genocide, slavery, and systemic oppression, leading to a range of effects, such as medical and mental health issues, cultural disruption, and socioeconomic disparities. Historical trauma involves the transmission of trauma across generations and recognizing its influence is crucial for providing culturally responsive care, promoting healing, and restoring cultural identity.
- **Intergenerational Trauma:** The transmission of the psychological and emotional effects of trauma from one generation to another. It involves the impact of traumatic experiences on subsequent generations, affecting their mental, emotional, and physical well-being. This transmission can occur through shared family dynamics, cultural practices, interpersonal relationships and even genetic and epigenetic changes.
- **Institutional Trauma:** The collective and cumulative harm experienced by individuals or groups due to oppressive and discriminatory practices embedded within institutions. It occurs when systemic structures and policies perpetuate inequality, marginalization, and harm, resulting in sustained psychological, emotional, and social distress. Examples can include racism, sexism, ableism, or any form of institutionalized oppression that undermines the well-being and dignity of individuals and communities.
- **Vicarious Trauma:** Occurs when individuals indirectly experience trauma by hearing about or witnessing traumatic events happening to others, such as in the case of healthcare providers, first responders, or therapists. Constant exposure to others' trauma can result in emotional distress, compassion fatigue, and a shift in worldview.

Two-Spirit: A term used by some Indigenous North Americans to describe a person who identifies as having both a male and a female spirit, and who may take on a gender role that is a combination of traditional male and female roles within their culture. It is considered a cultural identity and may be viewed differently by different Indigenous communities.

Unconscious Bias: Attitudes, stereotypes, and prejudices that affect our judgments, decisions, and behaviors towards others, often without our conscious awareness. It involves implicit biases that are deeply ingrained and influenced by societal and cultural factors, experiences, and personal beliefs.

White: Refers to a category of people who are commonly identified as having light skin color and of European descent. It is a socially constructed racial category, and its definition can vary based on different cultural and historical contexts. In many societies, white people have historically held significant amounts of power and privilege, often at the expense of people of color.

White Supremacy: A belief system or ideology that asserts the superiority of the white race over other racial and ethnic groups. It is rooted in the notion that white people are inherently superior in terms of intelligence, culture, beauty, and other qualities, while other racial or ethnic groups are deemed inferior. White supremacists typically advocate for the establishment and maintenance of systems and structures that uphold white dominance and privilege, often through discrimination, segregation, or even violence against non-white individuals and communities.