



Mental Health  
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# Experiences with Suicide: African, Caribbean, and Black Communities in Canada



## Introduction

Approximately 4,500 deaths by suicide occur in Canada every year.<sup>2</sup>

Data exist to explain differences between sexes and age groups regarding suicide patterns; however, our understanding of the specific experiences of diverse groups is lacking. Consequently, our knowledge of factors that impact risk of suicide and, in turn, effective suicide prevention approaches in African, Caribbean and Black (ACB) communities is limited. To improve our understanding of the experiences of ACB communities with suicide, this resource was co-created by the Mental Health Commission of Canada alongside a diverse group of people from ACB communities with lived and living experience (PWLLE) with suicide. This resource has the following aims:

- to shed light on the realities of those impacted by suicide from the lens of persons with lived and living experience in ACB communities in Canada, providing wider context around stigma, systemic racism and systematic barriers to access
- to develop recommendations for policy makers, researchers, and service providers to dismantle stigma, increase access to care, and improve service delivery for those impacted by suicide in ACB communities in Canada
- to provide culturally competent, accessible resources for those in ACB communities impacted by experience with suicide

Findings from the literature as well as the experiences and input shared by PWLLE informed the content included in this resource.

The Black community makes up 4.3 per cent of Canada's population<sup>1</sup>, and that 4.3 per cent comprises a diversity of ethnic, religious, and linguistic backgrounds<sup>1</sup>. To reflect this diversity, the all-encompassing term African, Caribbean, and Black will be used as an identity marker throughout this resource. The identity markers African and Caribbean refer to Black individuals whose home countries (i.e., the countries from which these individuals and/or their families migrated) are in Africa or the Caribbean, respectively.

The term Black is relevant to all individuals under the ACB umbrella, including those born in Canada, who may feel disconnected from their family's home African and/or Caribbean countries and are more comfortable identifying as Black. However, for the purposes of this resource, the term Black specifically refers to Black Canadians with multi-generational residency in Canada.

## Factors influencing the risk of suicide in ACB communities

Factors influencing suicide risk are complex and nuanced. Without representative research and data broken down by race and ethnicity, it is challenging to understand the various factors impacting the risk of suicide among ACB communities. It is important to note that simply being part of an ACB community does not put an individual at an elevated risk for suicide. Rather, the risk of suicide is influenced by unique, individual factors, as well as collective experiences of systemic inequities including racism, marginalization, discrimination, inequitable access to mental health and health care, and lack of access to culturally appropriate supports.<sup>5</sup> Outlined below are factors identified from the literature and by PWLLE that may influence mental health and suicide among ACB communities.

### Factors that may increase risk of suicide in ACB communities:

#### Racial discrimination

ACB communities continue to experience marginalization, racism, and social exclusion, which are known to reduce access to mental health services and lead to poorer mental health treatment outcomes in Black populations.<sup>6</sup> A study examining experiences of racial discrimination among Black people in Canada found that up to 64 per cent of participants had been victims of major racial discrimination across different settings (e.g., education, job hiring, health services, housing, banking, and loan applications).<sup>7</sup>

Several PWLLE shared having experienced and/or witnessed overt racism including being denied access to mental health service(s). One PWLLE shared that there is a fear in the community that disclosing mental health difficulties can have serious consequences (e.g., children being taken away, refusal of visitation or custody rights). Daily microaggressions and stereotypes have been shown to be associated with poorer mental health in ACB communities, and racial discrimination has been linked to an increased risk of suicide.<sup>8</sup>

Although data on suicidal behaviour(s), including ideation, attempts, and deaths, in Canada are readily available,<sup>3</sup> there is a lack of race- and ethnicity-based data to help us understand the unique experiences and challenges faced by diverse communities in Canada, and how they influence outcomes. These challenges include barriers to accessing care due to several factors (e.g., anti-Black racism, financial barriers) and lack of awareness and availability of culturally sensitive care.<sup>4</sup> Without concerted efforts to study mental health and suicidal behaviours in ACB communities, our understanding of suicide risk and effective, targeted (population-specific) prevention strategies will remain limited.

## Stigma

Mental health stigma is pervasive and continues to be a barrier to seeking mental health support. In a study examining the mental health and health-care experiences of people in Ottawa's ACB community, over 60 per cent of respondents agreed with the statement that "most people think less of a person who has a mental illness" and 40 per cent agreed that receiving treatment for mental illness is a sign of personal failure.<sup>9</sup> During consultations, PWLLE noted that stigma around mental health issues is still common among some ACB communities as is the use of stigmatizing language (e.g., labels such as "crazy"). Although mental health stigma is not unique to ACB communities, the experience and manifestation of this stigma is influenced by a combination of historical experiences with enslavement, colonization, and cultural conceptualizations of mental health. While stigma continues to impact the help-seeking behaviours of ACB communities, in a survey conducted in Ontario that explored differences in mental health status and service utilization among different ethnoracial populations, Black respondents were second most likely, after White respondents, to have sought out professional mental health support in the last year.<sup>10</sup> These findings suggest that there have been successful efforts to reduce stigma and increase help-seeking in the Black community.

## Lack of understanding of the experiences of ACB communities

PWLLE highlighted that mental illness and suicide are not well understood among those identifying as ACB, which can lead to difficulties in recognizing and treating mental illness by both ACB people and mental health professionals. It was also noted that there is a lack of understanding of intersectionality among ACB communities, which refers to the way in which systems of oppression related to different identity markers "intersect" to form unique challenges and experiences.<sup>11</sup> For example, members of ACB communities who also identify as having a disability or being part of the 2SLGBTQI+ community may experience a unique set of challenges related to their multiple marginalized identities. The experiences of discrimination and inequities of those with multiple marginalized identities can lead to poorer mental health, impede service access and utilization, and increase risk for suicide.<sup>12</sup> In a study conducted in the United States in 2023, participants with multiple marginalized identities (e.g., Black, bisexual women living in rural settings) experienced disproportionately higher rates of suicidal thoughts and behaviours.<sup>12</sup> Acculturative stress, which refers to psychological difficulties associated with adjusting to new cultural environments while trying to retain one's original cultural practices and values, is also an important factor impacting mental health within ACB communities. Acculturative stress plays a large role in the experiences of immigrant and refugee populations but also in the experiences of ACB people born in Canada who are navigating both their cultural upbringing and the Canadian culture in which they are immersed. The impact of acculturative stress on mental health was highlighted in a qualitative interview study conducted in Alberta, Canada, among Black youth.<sup>13</sup>

The authors noted that "tension between one's ethnic upbringing and Canadian culture made navigating identity and differing ideologies challenging" and that balancing between two identities led to "tension, concern, and psychological torment."<sup>13</sup>

## Factors that may protect against suicide in ACB communities:

### Equitable access to culturally appropriate and affordable mental health supports

Systemic barriers to economic prosperity and social opportunities may play a role in mental health challenges, particularly around accessing mental health services and supports among ACB communities. In Canada, poverty rates are higher in Black communities than in White communities,<sup>14</sup> which can lead to disparities in access to health care and mental health services and ultimately to poorer mental health outcomes. Among Black survey respondents in Ottawa, stable employment and financial security were identified as factors protecting mental health and facilitating access to services.<sup>9</sup> Conversely, the high cost of therapy was identified as a barrier to accessing mental health supports.<sup>9</sup> PWLLE noted that they faced many challenges when trying to access supports for their mental health. In addition to a lack of awareness of existing resources and services tailored to ACB communities, navigating the mental health system can be challenging in the face of stigma, systemic barriers, financial and logistical constraints, lack of affordable health care, and long wait times. When resources and services are accessed, they often are not culturally appropriate or reflective of the experiences of ACB communities. PWLLE also highlighted the lack of representation of ACB people in the mental health field and the lack of mental health professionals who understand the cultural nuances of being African, Caribbean, or Black. Receiving mental health services “from a provider who has similar cultural and racial identity” has been identified as a factor protecting mental health and facilitating access to services among Black people.<sup>13</sup>

### Social support and community connectedness

Among ACB communities, family support<sup>15</sup> and community connectedness are viewed as crucial to managing and caring for one’s mental health. In a study conducted in Ottawa, 87 per cent of survey respondents mentioned feeling “very strongly, strongly or somewhat connected” to their community.<sup>9</sup> Positive relationships and a strong sense of community have been identified in the literature as factors positively impacting the mental health of Black youth.<sup>13</sup> PWLLE also stressed the importance of community resilience and mental health supports.

The ability to talk openly with friends and family about mental health and the need for children to be able to openly communicate about their struggles with their parents were identified as a factor that could help protect against suicide.



## Religion and spirituality

PWLLE discussed the important role that religion and spirituality can play in ACB households. Religion and spirituality may protect against suicide by fostering resiliency, instilling hope, and connecting people in the community. In a 2020 study examining mental health experiences of people in Ottawa's ACB community, many participants reported relying on or practising their faith and spirituality as one of the main strategies they used to maintain or reinforce their mental health.<sup>9</sup> Similarly, Black youth have reported that spirituality contributes to positive mental health.<sup>13</sup> At the same time, PWLLE noted that religion can be a potential risk factor because of the pressures associated with adherence to religious beliefs and practices, as well as the conceptualization of mental illness within different religious communities. While research data in this area are limited, complex, and somewhat conflicting,<sup>13</sup> religious beliefs and practices have been linked to lower rates of suicidal ideation, attempted suicide, and deaths by suicide in ACB communities.<sup>16</sup>

## Considerations for policy makers, health-care providers, and community organizations regarding suicide in ACB communities

To better understand and prevent suicide in ACB communities, several systemic efforts are required including funding that is sustained, long term, and equitable, and the development of mental health policies, services, and training with anti-racism, equity, and inclusion at their core. Key priorities that have been identified both from the literature and by PWLLE are outlined below.

### Detailed data

There is a vital need for race-based and, more specifically, ethnicity-based data collection to better understand mental health and suicide in ACB communities in Canada. Often, disaggregated race-based data are limited to White and Black, Indigenous, and People of Color (BIPOC) populations. Not only is the terminology problematic but it also erases the rich cultural, linguistic, and ethnic diversity that exists across communities under the BIPOC umbrella and prevents us from understanding how suicide and risk factors vary across different communities. It also impedes us from understanding the ways in which we can effectively prevent suicide in ACB communities. These limitations were echoed by PWLLE who highlighted the need to dive deeper and explore who in ACB communities is at greater risk of suicide and why. Recommendations included exploring sociodemographics including ethnicity, sexual and gender identities, impacts of forced migration and colonization, intersectionality, and the distinctions between groups of ACB people (e.g., first, second, and third generation; newcomers; refugees; migrants). Acculturative stress, which impacts different groups uniquely on the basis of their immigration status, is another important factor to study.



## Representation in mental health programming

PWLLE expressed the need for representation in mental health and suicide prevention resources for the general population and cited training as an example. PWLLE mentioned that example scenarios provided in training tend not to reflect the experiences of ACB communities, leading community members to be reluctant to trust and accept programming and resources. It also leads to inequities in outreach and in identifying, diagnosing, and treating those in need because of a lack of understanding of what mental illness and suicide risk look like across diverse ACB communities. This reinforces the need for greater physical and experiential representation in mental health and suicide prevention programming. PWLLE also expressed the need for more male-identifying mental health practitioners to address the gender disparity among clients seeking mental health support in ACB communities.

## Access to culturally competent mental health services


There is an ongoing lack of culturally competent standards of care that consider the realities of ACB communities. Cultural competence refers to the provision and delivery of care in ways that align with the different social, cultural, and ethnic backgrounds of those seeking care.<sup>17</sup> Culturally competent care includes overcoming language barriers by providing interpretation or sign language services, employing providers who share racial and ethnic lived experiences with the communities they serve, using holistic methods of care provision, and providing cultural competency training for all care providers.<sup>17</sup> Receiving mental health services from a provider with a similar cultural and racial identity has been identified as one of the most important factors facilitating access to mental health services among Black communities and improving the provider's ability to meaningfully reach their clients. This includes ensuring that more ACB providers and ACB-led organizations have the resources they need, are better retained, and are equitably accessed. PWLLE also mentioned the importance of ensuring that providers understand how mental illness looks in their respective populations, as well as having a more nuanced understanding of people's intersecting identities and the unique challenges that come with them. PWLLE reported the importance of mandated training for professionals or roles that engage often and closely with members of ACB communities. The inability to access culturally competent care can lead community members to feel isolated and misunderstood, potentially worsening mental health outcomes. A successful example of culturally competent mental health supports is the Substance Abuse Program for African Canadian and Caribbean Youth, an ACB-oriented outpatient program for youth struggling with mental health and substance use health concerns.<sup>18</sup>



## Policies and initiatives to tackle stigma

Funding of community-based awareness campaigns can help to mitigate the impacts of stigma and provide pathways to care. These campaigns could be held in community centres, places of worship, and schools to reach youth. Proliferation of community-based resources in these settings could also mitigate the issue of lack of access to care. PWLLE noted the need for greater advocacy and funding to improve mental health awareness and reduce stigma in the community. One PWLLE highlighted the need to counter myths and distorted understandings of mental health that have been passed down by way of colonialism and enslavement, and the need to improve our understanding of mental illness in a culturally responsive way. PWLLE also highlighted the need to improve awareness of mental illness and suicide before issues with service access and programming can be tackled. Specifically, it was noted that greater awareness of mental illness among the medical community is needed so that diagnosis and treatment in ACB communities can happen more readily. This can be done through culturally responsive psychoeducation, improving the understanding of ACB communities congruent with ethnic identities and cultural history.

In conclusion, this resource highlights the need for change at the individual, community, and policy levels to better understand the experiences and meet the needs of ACB communities and ensure equitable access to mental health supports through the following:

- collection of disaggregated data on suicide rates and factors that influence suicide risk in ACB communities, and other efforts to improve our understanding of the experiences of members of ACB communities
  - concerted efforts to increase access to affordable and culturally appropriate mental health supports
  - greater representation of ACB people among mental health care providers and in mental health programming
  - implementation of initiatives that increase mental health awareness to reduce the impacts of stigma on access to care.
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## Mental health and crisis support resources for members of the ACB communities

All resources included here are provided by organizations whose missions are grounded in anti-racism and social justice.

- **[Across Boundaries](#)**: A community-based organization providing equitable, inclusive, and holistic mental health and addiction services for racialized people across the Greater Toronto Area.
- **[Black Health Alliance](#)**: A community-led charity working to improve the health and well-being of Black communities in Canada.
- **[Black Mental Health Alliance](#)**: A community-based membership organization that develops, promotes, and sponsors culturally relevant educational forums, trainings, and referral services that support the health and well-being of Black people.
- **[Black Mental Health Canada](#)**: A community-based organization providing advocacy, education, and service referrals for culturally responsive mental health care services for diverse Black communities in Canada.
- **[Black Therapist List](#)**: A platform dedicated to connecting Black individuals with culturally competent mental health professionals in Canada.
- **[Black Youth Helpline](#)**: A nationwide multicultural helpline that also offers services for children, youth, families, school boards, and other youth-serving organizations. Call toll free between 9 a.m. and 10 p.m., 1-833-294-8650.
- **[FAMHAS Foundation](#)**: A non-profit organization offering workshops, information sessions, and speaking engagements to help provide education and raise awareness about mental health within the Black community.
- **[Healing in Colour](#)**: A project that offers a directory of Black, Indigenous, People of Colour therapists in Canada as well as community resources, podcasts, videos, articles and websites.
- **[Shining a Light on Mental Health in Black Communities](#)**: A resource developed by the Mental Health Commission of Canada outlining barriers to care and considerations for promoting mental health in Black communities.

## Canada-wide helplines and supports

- **[9-8-8](#)**: A suicide crisis helpline to support anyone in need, no matter who they are or where they are in Canada.
- **[Hope for Wellness](#)**: A 24/7 helpline available to all Indigenous people in Canada.
- **[Kids Help Phone RiseUp](#)**: RiseUp, powered by Kids Help Phone, is a national, 24/7, bilingual e-mental health support service for Black youth, developed in collaboration with Black community partners. Black youth across Canada can access free wellness support 24/7 by texting RISE to 686868.

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## References

- 1 Statistics Canada. (2023). *Black History Month 2023... by the numbers*.  
[https://www.statcan.gc.ca/en/dai/smr08/2023/smr08\\_270](https://www.statcan.gc.ca/en/dai/smr08/2023/smr08_270)
- 2 Public Health Agency of Canada. (2019). *Suicide in Canada - Canada.ca*. Canada.ca.  
<https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>
- 3 Public Health Agency of Canada. (2019). *Suicide in Canada: Key statistics (infographic)*.  
<https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>
- 4 Fante-Coleman, T., Booker, M., Craigg, A., Plummer, D., & Jackson-Best, F. (2022). *Factors that impact how Black youth access the mental healthcare system in Ontario*. Pathways to Care Project, Black Health Alliance.
- 5 Centers for Disease Control and Prevention. (2021, October 14). *Disparities in suicide*.  
<https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- 6 Fante-Coleman, T., & Jackson-Best, F. (2020). *Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review*. *Adolescent Research Review*, 5(2), 115-136.  
<https://doi.org/10.1007/s40894-020-00133-2>
- 7 Cénat, J. M., Hajizadeh, S., Dalexis, R. D., Ndengeyingoma, A., Guerrier, M., & Kogan, C. (2021). *Prevalence and effects of daily and major experiences of racial discrimination and microaggressions among Black individuals in Canada*. *Journal of Interpersonal Violence*, 37(17-18), 08862605211023493.  
<https://doi.org/10.1177/08862605211023493>
- 8 Meza, J. I., Patel, K., & Bath, E. (2022). *Black youth suicide crisis: Prevalence rates, review of risk and protective factors, and current evidence-based practices*. *FOCUS*, 20(2), 197-203.  
<https://doi.org/10.1176/appi.focus.20210034>
- 9 Ottawa Public Health. (2020, August). *Mental Health Of Ottawa's Black Community: Report 2020* [Research study]. [https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC\\_Technical-Report\\_English.pdf](https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf)
- 10 Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). *Ethnic differences in mental health status and service utilization: A population-based study in Ontario, Canada*. *The Canadian Journal of Psychiatry*, 63(7), 481-491. <https://doi.org/10.1177/0706743717741061>

- 11 Center for Intersectional Justice. (2022). *What is Intersectionality*. <https://www.intersectionaljustice.org/what-is-intersectionality>
- 12 Forrest, L. N., Beccia, A. L., Exten, C., Gehman, S., & Ansell, E. B. (2023). Intersectional prevalence of suicide ideation, plan, and attempt based on gender, sexual orientation, race and ethnicity, and rurality. *JAMA Psychiatry*, 80(10), 1037-1046. <https://doi.org/10.1001/jamapsychiatry.2023.2295>
- 13 Salami, B., Idi, Y., Anyieth, Y., Cyuzuzo, L., Denga, B., Alaazi, D., & Okeke-Ihejirika, P. (2022). Factors that contribute to the mental health of Black youth. *Canadian Medical Association Journal*, 194(41), E1404-E1410. <https://doi.org/10.1503/cmaj.212142>
- 14 Statistics Canada (2023, August 23). *The Daily – Poverty persists among some racialized Canadians from the first generation to the third generation or more*. <https://www150.statcan.gc.ca/n1/daily-quotidien/230823/dq230823b-eng.htm>
- 15 Reed, D., and Adams, Raymond D. (2020). Risk and protective factor specific to African American youth and adolescents: A systematic review. *Journal of Family Strengths*, 20(2), Article 5.
- 16 Taylor, R. J., Chatters, L. M., & Joe, S. (2011). Religious involvement and suicidal behavior among African Americans and Black Caribbeans. *The Journal of Nervous and Mental Disease*, 199(7), 478-486. <https://doi.org/10.1097/NMD.0b013e31822142c7>
- 17 Health Policy Institute. Cultural competence in health care: Is it important for people with chronic conditions? (n.d.). <https://hpi.georgetown.edu/cultural>
- 18 CAMH. *Substance abuse program for African Canadian and Caribbean youth (SAPACCY)*. (n.d.). <https://www.camh.ca/en/your-care/programs-and-services/substance-use-program-for-african-canadian-caribbean-youth>





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Mental Health Commission of Canada  
Suite 1210, 350 Albert Street  
Ottawa, ON K1R 1A4

Tel: 613.683.3755  
Fax: 613.798.2989



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[mhccinfo@mentalhealthcommission.ca](mailto:mhccinfo@mentalhealthcommission.ca)  
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