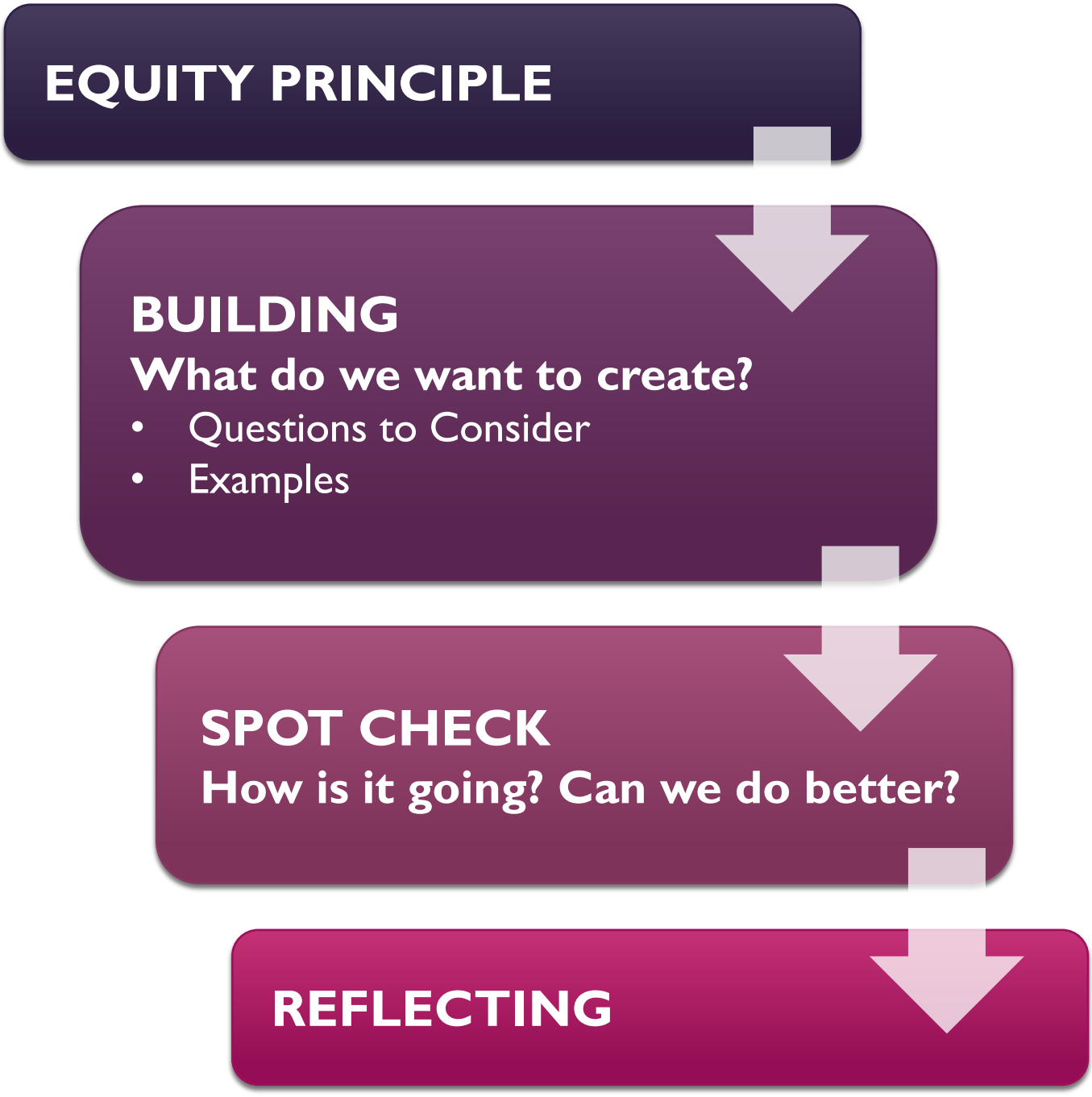
Equity Screening Interactive Tool Mock-Up

- **How can we do better?**
- A developmental process, not a checklist
- Consider creating an example using an existing or hypothetical initiative

Introduction – Background

Core Concepts

User Guide - Instructions



PRINCIPLE 1

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. An equity and liberation focus requires assessing the "common sense assumptions" and institutional barriers in the field and changing the status quo of how decisions are made and resources are allocated.

P1 | BUILDING WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- What factors of oppression impact the mental health and physical well-being within the community?
- What institutional assumptions and expectations are getting in the way of preventing suicide in your community?
- What social determinants, environments, and conditions make your group more vulnerable to 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

- Help seeking is met by adequate mental health resource that are culturally specific rather than resource deserts and shortage of BIPOC/Spanish speaking/trans/military veteran counselors
- 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 as sin and stigma
- Access to quality health insurance, not limited to subsidized health insurance that is catastrophic
- Programs and services don't require written documentation or giving personal information that might otherwise deter people who have reason to fear government agencies or community services
- Criminalization of severe and persistent mental illness (SPMI) or mental health episodes, especially for homeless and BIPOC

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

P1 | SPOT CHECK

HOW IS IT GOING? CAN WE DO BETTER?

How is the initiative changing or maintaining the status quo?

Have there been any unintended consequences?

Are there any "BUILDING" questions not being addressed?

Is change needed?

No = Continue

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

Yes = Pivot or Stop

How will you adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 2

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 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 | BUILDING 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 do those resources serve within your specific population/community and who do they leave out?
- What are a community's values, ideas, beliefs, and understandings 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 familial connections, etc.)?
- How do community members work with each other to address the pain of oppression and the risk factors for suicide?
- What do marginalized communities identify as their strengths?
- Who needs to be present in the decision making and how will you ensure they are there?

Examples

- Changing requirements by funders that only provide "evidence-based" or known programming to include community-based, localized 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" which is the idea that all kids within the community are raised by all the adults
    - Familism of Mexican-American families that the family is more important than the individual
    - Asian-Americans live in multigenerational households in which elders teach and support younger generations
    - LGBQTI+ creating families not defined by blood alone
    - "Street Smarts" among the homeless about how to navigate agencies and create community with people who will watch out for them
    - "Leave No Man Behind" or "No Veteran Stands Alone" mentality from military so they work to support each other
- Building relationships with and supporting (i.e. following the lead of) existing community affinity groups already doing this work formally or informally (Black Lives Matter, Urban League, NAYA (Native American Youth and Family Center), Familias en Acción, Gay Men's Chorus, Movimiento Estudiantil Chicanx de Aztlán, churches and faith communities, Alcoholics Anonymous, American Association of University Women, Veterans of Foreign War, Safe+Strong Peer Networks, etc.)
- "The Talk" of older generations speaking frankly with young people about racism and how to protect themselves from police violence

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?

Are there any "BUILDING" questions not being addressed?

Is change needed?

No = Continue

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

Yes = Pivot or Stop

How will you adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 3

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. The harm and lack of access to help that occurs is not about one social identity, but how an individual has multiple social identities. This is important because prevention and intervention based on one social identity may not address the barriers experienced by an individual at their intersections. This does not mean that small groups must account for all intersections, but rather, think about what social identities are prevalent in their groups that deserve attention.

P3 | BUILDING WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- What are the primary intersections that exist within your demographic group that may impact high numbers of suicide?
- Within a group, who does the service/recommendation serve and not serve?
- 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 multiple social identities?

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
- Prevention and intervention designed for a broad category of men may not take into account the harm and lack of access for a Mexican-American male who only speaks Spanish (race, gender, and language).

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

P3 | SPOT CHECK

HOW IS IT GOING? CAN WE DO BETTER?

In what ways are multidimensional identities supported?

Have there been any unintended consequences?

Are there any "BUILDING" questions not being addressed?

Is change needed?

No = Continue

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

Yes = Pivot or Stop

How will you adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 4

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.

Individual Level

Strategies that address attitudes, beliefs, and behaviors about a person's social identities and culture that causes them harm and leaves them vulnerable.

Interpersonal/Community Level

Strategies to strengthen interpersonal relationships, communication, and sense of belonging within the contexts of social identities.

Community/Institutional Level

Strategies to strengthen interpersonal relationships, communication, and sense of belonging within the contexts of social identities.

Societal Level

Strategies that address societal norms that create systems in which certain social identities are liabilities/limitations and address structural determinants of health.

P4 | BUILDING 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?

P4 | BUILDING WHAT DO WE WANT TO CREATE?

Examples

- Including questions about culture at all levels of assessment and in the interpretation of assessments to avoid mis-labeling, mis-diagnosing, and/or mis-treating (Individual Level)
- 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 (Individual Level)
- 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 consider the nuclear family as the primary supports (Interpersonal Level)
- Agencies taking a proactive approach to address unconscious bias to better engage individuals in culturally responsive and culturally specific treatment options (Institutional Level)
- Strategies that address community conditions like neighborhood poverty, high density of alcohol outlets, lack of transportation (Institutional Level)
- Strategies that address institutional barriers like excessive bureaucracy, restrictive screening, geographical location, resource gatekeeping (Institutional Level)
- Adapting evidence-based education and prevention programs, treatment modalities, etc. for communities whose members were likely left out of research that created the evidence base in the first place (Institutional and Societal Levels)
- Addressing perspectives that reinforce the individualistic nature of mental health and suicide stigma in US culture (Societal Level)
- 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 (Societal Level)
- Develop strategies that consider institutional traumas. For example, when helping a person who identifies as LGBTQ2SIA+, it would be most appropriate to provide a list of church's that are open and affirming when providing resources (Institutional Level).

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

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?

Are there any "BUILDING" questions not being addressed?

Is change needed?

No = Continue

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

Yes = Pivot or Stop

How will you adjust?

Is there anything we need to do to repair harm?

PRINCIPLE 5

Holding institutions accountable for the harm they cause is essential to promote positive outcomes and prevent suicide for historically marginalized individuals and communities. The language, communication, and polices of institutions often create confusion and disempowerment, and it takes active work to communicate in a way that benefits those they serve. It's important to acknowledge that negative impacts of institutions can occur despite positive intent of individuals working within systems.

P5 | BUILDING WHAT DO WE WANT TO CREATE?

Questions To Be Answered

- How are we holding institutions accountable in the inherent harm they perpetuate due to current power structures?
- 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 ombudsmen 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?

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

How have you been documenting and communicating systematic changes to policies and procedures?

Have there been any unintended consequences?

Are there any "BUILDING" questions not being addressed?

Is change needed?

No = Continue

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

Yes = Pivot or Stop

How will you adjust?

Is there anything we need to do to repair harm?

REFLECTING

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?