Psychreg Journal of Psychology OPEN ACCESS

Volume 10, Issue 1, June 2026 ISSN 2515-138X | pjp.psychreg.org

SYSTEMATIC REVIEW

# Perceived discrimination and suicidal ideation: A systematic review

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**Cite as:** Espada Abajo, L. (2026). Perceived discrimination and suicidal ideation: A systematic review. *Psychreg Journal of Psychology*, *10*(1), 1 to 19. https://doi.org/rnf3

ABSTRACT

Suicide represents a significant global public health concern, with research consistently demonstrating that perceived discrimination functions as a psychosocial stressor with harmful effects on mental health. This systematic review sought to synthesise empirical evidence on the association between perceived discrimination and suicidal ideation, while identifying the mediating and moderating factors that may influence this relationship. Following PRISMA guidelines, a comprehensive search was conducted across six electronic databases (Scopus, PubMed, Web of Science, PsycINFO, CINAHL, and ERIC) for studies published between 2000 and 2024. Inclusion criteria were restricted to quantitative, cross-sectional studies with samples of more than 100 participants, employing valid and reliable measures of both perceived discrimination and suicidal ideation. Of the 9,327 articles initially identified, 49 studies met the inclusion criteria. The majority reported a significant association between perceived discrimination and suicidal ideation, either directly or through mediators such as depressive symptoms, anxiety, trauma-related symptoms, and internalised stigma. Moderation analyses highlighted the influence of social support, identity-related resources, and contextual vulnerabilities on this relationship. The reviewed evidence suggests that perceived discrimination is consistently associated with suicidal ideation, though its effects are shaped by individual vulnerabilities, contextual factors, and methodological sensitivity. Internalising processes appear central to this association, underscoring the need for nuanced clinical assessment and more rigorous, theory-informed research designs.

**Keywords:** perceived discrimination; psychosocial stress; suicidal ideation; suicide risk; systematic review

Suicide is a major global public health concern that affects individuals across all demographic groups, regardless of age, nationality, or socioeconomic status. While precise figures are difficult to ascertain due to inconsistent classification systems, underreporting, and the stigma surrounding suicide (Abraham & Sher, 2019), the World Health Organization (2019) estimates that around 703,000 people die by suicide each year, surpassing deaths from HIV, malaria, breast cancer, or armed conflict. In response, the United Nations (2015) included the suicide mortality rate as a key indicator within Sustainable Development Goal 3 "Good Health and Well-Being", with the objective of reducing premature mortality by one-third by 2030.

Suicidal ideation encompasses a spectrum of thoughts about ending one's life, ranging from passive death wishes to more detailed planning, and is considered an early warning sign and a significant risk factor for suicide attempts (Joiner, 2005). Contemporary models emphasise that suicidal ideation is not solely rooted in individual psychopathology but is profoundly shaped by social and relational contexts. Early sociological perspectives, particularly Durkheim's *Le Suicide* (1897), highlighted the role of social integration and regulation in suicidal behaviour. Subsequent psychological theories identified intrapersonal mechanisms such as unconscious conflict (Freud, 1901, 1917) and cognitive vulnerability, especially hopelessness (Beck & Weishaar, 1990). Biological approaches, including Mann's stress-diathesis model (1998, 2003), further underscored the interaction between individual vulnerabilities and environmental stressors. The 21st century brought more refined models emphasising the transition from ideation to action. Joiner's Interpersonal Theory of Suicide (2005) posits that suicidal ideation arises when perceived burdensomeness and thwarted belongingness co-occur, while suicidal behaviour requires the acquired capability for suicide. Expanding this framework, the Cultural Theory of Suicide (Chu et al., 2010) highlights the role of cultural norms, minority stress, and identity-related stressors in shaping suicidal processes among marginalised groups.

Minority stress has emerged as a critical concept in understanding how discrimination affects mental

Received: 13 September 2025 | Accepted: 05 January 2026 | Published: 01 June 2026 
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health and suicide risk. Meyer's Minority Stress Model (2003) remains the most influential framework in this area. The model distinguishes between distal stressors, which are objective experiences such as discrimination, exclusion, and microaggressions, and proximal stressors, which are internal, subjective responses such as internalised stigma or expectations of rejection. Although originally developed for sexual minorities, the model has since been applied to various groups, including people with disabilities (Lund, 2021), racial minorities (Pittman et al., 2017), individuals with higher body weight (Puhl & King, 2013), people affected by COVID-19 (Al-Mamun et al., 2023), those living with HIV/AIDS (Necho et al., 2021), and individuals with mental illness (Campo-Arias & Herazo, 2015). Numerous reviews and meta-analyses have confirmed the model's relevance to suicidal behaviour across diverse populations and cultural contexts, from Southeast Asia (Alibudbud, 2024) and China (Lin et al., 2021) to Nigeria (Okanlawon, 2024), and across different age groups, from youth (De Lange et al., 2022; Poštuvan et al., 2019) to older adults (Kerr et al., 2024). Fulginiti et al. (2020) integrated Meyer's Minority Stress Model with Joiner's Interpersonal Theory of Suicide, demonstrating how minority stress is linked to suicidality through mediators such as perceived burdensomeness and thwarted belongingness.

Discrimination can stem from a wide range of factors, including race or ethnicity (racism), foreign or cultural background (xenophobia), age (ageism), gender (sexism), socioeconomic status (classism), body weight (fatphobia), sexual or gender identity (LGBTQIA+phobia), and mental health status (psychophobia). These factors often intersect, compounding psychological distress and reinforcing social and economic inequalities (Pascoe & Richman, 2009). Discrimination manifests through individual, structural, cultural, and internalised forms; however, perceived discrimination, defined as the subjective experience of unfair treatment, is particularly salient, as it reflects how individuals interpret and internalise these dynamics regardless of the intent or visibility of discriminatory acts.

Among the most studied domains related to suicidality is racial discrimination. Rudes and Fantuzzi (2022) found consistent associations between different forms of racism and mental health problems such as depression and anxiety, both of which are strong predictors of suicide risk. Pestaner et al. (2024) similarly confirmed that perceived racism is significantly associated with suicidal ideation. Protective factors such as family support, strong ethnic identity, and school connectedness may, however, reduce this risk. In a meta-analysis of 43 studies comprising over 71,000 participants, Coimbra et al. (2022) found a strong relationship between perceived racism and suicidality, particularly among youth and predominantly Black populations.

This systematic review aims to analyse and synthesise the existing empirical evidence on the association between perceived discrimination, regardless of its attribution, and suicidal ideation. Specifically, it seeks to: (1) identify direct associations between perceived discrimination and suicidal ideation, (2) identify indirect associations between these variables through mediating factors, and (3) explore potential moderating factors that may influence this relationship.

## METHOD

This systematic review was conducted in accordance with the guidelines established by the PRISMA statement (Page et al., 2021). A comprehensive and structured search was carried out on 9 February 2025 across six electronic databases: Scopus, PubMed, Web of Science, PsycINFO, CINAHL, and ERIC. Two sets of keywords were combined using the Boolean operator AND. The first set captured discriminatory experiences and included the terms: "discrimination", "stigma", "stigmatization", "prejudice", "racism", "sexism", "ageism", "classism", "homophobia", and "bigotry". The second set focused on suicidality and included the terms: "suicide", "suicidal", and "suicidality". All identified records were exported to reference management software, and duplicate entries were removed prior to screening. The study selection process was conducted in two stages: titles and abstracts were first screened for relevance against the predefined inclusion and exclusion criteria, after which the full texts of potentially eligible articles were retrieved and assessed in detail for final inclusion.

The following inclusion criteria were applied: (1) studies had to specifically examine the relationship between perceived discrimination and suicidal ideation; studies were excluded if they focused on other dimensions of suicide (e.g., suicide attempts, suicide plans, or completed suicide), including

non-suicidal self-injury; if perceived discrimination was assessed only as part of a broader construct alongside other minority stressors; or if suicidal ideation was evaluated only within a general measure (e.g., "suicidality" or "suicide risk") or in combination with other suicide-related behaviours; (2) studies had to be published in Spanish or English between 2000 and 2024; (3) studies were required to include a minimum of 100 participants; (4) full-text availability was required; and (5) studies had to employ a quantitative cross-sectional design. Exclusion criteria were as follows: (1) books, book reviews, dissertations, doctoral theses, and conference proceedings; (2) review articles, editorials, commentaries, and conceptual papers; and (3) studies using low-quality measures of perceived discrimination, including single-item measures; multi-item measures in which each item assessed a different attribution (e.g., one item for racial discrimination and another for discrimination based on sexual orientation); or multi-item scales lacking psychometric validation or demonstrating low reliability.

The review was restricted to cross-sectional studies to ensure methodological homogeneity and comparability, given the substantial variability in how discrimination and suicidal ideation are operationalised across the literature. Quality assessment was organised around three core domains: (1) adequacy of sample characteristics and sampling procedures, including sample size and representativeness; (2) validity and reliability of the measures used to assess perceived discrimination and suicidal ideation; and (3) appropriateness of the statistical analyses employed. A substantial number of full-text articles were excluded on the basis of low-quality discrimination measures, in order to minimise measurement bias and ensure conceptual consistency across the included studies.

**Figure 1**

*Search Results: PRISMA Flow Diagram*

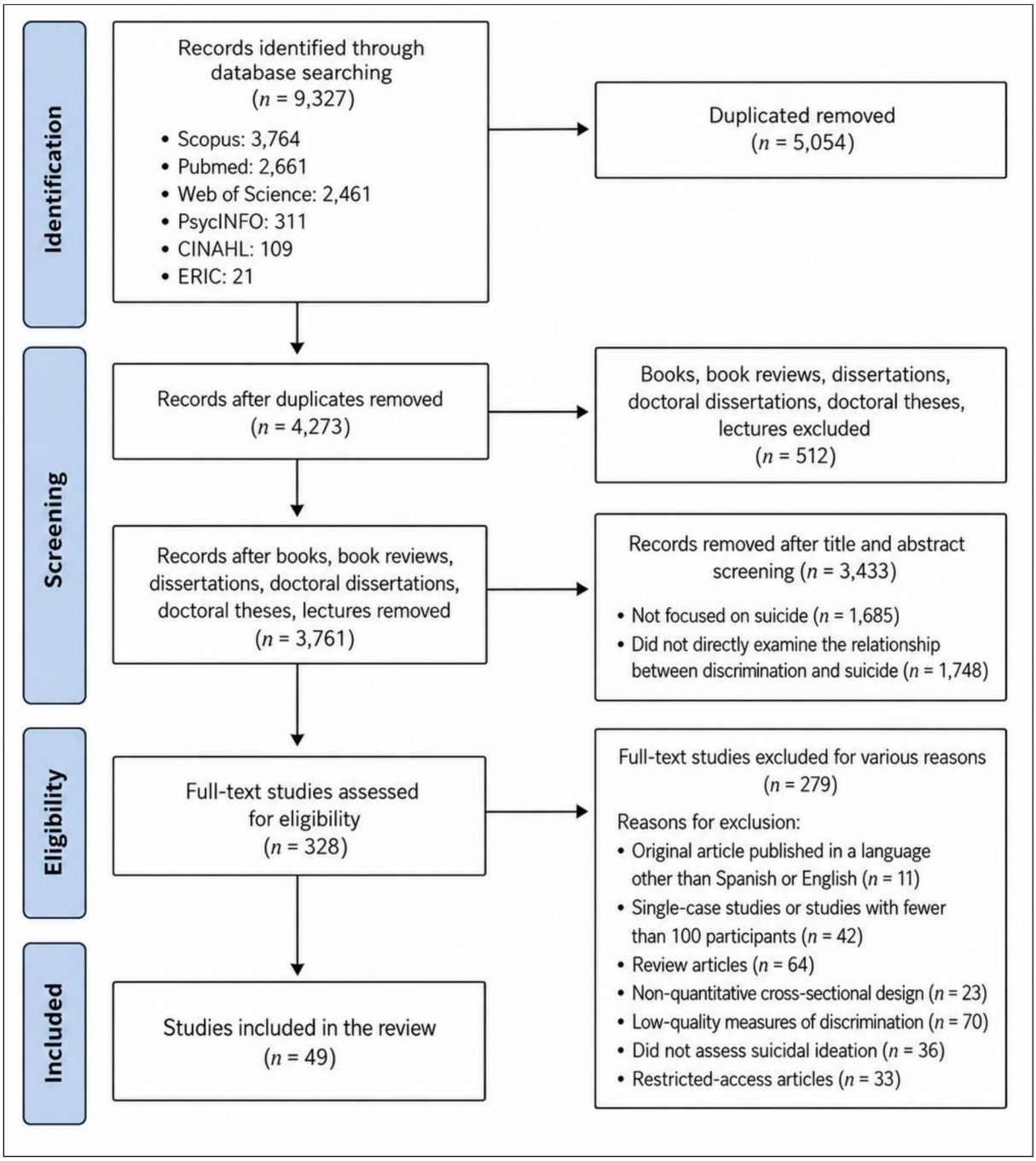



Table 1 presents the characteristics and main findings of the included studies. Publications ranged from 2001 to 2024, with a substantial increase in the number of studies published since 2020 (n = 25). Most studies were conducted in the United States (n = 37), although research from Europe, Latin America, and Asia was also represented. Sample sizes varied considerably, ranging from 118 participants to large population-based samples exceeding 40,000 individuals. The most commonly used instruments to assess perceived discrimination were the Everyday Discrimination Scale (EDS; Williams et al., 1997), employed in 17 studies, followed by the Experiences of Discrimination Scale (EOD; Krieger et al., 2005), used in 6 articles. Regarding suicidal ideation, most studies (n = 36) used one or two items with either dichotomous or Likert-type response formats.

To enhance clarity and facilitate the interpretation of the findings, the studies have been organised

according to the specific attribution of perceived discrimination.

### 3.1. Racism/xenophobia and suicidal ideation

Racism and xenophobia were examined in 27 studies, representing the largest body of evidence in this review. Most studies reported a significant association with suicidal ideation. Specifically, 18 studies reported a direct association, seven studies identified an indirect association through mediating variables, and one study found evidence of both direct and indirect relationships. However, four studies (Castle et al., 2011; Chesin & Jeglic, 2016; Sutter & Perrin, 2016; Taliaferro et al., 2020) did not find empirical support for such a connection.

Among the studies reporting a direct association, some emphasised that the relationship is conditional; that is, it only emerges under specific moderating conditions. For instance, Butler-Barnes et al. (2022) found a significant association only in the presence of traditional beliefs about gender roles; Cheref et al. (2019) observed the link exclusively among Hispanic individuals, and only when anxiety symptoms were present as a moderator; while Gaylord-Harden et al. (2024) identified the association solely within the context of general death ideation.

Studies that identified indirect associations pointed to various psychological mediators, such as depressive symptoms or disorders (Goodwill et al., 2021; Kwon & Han, 2019; Polanco-Roman et al., 2019, 2021; Walker et al., 2014), perceived burdensomeness (Pérez-Rojas et al., 2021), anxiety (Sánchez-Villena & Temple-Focón, 2023), post-traumatic stress symptoms (Tynes et al., 2024), stress sensitivity, and dissociative symptoms (Polanco-Roman et al., 2021).

Several moderating variables have been identified that either intensify or buffer the effect of perceived discrimination on suicidal ideation. Risk factors include low levels of well-being, low self-esteem, lack of active coping strategies, and weak family support (Perry et al., 2012). In contrast, protective factors include having a diverse social network (Um et al., 2020), strong ethnic identity (Cheref et al., 2019), and extrinsic religiosity as a source of emotional or community support (Walker et al., 2014). It is also worth noting that some studies proposed potential moderators or mediators without conducting specific analyses to empirically verify their roles. Among these potential moderators are family conflict (Ai et al., 2015) and intimate partner violence (Lacey et al., 2015). Proposed mediators include psychological disorders (Oh et al., 2019, 2020), as well as self-esteem and drug use (Yoder et al., 2006).

### 3.2. LGBTQIA+phobia and suicidal ideation

Ten studies examined LGBTQIA+phobia as the primary form of perceived discrimination. Most reported a significant association with suicidal ideation. Specifically, seven studies demonstrated a direct relationship, two supported an indirect association mediated by other variables, and one study identified both direct and indirect links. However, two studies (Michaels et al., 2016; Treharne et al., 2020) did not find empirical evidence supporting this association.

One of the studies reporting a direct relationship noted that it only emerged when discrimination occurred across multiple areas of life (Kittiteerasack et al., 2021). In contrast, studies documenting an indirect link between LGBTQIA+phobia and suicidal ideation identified several mediating factors, such as internalised homophobia (Rogers et al., 2021), hopelessness stemming from a lack of belonging (Salentine et al., 2020), and the presence of anxiety and depression (Sutter & Perrin, 2016). Moderating variables have also been identified that buffer the impact of perceived discrimination on suicidal ideation, functioning as protective factors. These include a strong sense of connection to the LGBTQIA+ community (Rogers et al., 2021), social support from a significant partner (Trujillo et al., 2020), resilience, and parental closeness (Wilson et al., 2016). Notably, some studies have suggested the existence of additional potential mediators, though they did not perform empirical analyses to confirm their roles. Among these proposed mediators are depressive symptoms (Chinazzo et al., 2023), as well as stress, loneliness, victimisation, and internalised homophobia (Kittiteerasack et al., 2021).

### 3.3. Other forms of discrimination and suicidal ideation

Three of the studies included in this review examined racism/xenophobia and LGBTQIA+phobia jointly, conceptualising the intersection of these forms of discrimination through terms such as “social discrimination” (Díaz et al., 2001) or “sexual racism” (Hidalgo et al., 2020). All three studies supported a direct association between perceived discrimination and suicidal ideation; however, in two of them, this

relationship was conditional on the presence of moderating variables. Specifically, López and Esposito-Smythers (2024) found that the association was only observed in individuals with low levels of positive problem orientation, while Hidalgo et al. (2020) reported that the link emerged only in the absence of the mindfulness trait.

Classism was addressed in four of the included studies, one of which analysed it intersectionally alongside psychophobia. All four reported a direct association between perceived classism and suicidal ideation. Additionally, two studies identified indirect associations, with mediators such as anticipated discrimination (Oexle et al., 2018), low social support, and loneliness (Mao et al., 2022). Frederick et al. (2012) proposed depression and self-harm as possible mediators, though they did not conduct specific analyses to test these effects empirically.

Other forms of perceived discrimination examined in the reviewed studies included fatphobia (Graham & Frisco, 2023), ageism (Ramírez Arango et al., 2020), and sexism (Butler-Barnes et al., 2022). In all three cases, direct associations were found between these forms of discrimination and suicidal ideation. However, in Butler-Barnes et al. (2022), the relationship was significant only in the presence of the moderating variable “traditional gender role beliefs”, while in Graham and Frisco (2023), gender acted as a moderator, though only among individuals classified as overweight or obese.

**Table 1**

*Characteristics of the studies included in the systematic review*

| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| Ai et al. | 2015 | USA | 1,127 Latino men, average age 39.94 | Racism/xenophobia | EDS | 1 dic (pa |
| Askeland et al. | 2024 | Norway | 49,736 young adult higher education students (of which 409 internationally adopted) aged 18 to 35 | Racism/xenophobia | ICSEY Project Discrimination Questionnaire | 1 dic |
| Assari et al. | 2017 | USA | 1,170 Black adolescents aged 13 to 17 | Racism/xenophobia | EDS (NSAL-A 13-item version) | 1 dic |
| Boyd et al. | 2024 | USA | 362 young Black men and women aged 18 to 24 | Racism/xenophobia | EDS | 1 dic (pa |
| Butler-Barnes et al. | 2022 | USA | 232 Black adolescent females aged 15 to 17 | Racism/xenophobia and sexism (from teachers) | MADICS Study Discrimination Questionnaire | 1 iter resp |
| Castle, et al. | 2011 | USA | 250 young Black men and women aged 18 to 24 | Racism/xenophobia | RaLeS | 1 dic |
| Cheng et al. | 2010 | USA | 2,095 Asian-Americans, average age 41.2 | Racism/xenophobia | EDS | 1 dic |
| Cheref et al. | 2019 | USA | 742 racially and ethnically diverse young adults aged 18 to 25 | Racism/xenophobia | EDS | |
| Chesin et al. | 2016 | USA | 118 college students with prior suicide attempts, racially and ethnically diverse, and a modal age of 18 | Racism/xenophobia | GED | |
| Chinazzo et al. | 2023 | Brazil | 213 transgender young people aged 13 to 25 | LGTBIQA+phobia | InDI Daily and Lifetime Discrimination subscale | 1 dic |
| Díaz et al. | 2001 | USA | 912 Latino and non-heterosexual men, average | Racism/xenophobia + LGTBIQA+phobia (social | *Measure developed by the authors*: 21 | 1 iter resp |

| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| | | | age 31.2 | discrimination) | items with 4-point scale response: homophobia: 11 items (α = 0.75) and racism: 10 items (α = 0.82). | |
| Frederick et al. | 2012 | Canada | 150 street youth aged 16 to 21 | Classism | EDS (7-item version) | 1 iter resp |
| Gaylord-Harden et al. | 2024 | USA | 457 Black adolescent males, average age 15.31 | Racism/xenophobia | MESA discrimination subscale | |
| Goodwill et al. | 2021 | USA | 1,271 African-American men, average age 43.53 | Racism/xenophobia | EDS + 1 item attribution | 1 dic |
| Graham & Frisco | 2023 | USA | 12,057 people with various body mass indexes aged 33 to 43 | Fatphobia | EDS-SF | 1 dic (pa |
| Hidalgo et al. | 2020 | USA | 448 racially and ethnically diverse young gay men aged 16 to 24 | Racism/xenophobia + LGTBIQA+phobia (sexual racism) | *Measure developed by the authors:* 6 items with 4-point scale response (α = 0.83). | 1 dic (pa |
| Hwang & Goto | 2008 | USA | 186 university students (107 Asian-American and 79 Latino/as) | Racism/xenophobia | GED | BSS ( |
| Irwin et al. | 2014 | USA | 770 LGBT people, average age 35.99 | LGTBIQA+phobia | HS | 1 iter re |

| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| Kittiteerasack et al. | 2021 | Thailand | 411 LGBT people, average age 29.51 | LGTBIQA+phobia | EOD (12 items/areas) +3 specific items discrimination on the basis of gender expression, gender identity and sexual orientation | 1 dic (I dich (pa |
| Kohlbrenner et al. | 2016 | Nepal | 400 (282 gay men and 118 transgender women) aged 16 years and over | LGTBIQA+phobia | EOD (8 items/areas) | 1 dic |
| Kuroki & Tilley | 2012 | USA | 2,095 Asian-Americans, average age 41.22 | Racism/xenophobia | EDS | 1 dic |
| Kwon & Han | 2019 | USA | 1,916 Latinos/as, average age 37.35 | Racism/xenophobia | EDS (10-item version) + 3 specific items discrimination on the basis of gender expression, gender identity and sexual orientation | 1 dic |
| Lacey et al. | 2015 | USA | 3,277 Black women | Racism/xenophobia | EDS | 1 dic |
| Lim et al. | 2024 | South Korea | 448 North Korean refugees, average age 46.4 | Classism | EOD | 1 dic (I |
| López & Esposito-Smythers | 2024 | USA | 392 college students racially and ethnically diverse, and diverse in sexual orientation and gender identity, average age 20.24 | Racism/xenophobia + LGTBIQA+phobia | EDS | 1 iter respo |
| Mao et al. | 2022 | China | 964 university students in poverty aged 18 to 24 | Classism | PEQ individual perceived | E |

| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| | | | | | discrimination subscale | |
| Michaels et al. | 2016 | USA | 167 homosexual men, average age 46.91 | LGTBIQA+phobia | HHRDS | 3 dich (lifeti peri m mont |
| Oexle et al. | 2018 | Germany | 227 unemployed with mental health problems, average age 43.1 | Classism + psychophobia | ISMI discrimination subscale | |
| Oh et al. | 2019 | USA | 9,409 (2,018 Asian Americans, 2,690 Latinos/as, 4,701 Blacks) aged 18 years and over | Racism/xenophobia | EDS | 1 dic |
| Oh et al. | 2020 | USA | 5,191 Black people aged 18 years and over | Racism/xenophobia | MEDS | 1 dic |
| Pérez-Rojas et al. | 2021 | USA | 595 university students, international students, average age 24.57 | Racism/xenophobia | ASSIS Perceived Discrimination Subscale | |
| Perry et al. | 2012 | USA | 204 African-American women, average age 36.39 | Racism/xenophobia | SSE y SRE | 1 dic |
| Polanco-Roman et al. | 2019 | USA | 1,344 racially and ethnically diverse college students aged 18 to 29 | Racism/xenophobia | GED | 1 iter respo |

| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| Polanco-Roman et al. | 2021 | USA | 747 racial and ethnic minority college students aged18 to 29 | Racism/xenophobia | EOD (9 items/areas) | 1 ite pers abou |
| Ramírez Arango et al. | 2020 | Colombia | 1,463 older adults aged 60 to 100 | Ageism | EDS (10-item version) | 1 dic |
| Rogers et al. | 2021 | USA | 329 adults belonging to sexual minorities, average age 30.94 | LGTBIQA+phobia | HHRDS | |
| Salentine et al. | 2020 | USA | 178 adults belonging to sexual and gender minorities, average age 30.34 | LGTBIQA+phobia | SSDE | 1 iter re |
| Sánchez-Villena & Temple-Focón | 2023 | Colombia | 632 racially and ethnically diverse people, average age 25.03 | Racism/xenophobia | EOD (5 items/areas) | |
| Shaff et al. | 2024 | USA | 1,012 racially and ethnically diverse adults born on average during the year 1,981.4 | Racism/xenophobia | EDS | 1 dic (pa |
| Sutter & Perrin | 2016 | USA | 200 black and LGBTQ people, average age 29.5 | Racism/xenophobia & LGTBIQA+phobia | RaLES daily life experiences subscale (racial) + HHRDS (LGBTQ) | 1 iter respo |
| Taliaferro et al. | 2020 | USA | 435 international university students | Racism/xenophobia | DSS | 2 it point (pa |

| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| Thoma & Huebner | 2013 | USA | 276 African-American LGB adolescents aged 14 to 19 | Racism/xenophobia & LGTBIQA+phobia | SRE (13-item version; racial) + 10 items with 4-point scale responses (LGB) | 1 dic (pa |
| Treharne et al. | 2020 | New Zealand and Australia | 700 transgender and cisgender people, average age 29.64 | LGTBIQA+phobia | EDS | SIDAS 1 dic |
| Trujillo et al. | 2020 | USA | 239 racially and ethnically diverse LGBQ people, average age 31.48 | LGTBIQA+phobia | HHRDS | Sui subsc |
| Tynes et al. | 2024 | USA | 525 Black adolescents aged 11 to 19 | Racism/xenophobia | OVS online racial discrimination subscale | 1 dic |
| Um et al. | 2020 | South Korea | 273 refugee women, average age 40.03 | Racism/xenophobia | EDS (10-item version) | 5-iter point |
| Walker et al. | 2014 | USA | 236 African-American adults, average age 36.46 | Racism/xenophobia | IRRS-B | |
| Wilson et al. | 2016 | USA | 216 transgender young women aged 16 to 24 | LGTBIQA+phobia | EOD (5 items/areas) | 1 iter re |
| Yoder et al. | 2006 | USA | 212 American Indian youth residing on reservations, average age 12 | Racism/xenophobia | Perceived discrimination scale due to American Indian identity (10 items) developed for | 1 iter re |

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| Author(s) | Year | Country | Participants | Perceived Discrimination Type | Perceived Discrimination Measure | Sui |
|---|---|---|---|---|---|---|
| | | | | | the Three Villages Project (α = 0.78) | |

LGB = Lesbian, Gay, and Bisexual; LGBT = Lesbian, Gay, Bisexual, and Transgender; LGBTQ = Lesbian, Gay, Bisexual, Transgender, a = Lesbian, Gay, Transgender, Bisexual, Intersex, Queer and Asexual; EDS = Everyday Discrimination Scale; EDS-SF = Everyda Experiences Scale; GED = General Ethnic Discrimination Scale; InDI = Intersectional Discrimination Index; MESA = Multicultural Ev Experiences of Discrimination Scale; PEQ = Perceived Discrimination Questionnaire; HHRDS = Heterosexist Harassment, Reje Mental Illness Inventory; MEDS = Major Experiences of Discrimination Scale; ASSIS = Acculturative Stress Scale for Internationa Racist Events; SSDE = Schedule of Sexually Discriminatory Events; DSS = Discrimination Stress Scale; OVS = Online Victimizati International Comparative Study of Ethnocultural Youth; NSAL-A = National Survey of American Life – Adolescent Supplement; N ASIQ = Adult Suicidal Ideation Questionnaire; BSS = Beck Scale for Suicide Ideation; SIQ-JR = Suicidal Ideation Questionnaire - Suicide Ideation Scale; IFIS: Suicidal ideation frequency inventory; SBQ: Suicide Behaviors Questionnaire.

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## DISCUSSION

This systematic review examined and synthesised the available empirical evidence on the association between perceived discrimination and suicidal ideation, as well as the mediating and moderating factors that may explain or influence this relationship. A total of 49 cross-sectional quantitative studies meeting the established inclusion criteria were analysed. The findings consistently indicate that perceived discrimination, regardless of its attribution, is significantly associated with suicidal ideation, a pattern

supported by the majority of the reviewed studies, both those identifying direct associations and those revealing explanatory mechanisms through mediating variables.

Null findings were more frequently observed in studies that relied on brief assessments of suicidal ideation, involved methodologically constrained samples, or applied less extensive analytic adjustments (Castle et al., 2011; Michaels et al., 2016). Rather than contradicting the overall pattern, these results suggest that perceived discrimination does not operate as a uniform risk factor for suicidal ideation. Its association appears to be contingent on contextual and individual vulnerabilities, as well as on the sensitivity of the methodological approaches employed. Where indirect pathways were formally examined through mediation analyses, perceived discrimination, particularly racism and xenophobia, was most consistently associated with suicidal ideation via internalising psychological processes. Depressive symptoms emerged as the most robust and recurrent mediator, followed by anxiety, trauma-related symptoms, and dissociative phenomena. This pattern is consistent with Mann's stress-diathesis model (1998, 2003), suggesting that perceived discrimination may intensify pre-existing vulnerabilities rather than independently precipitating suicidal ideation.

Constructs derived from Joiner's Interpersonal Theory of Suicide (2005), such as perceived burdensomeness and thwarted belongingness, were explicitly examined in only a small number of studies focusing on perceived discrimination. Although these mechanisms have been extensively investigated in relation to other minority stressors, their limited empirical testing within the discrimination literature highlights a gap between theoretical relevance and systematic application. Similarly, while findings were largely compatible with Meyer's Minority Stress Model (2003), particularly in studies addressing LGBTQIA+phobia, many discrimination-related pathways were proposed rather than formally tested, underscoring the need for more rigorous, theory-driven analytic strategies.

Moderation analyses underscored the role of social and relational resources in shaping discrimination-related risk. Protective factors such as family and partner support, community connectedness, ethnic identity, and religiosity were identified across several studies. However, substantial heterogeneity in the conceptualisation and measurement of moderating variables limits cross-study comparability and constrains integrative synthesis.

Evidence for less frequently studied forms of discrimination, including classism, fatphobia, ageism, and sexism, was more limited and often based on single studies, which restricts the weight of conclusions that can be drawn. Intersectional approaches offered valuable insight into cumulative discrimination but also raised challenges related to conceptual overlap among discrimination constructs.

Clinically, these findings highlight the importance of incorporating assessments of perceived discrimination into suicide risk evaluations, particularly for individuals from underrepresented groups. The variability in findings nonetheless cautions against treating discrimination as a uniform risk factor. Clinical assessments should therefore account for individual vulnerabilities and the availability of protective resources.

From a research perspective, future studies should prioritise the use of validated multi-item measures and systematically test theoretically derived mediators and moderators. Greater transparency in the reporting of null findings would also help to reduce publication bias and strengthen the cumulative evidence base.

associations are more likely to reach publication. Finally, the overrepresentation of studies conducted in the United States restricts the generalisability of findings to other sociocultural contexts.

## CONCLUSION

This systematic review provides robust evidence that perceived discrimination is consistently associated with suicidal ideation across diverse populations and discrimination types. The relationship is rarely direct and unconditional; rather, it is typically mediated by internalising processes such as depressive symptoms, anxiety, and trauma-related responses, and moderated by social, relational, and identity-based resources. These findings carry meaningful implications for both clinical practice and research design.

Clinically, suicide risk assessments should routinely incorporate inquiry into experiences of perceived discrimination, with particular attention to individuals from marginalised groups. Internalising symptoms warrant particular clinical

attention as potential mechanisms linking discrimination to suicidal ideation. At the same time, protective factors such as social support, community belonging, and strong ethnic or cultural identity should be actively considered in both assessment and intervention planning.

For researchers, the evidence base would benefit considerably from longitudinal and experimental designs capable of establishing causal directionality, alongside the systematic use of validated, multi-item measures of both perceived discrimination and suicidal ideation. Future work should also prioritise the formal testing of theoretically derived mediators and moderators, greater geographic and cultural diversity in study samples, and more consistent reporting of null findings to reduce publication bias. Intersectional frameworks, which account for the compounding effects of multiple, co-occurring forms of discrimination, represent a particularly promising avenue for future inquiry.

**Acknowledgements:** None declared
**Conflict of interests:** None declared
**Ethical approval:** Not applicable
**Funding:** None declared

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