

Ethnicity Statistics as Tricky Tools in “Post-Racial” Britain: Celebrating the Lives and Obscuring the Deaths of Mixed-Race Populations

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Abstract

The inclusion of a “mixed and multiple ethnic” category in the UK census since 2001 has mobilized a post-racial discourse that sensationalizes Britain’s growing mixed-race population as representing Britain’s post-raciality. Two decades later, the 2011 census was linked up with National Health Service records to provide death statistics disaggregated by ethnicity. This article explores the consequences of these statistics for Britain’s claims of post-raciality, given that the Office for National Statistics reported the “mixed and multiple ethnic” category as dying at amongst the highest rates of suicide in the UK between 2012 and 2019. In this article, I use feminist data science methods to research the UK’s ethnicity statistics and surrounding discourses in order to analyze the co-existence of celebratory narratives of mixedness and high rates of suicide. Drawing on Rajani Bhatia’s articulation of the male/female sex ratio as a “tricky tool” for feminist struggle, I consider the UK’s ethnicity statistics as a tricky tool for research on mixedness at the intersections of the overrepresentation of mixed lives and the underrepresentation of mixed deaths in “post-racial” Britain.

Keywords

suicide, statistics, tricky tools, mixed-race, post-race, data feminism, Britain

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Introduction

When the UK's Office for National Statistics (ONS) first began reporting death (including suicide) by ethnicity in August 2021, I was in the first year of my PhD researching suicide among second-generation migrants in Britain (Yue 2024). The statistics—which reported white and mixed men, and mixed women, as dying at disproportionately high rates of suicide—presented an opportunity for me to “legitimize” my interest in attending to race, in a landscape of white male suicide knowledge. However, I was also concerned with how high rates of suicide reported among mixed populations might reproduce the historical pathologizing of mixedness (Ifekwunigwe 2004) given suicide's “compulsory ontology of pathology” (Marsh 2010, 31, see also Marzetti et al. 2023: 1563 who trace a similar “pathological pathway from being LGBT+ to being suicidal”). As it is, the UK's suicide by ethnicity statistics have so far failed to shift UK suicide knowledge and prevention. In this article, I mobilize this tension to engage the UK's suicide by ethnicity statistics as “tricky tools” (Bhatia 2020). In doing so, I explore how we might at once take seriously the reporting of high rates of suicide among mixed populations—mobilizing a critique of existing pathologizing suicide knowledge and prevention that takes white(male)ness for granted and excludes “race”—and theorize the incongruence of suicide prevention for mixed populations in the context of “post-racial” white supremacy (Joseph-Salisbury 2018).¹ To do this, I analyze the UK's suicide by ethnicity statistics in relation to the UK's population by ethnicity statistics, both of which overrepresent mixedness. I analyze relevant suicide prevention policy and documents that have been released prior, and subsequently, to the UK disaggregating suicide by ethnicity (ONS 2021b), and reporting Britain's mixed populations as dying at the highest rates of suicide between 2012 and 2018.² In being attentive to the potential uses and limits of data—and in situating the UK's ethnicity statistics within the broader histories of “mixed-race”—this work can be situated within the project of data feminism (D'Ignazio and Klein 2020). Guided by this approach, I argue that the absence of mixed populations—or indeed attention to race—in the UK's suicide prevention priorities (Department of Health and Social Care 2023) reveals the trickiness of researching mixedness and suicide in post-racial Britain.

A mixed ethnicity category has been included in the census for England and Wales since 2001. Since then, increasing numbers of mixed-race³ people living in Britain (from 661,000 and 1.3 percent of the population in 2001 to 1.7 million and 2.9 percent in 2021) have often been used to herald Britain as post-racial (Aspinall 2015; Campion and Lewis 2022).⁴ The exceptional representation of mixedness as the fastest growing ethnic group has been used by the British media to suggest that mixed-race would come to dominate Britain (see Aspinall 2015 for an overview of these predictions). Mixed-race people, their families, and relationships are co-opted into such discourses (Yao 2021), with their existence

held in popular readings to signal the impossibility of racism in Britain, which is framed as a diverse “melting pot” (Goldberg 2015; Joseph-Salisbury 2018).

But what might statistics on the *deaths* of mixed populations tell us about Britain and its racial politics? “Mixed and multiple ethnic” men and women were recently reported as dying by suicide at among the highest rates in the UK (ONS 2021b). However, unlike their white male counterparts—who have historically been the focus of suicide prevention (Yue, forthcoming)—there has been a lack of engagement with Britain’s mixed population(s) in the national suicide prevention landscape. In this article, I suggest that despite twenty-first-century celebrations of mixed people *living* in Britain, the lack of national prevention responses to recent statistics reporting ‘mixed and multiple ethnic’ population(s) as *dying* at among the highest rates of suicide reveals the UK’s suicide by ethnicity statistics as tricky tools (Bhatia 2020).⁵ The aim of this article is not to ask for the inclusion of mixed-race populations (a problematic term) into suicide prevention and its surveillance logic (Baril 2023; Oaten et al. 2022; see also Yue 2021a), but to recognize the incongruence of making visible the high rates of suicide of Britain’s mixed populations given their centrality to Britain’s post-racial narrative. Such a narrative, I argue, works in tricky ways with the pathologization of suicide (and its confinement to white male populations) to preclude the need for Britain to recognize and challenge its racist designs in shaping possibilities for living. One such way these discourses work together, as I argue below, is that in overrepresenting the newness of Britain’s mixed populations, the post-racial narrative might artificially suggest that the mixed populations reported to be dying at high rates of suicide are migrants (thus precluding sustained analysis in suicide prevention approaches of Britain’s role in crafting uneven liveability for its citizens; see Mills 2018, 2020).⁶

Science and technology studies (STS) scholars have grappled with the norms embedded in statistics and other modern technologies as the digital architecture of our world (Benjamin 2019). While Patrick Grzanka, Jenny Dyck Brian, and Rajani Bhatia (2023) have noted a marked absence of attention to the vast work of intersectionality in STS studies (*Catalyst* being an exception; see also D’Ignazio and Klein 2020), STS scholars *have* centered nonhuman actors (such as digital infrastructures) to emphasize the co-constitution of technologies, knowledges, and identities (Grzanka et al. 2023). For example, while digital technologies often dangerously pose as objective and scientific, in the United States, Ruha Benjamin (2019) has analyzed race itself as a technology organizing our social world. In Europe, Evelyn Ruppert and Stephan Scheel (2021) emphasize the intrasubjectivity of the modern nation-state and the state-istics that enact its population(s) (Schmidt 2005, 15). Despite the representation of “knowable” populations in state knowledge practices, Katrine Meldgaard Kjær, Mace Ojala, and Line Henriksen (2021) have argued that silences and absences haunt digital—as well as non-digital—research.

As I will demonstrate below, statistics have been central to mixed-race and suicide studies too (although separately until now). Suicide studies has not previously explicitly engaged with STS. Nevertheless, mortality statistics—reporting who is dying at the highest rates of suicide—are regularly the starting point for suicide research and prevention. Suicidology is dominated by psychological discourses, and the privileging of the “statistical shape” of suicide has invited calls for interdisciplinarity in suicide research (Chandler 2020). This objectification of suicidal people in mortality statistics has been the source of sustained debate within critical suicide studies, as part of wider critiques of the oversaturation of quantitative research methods in suicide knowledge production (Hjelmeland and Knizek 2010; Jaworski 2014). As such, suicide statistics are an important site from which to engage with STS approaches.

In this paper, I will bring feminist STS into conversation with suicide and mixed-race studies through the lens of the UK’s ethnicity statistics. I conceptualize the UK’s ethnicity statistics as a tricky tool (Bhatia 2020) to explore the intersections of the coexisting *celebration* and *erasure* of mixedness in Britain. In STS, Bhatia (2020) conceptualizes male/female sex ratios as tricky tools for feminist struggle. To some extent, unequal sex ratios can serve as evidence for the need to improve the status of women and girls around the world. However, their uncritical usage risks naturalizing colonial hierarchies (Bhatia 2020), reproducing deficit narratives (D’Ignazio and Klein 2020), and erasing people beyond a gender binary. Following the apparent progression in twenty-first-century America from “legalized racial segregation, oppression, and injustice in the US South between the 1890s and the 1950s,” Benjamin has critiqued the reproduction of existing inequalities via new technologies “that are promoted and perceived as more objective or progressive than the discriminatory systems of a previous era” (2019, 5, 3). In comparison to the legal segregation of the US, postcolonial scholars have highlighted how Britain has been racially segregated in less explicit ways (Benson and Bhambra 2021; Clarke 2023; Tudor 2022), such as via the ascription of nationality and religion. For example, Tarek Younis (2022) has charted the racialization of Islamophobia in the UK, with people ascribed as Muslim disproportionately targeted by the “pre-criminal” space of counter-terrorism across all aspects of life: with schools and the National Health Service constructed as sites for disproportionate surveillance and criminalization.

As Benjamin emphasizes, “some technologies fail to see Blackness, while others render Black people hypervisible and expose them to systems of racial surveillance” (2019, 99; see also McKittrick 2021). In a similar way, I suggest that the UK’s ethnicity statistics are tricky tools for anti-racist work. To some extent, they can be used to evidence racial inequalities, such as in criminalization and suicide. Yet the UK’s population by ethnicity statistics hypervisibilize Britain’s growing mixed-race population(s) as “new” and represent Britain as becoming post-race. As a result, the

longer histories of mixed-race in Britain are obscured, leading to the erasure of “mixed *Brits*” in suicide statistics and (death) prevention. That is, while “mixed and multiple ethnic” populations are reported as dying at among the highest rates of suicide in the UK (ONS 2021b), celebratory representations of mixed-race populations in Britain as “new” obscure mixed people as being *born* (and dying) in Britain.

Using the lens of the UK’s ethnicity statistics, I will begin by charting the post-racial context that mixed populations are celebrated as representing. I will then turn to examining the UK’s suicide statistics and discuss the implications of reporting suicide by ethnicity in a post-racial context. Given the UK’s lack of response to high rates of suicide reported among its “mixed and multiple ethnic” population(s), I complicate celebratory representations of mixed lives in the post-racial discourse. I argue that the ascription of migrant status (migratization, Tudor 2017) to Britain’s “new” mixed population(s) informs their lack of suicide prevention and constructs suicidal mixed Brits as impossible, as “absent data” (Kjær et al. 2021) that nevertheless haunts the UK’s post-racial suicide knowledge. Ultimately, this article uses feminist STS to explore the UK’s ethnicity statistics as a tricky tool for research on mixed life *and* death. Following Bhatia’s (2020) thinking on the sex ratio, in conceptualizing the UK’s ethnicity statistics as a tricky tool, I do not propose a move away from ethnicity statistics per se, nor even necessarily their improvement (e.g., via differentiating by nationality for “better” suicide prevention; see, e.g., Dykxhoorn et al. 2024; Yue 2021a) given the harms of the surveillance logic of prevention (Baril 2023; Oaten et al. 2022). Rather, by thinking with ethnicity statistics at the intersections of life and suicide, I conceptualize suicidal mixed Brits as absent data that expose the contradictions inherent in white supremacist post-racial Britain (Joseph-Salisbury 2019), in particular for its suicide knowledge and prevention.

Celebrating Mixedness

The language of racial mixing has been the subject of sustained critique given its role in maintaining the binary imagining of race necessary to sustain white supremacy. While the celebratory age of mixed-race studies has sought to challenge pathological discourses (see Ifekwunigwe 2004 and Campion 2017 for an overview of the “ages” of mixed-race studies, discussed further below), celebratory narratives can themselves problematically reproduce the realness and exceptionalism of mixedness (Campion and Lewis 2022). This tension is evident in the UK’s population by ethnicity statistics (and surrounding rhetoric), which have the potential to evidence racial inequalities, yet have been used to celebrate Britain as post-racial.

The mixed-race population in Britain is commonly cited as the UK’s fastest growing: from 1.3 to 2.9 percent of the population between the 2001 and 2021

censuses (from 661,000 in 2001 to 1.7 million in 2021). The UK's ethnicity statistics on Britain's supposedly growing mixed populations are central in popular celebratory representations of Britain as post-race, where the increasing prevalence of mixed-race couples and families is thought to represent the lack of racism, or even anti-racism (Campion and Lewis 2022; Yao 2021). In mixed-race studies, such claims have tended to be made based on research on white mothers of mixed-race children; by suggesting that the former are able to distance themselves from their white privilege via proximity to their racialized partners and children (Twine 2004).⁷ In the public domain, questions about the future mixed offspring of Prince Harry and Meghan Markle in the British media demonstrate the coexistence of anxieties around the growing mixed-race population in Britain, and the impossibility of mixedness to signal post-racality. For example, Jo Marney, girlfriend of UK Independence Party leader Henry Bolton, claimed that "Meghan's seed will taint our Royal family" (Elgot 2018). Despite the tensions their marriage (and future offspring) raised in terms of threatening white Britishness (Clancy 2021), Harry and Meghan's wedding has simultaneously been hailed as symbolizing racial progress (Gordon 2018).

Elsewhere, mixed-race studies scholars have pointed to how the celebratory representation of Britain's growing mixed-race population in the census ethnicity statistics might be misleading (Campion 2017) or inflated (Aspinall 2015). For example, the 'mixed' category has only been included as an option since the 2001 Census (Aspinall 2015), which superficially represents mixed-race as a new phenomena in Britain. Peter Aspinall suggests that the labeling of Britain's mixed-race population(s) as the fastest growing at times overrides statistical representations, since between 2001 and 2011 the "other Black" category grew by 191.9 percent while the mixed group only grew by 85.2 percent (2015, 1071). Moreover, following the inclusion of an ethnicity question in the UK's 1991 census, many critique the use of the term *ethnicity* as standing in for *race* (Ahmad and Sheldon 1993; Ballard 1996; Song 2018; Thompson 2010) given the racialization of nationality. For example, in the 1991 census, there are three options for people who identify as "Black" (Caribbean, African, and Other), none of which include a British option; and neither is there a white African option, demonstrating the apparent mutual exclusivity of Black and white and the impossibility of mixedness in national ethnicity statistics at the time.

Critical mixed-race studies scholar Jayne Ifekwunigwe has conceptualized the three ages of mixed-race studies through the nineteenth century to the twenty-first century as the ages of pathology, celebration, and critique (2004, 8). The contemporary age of celebration, which embodies the post-racial representation of mixedness, responds to the pathologization of miscegenation (racial mixing) in the colonial era, but is nevertheless marked by a historical amnesia that disconnects Britain from its imperial past (Gilroy 2004; Joseph-Salisbury 2019). As such, Karis Campion has suggested there is a "missing wave" (2017, 27) of mixed-race studies

between the age of pathology and the age of celebration. Drawing on the critical mixed-race literature, I suggest this missing wave of mixed-race studies lends itself to the contemporary—new and celebratory—iteration of mixed-race in post-racial Britain that forms the backdrop for the trickiness of the UK's suicide by ethnicity statistics.

The Missing Wave of Mixed-Race Studies

As noted above, mixed populations in Britain have historically been represented in two dominant ways: pathologized or celebrated (Ahmed 2014; Ifekwunigwe 2004). In 1864 David Goodman Croly combined the Latin words *miscere* (to mix) and *genus* (race) to name sexual reproduction between people assigned to different "races" *miscegenation* (Ifekwunigwe 2004). "Black"—"white" miscegenation dates back to the sixteenth century and the commencement of the transatlantic slave trade, when "West Africans were forcibly removed from their homelands and sold as chattel slaves to work on plantations in the Southern USA, the Caribbean and Brazil" (Ifekwunigwe 2004, 10). Pathological discourses on mixed-race emerged in the late eighteenth century in discussions of how to manage and present the children of the colonies of the British Empire (using terms such as "half-caste" and "mulatto," depending on the context). Ifekwunigwe (2004) conceptualizes this era as the age of pathology, which culminated in the nineteenth-century marriage of discourses on biology and culture that problematize the mixing of pure and distinct "races" through sexualized narratives of perversion and degeneration.⁸ In the early twentieth century, these pathological discourses were transferred to the metropole when Black and Brown British colonial subjects serving in the First World War settled in the British Isles. In British port cities such as Cardiff and Liverpool, white women (often imagined as "chavs" [Tyler 2008]) marrying men from the colonies were problematized and many of their husbands were expatriated without their knowledge (Hancox 2021).⁹

Critical mixed-race studies scholars argue that pathological discourses on racial mixing are reproduced in contemporary "present-tense" (Mahtani 2014) celebrations of mixedness (such as in the UK's population by ethnicity statistics), notably via colonial amnesia (El-Tayeb 2011). Indeed, Campion (2017) suggests there is a missing wave of mixed-race studies in the postwar period between the ages of pathology and celebration. Following the Holocaust as the horrific culmination of eugenicist thinking within Europe (Murphy 2017), in 1950 UNESCO had warned against the dangerous consequences of "race" (Song 2003). Campion (2017) suggests that, in Britain, race was reformulated to re-emerge as "ethnicity" in the late twentieth and early twenty-first centuries. In this period at the end of the Second World War, the formal decolonization of some former British colonies invoked Britain to introduce its first citizenship. As sociologist Gurminder Bhambra notes, in the first British Nationality Act (1948) British citizenship was

shared between the UK and its colonies, to be differentiated from members of the Commonwealth (Benson and Bhambra 2021). In the immediate postwar period, workers from the colonies and Commonwealth were invited to fill labor shortages in Britain (Benson and Bhambra 2021). Yet this change of direction in travel (not “migration” since many were citizens of the UK and colonies) led to laws known as the Commonwealth Immigration Acts being introduced in the 1960s and ‘70s to deter “coloured immigration,” ostensibly in the name of geography (Benson and Bhambra 2021).¹⁰ Campion thus argues that the coded nature of “race-talk” during this postwar period led to the disappearance of mixed-race as a category, with mixed populations in the 1960s through the 1980s being “subsumed in other debates to do with racial relations and difference that took priority during these periods,” such as those on immigration (2017, 203).

This missing wave of mixed-race (studies) led to the rise of the “second-generation migrant” problem category (El-Tayeb 2011; Yue 2021a, 2021b) and the racialized ascription of migrant status regardless of being born in Britain. Despite the potential for the UK’s ethnicity statistics to serve as evidence for inequalities, we can see how via the transition from race to ethnicity and mixed-race to migrant in popular discourse, the statistics embody and reproduce exclusions in who counts as mixed-race and who counts as British. Below I suggest the missing wave of mixed-race has consequences for who is visible in UK suicide knowledge and prevention.

Obscuring the Intersections of Mixedness and Suicide

With the UK’s population by ethnicity statistics being so central to celebratory accounts of mixed-race, how might its suicide by ethnicity statistics complicate Britain’s post-raciality? I will proceed by introducing the UK’s suicide statistics and prevention landscape before and after the UK begun to disaggregate suicide by ethnicity. I suggest that, as tricky tools, the UK’s 2021 suicide by ethnicity statistics are limited by the post-racial context which the UK’s population by ethnicity statistics are mobilized to uphold. However, disaggregating suicide by ethnicity does have the potential to unsettle present-tense readings of mixedness through which Britain is celebrated as post-racial. As such, the statistics might be engaged to expand the UK’s suicide knowledge, which tends to contain unliveability to decontextualized white male pathology (Yue, forthcoming).

Statistics have been central to the problematization of suicide since the nineteenth century (Bayatrizi 2008). However, in the UK, suicide statistics have historically been limited to reporting age and (binary) sex from death certificates, with middle-aged men consistently being reported as dying at the highest rates of suicide in the UK (Wyllie et al. 2012). Elsewhere, Katrina Jaworski (2014) has illustrated that the prioritization of (completed) death—compared to higher rates of female attempted suicide, sometimes referred to with reference to male death as “failed”

or “unsuccessful”—constructs suicide as a masculinist problem and men as the focus of suicide prevention. Accordingly, Ana Jordan and Amy Chandler have argued that statistics do not represent the reality of suicide but rather reproduce “gendered assumptions about what counts as suicide” (2019, 462).

According to sociologist Jack Douglas, a key tenet of nineteenth-century sociological works on suicide was that “the stability of suicide rates proves that the official suicide statistics (from which these rates were taken) are reliable” (1966, 254). Critiquing Émile Durkheim’s minimizing of women’s suicidality on the basis of men’s higher rates of suicide death, Douglas suggested that the “categori[zation] of social structure (class, occupation, age, etc.)...greatly bias[es] any theory constructed from or tested by them. It [therefore] seems most reasonable to expect that the attempts and the frequencies of success will be greatest precisely in those groups which are most ‘integrated’ in the society” (260–61). That is, while Durkheim explained high rates of suicide in male compared to female populations, Douglas highlights that the more “integrated” people are into society, the more categorized, and the more visible they will be in suicide statistics. We can consider how men—whose suicide deaths are the criteria for the masculinist knowledge on suicide (Jaworski 2014)—are the most visible in the suicide statistics that differentiate death by only age and sex.

Analyzing suicide prevention policies in the UK (the first one being produced in 2002), Alexander Oaten et al. (2022) have highlighted how the reduction of the complexity of suicide to a manageable object amenable to prevention privileges dominant understandings of suicide (e.g., as male, as mental illness) and thus marginalizes those whose experiences (such as among LGBTQ+ and prison populations) are not intelligible within pathologized, decontextualized prevention frameworks (X and polanco 2022). As I will explore below, prior to reporting suicide by ethnicity (ONS 2021), the post-racial framing of Britain (Joseph-Salisbury 2019) has tended to construct suicide knowledge from a (highly integrated) white “norm” (Wyllie et al. 2012) and thus marginalizes racialized (and other minoritized) populations from suicide knowledge.

During the COVID-19 pandemic, Black and South Asian populations were reported to be disproportionately affected (ONS 2020), yet timely policy responses were hindered by the fact that the census is conducted only every ten years. In the midst of these inequalities—perpetuated and visibilized in the pandemic—the UK introduced a new statistical strategy (UK Statistics Authority 2020) to link up national data practices with register-based data (Department of Health and Social Care 2021). As a result of linking National Health Service records to the 2011 census, we now have more complex data available in mortality reporting, including for death by suicide. In August 2021 the UK’s ONS began reporting suicide by ethnicity, reporting white men and mixed and multiple ethnic men and women as dying at the highest rates of suicide: “In males, the highest

rates of suicide have been in the Mixed and White ethnic groups. Rates for these two groups have not statistically differed over time, and in 2017 to 2019 rates in the Mixed (14.7 deaths per 100,000 males) and White (14.9 deaths per 100,000) groups were almost identical” (ONS 2021b).

Looking closer at the data (which required downloading from the ONS website), mixed men were reported to die at the highest rates in all reporting periods (between 2012 and 2018), except the latest (2017–2019) when deaths by suicide were higher in white males. For females, rates of suicide were higher in mixed than white categories in all of the reporting periods and 7.1 “mixed” compared to 4.9 “white” females per 100,000 in the 2017–2019 period (ONS 2021b).

As we can see, the higher rates of suicide among mixed men between 2012 and 2018 are deprioritized in the headline that white and mixed men died at similarly high rates in the latest reporting period only (2017–2019). Given the loaded nature of who and what gets counted (Bowker and Star 2000), Douglas (1966) has suggested that suicide statistics cannot be said to report the “truth” of suicide rates. Nevertheless, the reporting of mixed men *and women* as dying at the highest rates of suicide alongside white men might be engaged in fruitful ways¹¹—not only to expand the white maleness of UK suicide knowledge, but to unsettle the use of mixed-race populations in Britain’s post-racial agenda. As such, I suggest that by studying suicide statistics as tricky tools (Bhatia 2020), we can investigate the politics involved in the categorization and enactment of populations (Ruppert and Scheel 2021)—namely, why the UK’s ethnicity statistics tell different stories about the living and dying of its mixed-race population(s). In conceptualizing the UK’s ethnicity statistics as tricky tools, I am interested in what the UK’s suicide by ethnicity statistics *might* say about Britain’s racial politics, and how—as I explore below—in practice this narrative has been obscured in national suicide reporting and prevention.

Race and Suicide Before 2021

Given the post-racial context through which suicide is decontextualized from conditions of unliveability (Mills 2020; X and polanco 2022) and largely confined to mental illness (Marsh 2010; White et al. 2016), there has been a scarcity of suicide research attentive to race. While ostensibly not focusing on race could be a means to avoid pathologizing racialized populations (as in biological racism), in practice the post-racial discourse poses challenges to anti-racist work while maintaining racial inequalities (Lentin 2011). I will now turn to analyzing two examples of suicide research in relation to ethnicity, which occurred prior to the UK disaggregating suicide by ethnicity (ONS 2021), demonstrating how the post-racial discourse nevertheless racialized the UK’s suicidal subjects as white, obscuring suicidal people beyond white maleness from research and prevention (unless as migrants).

While the visibility of men in society and male death in suicide statistics has constructed suicide as a masculinist problem (Douglas 1966; Jaworski 2014), prior to the ONS (2021) disaggregating suicide by ethnicity, the post-racial context has shaped the implicit racialization of the UK's (male) suicidal subjects as white. For example, Samaritans is a UK charity who routinely produces national suicide prevention campaigns (they also offer a suicide helpline). In Samaritans' national suicide prevention campaign, titled "Men, Suicide and Society: Why Disadvantaged Men in Mid-Life Die by Suicide" (Wyllie et al. 2012), there is "a note on women, ethnicity and sexualities" that makes explicit the focus of suicide prevention as white heterosexual British and Irish middle-aged men: "This report has chosen not to focus on the role of ethnicity or sexualities in suicidality. The situation of men in their mid-years in lower-socio-economic positions who are from black and minority ethnic (BME) groups, or with lesbian, gay, bisexual, transgender (LGBT) or other sexualities, will be complicated by also occupying these 'subordinate' positions...examining the experiences and identities of British and Irish middle-aged working-class men, the majority of whom are white and heterosexual, is core to reducing death by suicide" (Wyllie et al. 2012, 7).

While the authors choose not to focus on race, they nevertheless racialize the UK's (male) suicidal subjects as white (and heterosexual). Mixed-race studies scholar Remi Joseph-Salisbury situates "the 'post-racial' conditions that define our times" (2019, 64) within white supremacy to emphasize how the latter relies on the maintenance of historical amnesia about how whiteness is privileged (Gilroy 2004; Goldberg 2015). As he writes, "the 'post-racial' is predicated, first, on the dilution of the true history of race and Empire (white amnesia), and then a mythological belief that society has overcome that (diluted) history. If we recognize that white amnesia is the erasure of racism's past, and the 'post racial' brings about the denial of racism's present, we can see how these discourses coalesce to completely erase racism" (Joseph-Salisbury 2019, 66). Failing to name race in post-racial (white supremacist) Britain reproduces whiteness. This is evident in how white (heterosexual) men are maintained as the "core" population for suicide prevention, and perceived as "[un]complicated" by "subordinat[ion]" (Wyllie et al. 2012).

The attachment to a "core" white majority is also complicated when we consider the ethnicity statistics in the 2011 census preceding the Samaritans' (2012) report, which reports the "White British and White Irish" population as decreasing, and Other ethnic groups as increasing: "The White ethnic group accounted for 86.0 per cent of the usual resident population in 2011, a decrease from 91.3 per cent in 2001 and 94.1 per cent in 1991. White British and White Irish decreased between 2001 and 2011. The remaining ethnic groups increased, Any Other White background had the largest increase of 1.1 million (1.8 percentage points)" (ONS 2012).

Employing the UK's ethnicity statistics as a tricky tool, we can consider how decreasing numbers of white and increasing numbers of other ethnic groups work to represent Britain's "core" as white, with migrants "taking over" (as was a key argument in Brexit rhetoric; see Bhambra 2017). However, returning to Douglas's (1966) and Aspinall's (2015) emphasis on how the (ethnicity) categories available shape statistical knowledge, we are reminded that 1991 was the first census to include a question about ethnicity, and new ethnicity categories are added to each census (e.g., there was no "mixed" option in 1991). Alongside the fluidity of ethnicity categories (such as between Chinese, Asian British, and Mixed White and Asian in the 2001 census), the UK's ethnicity statistics are shaped by colonial amnesia (El-Tayeb 2011), misrepresenting Britain's diversity as new.

In post-racial white supremacy, researching race and suicide from the lens of white-male-designed suicide knowledge risks reproducing the pathologizing of racial mixing. Via the post-racial denial of racism's past and present, it follows that any inequalities between racialized and other minoritized populations are attributed to the imagining of inherent cultural differences, a continuation of the race science that fixed people into natural hierarchies that enable the government to elude responsibility for crafting uneven liveability. This pathologizing approach is common in attempts to "include" ethnic minorities in white male suicide knowledge (Yue, forthcoming) and is particularly problematic for racialized people who are born in the UK. To illustrate how research on race and suicide in Britain is limited by the post-racial context, I discuss two studies that center racialized suicidal people but tend to construct them as migrants.

Prior to reporting suicide by ethnicity in 2021, the ONS provided Maria Maynard et al. (2012) with anonymized death records by country of birth. Their research shows "small increases in rates [of suicide] for men born in Pakistan and the Irish Republic, and a substantial increase in rates for Jamaican men in the last period" (Maynard et al. 2012, 1). Maynard et al.'s (2012) analysis explained the higher rates of suicide among foreign-born men (from Pakistan, Ireland and Jamaica) by comparing these with rates in home countries (or "country of origin"). However, the authors noted they were unable to explain the high rates of suicide among Jamaican-born men in England and Wales since there were low rates of suicide in Jamaica in the time period (1999–2003). Situated in the (white) post-racial context of Britain, place of birth in this data comes to stand in for ethnicity—suggesting exclusivity between the imagined white (citizen) and migrant (non-white) populations in Britain (Tudor 2017, 2022) and displacing second-generation migrants (and subsequent UK-born generations) from suicide research (Maynard et al. 2012). Indeed, in the study limitations, the authors note that "although there are significant ageing migrant populations in England and Wales, at the 2001 Census 34–60% of the main ethnic minority groups were born in the UK (Dobbs et al. 2006), with the highest proportion among Black Caribbeans" (Maynard et al. 2012, 5). That higher rates of suicide for Black Caribbeans in the UK could not be

explained by (foreign) place of birth, Maynard et al.'s (2012) study suggests (but does not name) the need to center Britain's role in producing high rates of suicide, rather than merely being a depository for migrants who "bring" their high rates of suicide from home countries (see, e.g., Forte et al. 2018).

Also prior to the release of ethnicity data on suicide in 2021, in 2008 Kamaldeep Bhui and Kwame McKenzie studied suicides of "the four largest ethnic groups in England and Wales: black Caribbean, black African, South Asian (Indian, Pakistani, and Bangladeshi), and white" who died within twelve months of accessing mental health services between 1996 and 2001 (414).¹² Bhui and McKenzie's research complicates the UK's suicide prevention focus on a "core" white male suicidal subject (Wyllie et al. 2012) in a number of ways: with higher rates of suicide reported among women in some ethnic groups;¹³ and "some widely accepted suicide risk indicators...[being] less common in the ethnic minority groups" before they died by suicide (Bhui and McKenzie 2008, 414).¹⁴ Reminiscent of Douglas (1966), Bhui and McKenzie suggest that differences in risk factors perceived among ethnic groups could reflect ethnocentrism in clinician assessment, allowing clinicians to more easily see and assess "the perceived level of immediate risk of suicide...as highest among whites" (418).

Ethnicity in Bhui and McKenzie's 2008 study was provided by the lead clinician who completed the National Confidential Inquiry form, "report[ing] the ethnicity of the patient using the Office for National Statistics categories: South Asian (Indian, Pakistani, and Bangladesh), black Caribbean, black African, white, Chinese, mixed, or other" (Bhui and McKenzie 2008, 414). As such, differentiating between first- and second-generation "migrants" was undoubtedly made difficult by the categories available, which assume exclusivity between "white" (native) and "ethnic minority" (migrant) populations. While the 2001 census had an option for "Asian or Asian British," the authors were limited to "South Asian" but nevertheless noted in the discussion that "the South-Asian group in our sample was mostly born in the United Kingdom" (419).

Indeed, in their study they found a "lower risk of suicide among young South-Asian women," which they suggest "requires explanation, because this finding contrasts with the picture of mental illness and suicide from community settings and population studies" (Bhui and McKenzie 2008, 419). They suggest that "it may be that this group [born in the UK] has a lower rate of suicide than older age groups that were born in India, Pakistan, or Bangladesh" (419). This displacement of suicide to South Asian countries precludes an exploration of Britain as inviting mental distress and unliveability in migrants and citizens (Mills 2020). Indeed, other research suggests higher rates of suicide among *second-generation* "migrants" than their parents' generation in Western countries (see Forte et al. 2018). What is more, research on race that limits belonging to single, mutually exclusive categories precludes the possibility of mixedness. Mixed Brits are thus

excluded from suicide research on citizens *and* migrants (unless they are subsumed into singular racialized categories), and are not represented in prevention efforts due to narrow, Eurocentric, and decontextualized definitions (X and polanco 2022) of what counts as suicide in Britain.

Research on Race and Suicide Since the UK Began Disaggregating Suicide by Ethnicity

The dominant understanding of suicide as a white (male) problem in post-racial Britain is further complicated by a deeper analysis into the categories subsumed into the white category reported as dying at the highest rates of suicide for the first time in 2021. The white category used in the 2011 census to inform the ONS's 2021 death statistics conflates the following descriptors:

- English, Welsh, Scottish, Northern Irish, or British,
- Irish,
- Gypsy or Irish Traveller,
- Any other White background.

This heterogeneity further points to the need to expand the focus of national suicide prevention from a "core" white British and Irish population from whom "subordinate" positions are "complicated" (Wyllie et al. 2012). The failure to disaggregate the white category dying at the highest rates of suicide in the UK is significant given long and more recent histories of stigmatization among white Irish, Eastern European, and Traveler communities (Davidson et al. 2018). Indeed, Knipe et al., in their 2024 *Lancet* publication, used the ONS data to calculate "the age-standardised suicide rates by sex for each of the 18 self-identified ethnicity groups in England and Wales" (2024, 611, emphasis added). In disaggregating the ethnicity categories, their analysis further complicates the reporting of "white" men as dying at the highest rates of suicide (ONS 2021): "In males, the rate of suicide...in individuals who identify as being from a Mixed heritage background or White Gypsy or Irish Travellers...was similar to the White British majority, but in females, rates were 79% higher in individuals from a Mixed White and Caribbean heritage background, and more than double in White Gypsy or Irish Travellers" (Knipe et al. 2024, 616).

The UK's suicide by ethnicity statistics reporting high rates of suicide among mixed men and women and "White Gypsy or Irish Traveller" women,¹⁴ and this complexified understanding of the *white* men in "suicide crisis" as not necessarily being white Brits, have the potential to say much about the gendered and racial politics of Britain and the post-racial lens for its suicide knowledge. While the men in suicide "crisis" (Jordan and Chandler 2019) have previously been understood to be privileged by whiteness (for example, Chandler [2019] has asked why relatively privileged white men might be dying by suicide at such high rates), the latest UK statistics on suicide (ONS 2021; Knipe et al. 2024) invite us to ask why mixed men

and women and white ethnic minority men and women might be dying by suicide at such high rates in Britain. As such, engaging with the finding that the 2021 statistics reported some ethnic minority men *and women* as dying at among the highest rates of suicide alongside white men may hold the potential to transform suicide knowledge and prevention in post-racial Britain, beyond (cis white, heterosexual, male) death prevention (Marzetti et al. 2022). Nevertheless, attachment to the post-racial context makes this potentiality unlikely to be embraced.

While the 2024 disaggregated statistics (Knipe et al. 2024) are of course too recent to expect a response to, there *has* nevertheless been a lack of response to the ONS reporting the highest rates of suicide among both white men *and* mixed men and women in England and Wales (ONS 2021b). Two relevant documents have been released in the wake of the ONS reporting suicide by ethnicity for the first time, both of which fail to center Britain's mixed population(s), which I argue further demonstrate the UK's ethnicity statistics as tricky tools for research on mixedness and suicide. In 2022 Samaritans released a policy position on "Ethnicity and Suicide" in response to the ONS reporting suicide by ethnicity for the first time (between 2012 and 2019). While Samaritans usually respond to high rates of suicide with targeted prevention campaigns—as with the focus on (white) middle-aged men over the past decade—in the policy position Samaritans refrain from positioning mixed populations as a priority for suicide prevention. Instead, the policy position refers broadly to "ethnicity"—suggesting that the statistics show "that rates of suicide differ between ethnic groups"—with very little mention of mixedness apart from citing the suicide rates for 2017–2019 where mixed and white men were reported to die at similarly high rates (Samaritans 2022, 2).

Samaritans' decision to refrain from constructing mixed men and women as national suicidal subjects could reflect a careful reluctance to reproduce a "crisis" of mixedness (a potential parallel to the "crisis of masculinity" for white middle-aged men) without further research: "It is impossible to fully understand suicide across different ethnic groups without better recording, collection, and communication of the data. It is unacceptable that we still do not have a complete picture of suicide across ethnic groups" (Samaritans 2022, 7; see also Dykxhoorn et al. 2024). Indeed, given the historical pathologization of "miscegenation" (racial mixing) *and* of suicide (Marsh 2020); suggesting the suicide risk of Britain's mixed-race population(s) could reproduce colonial deficit narratives, evidencing ethnicity statistics as tricky tools (Bhatia 2020). However, given the problematization of suicide (Baril 2023), prevention campaigns are a key marker for whose lives are deemed worthy of "saving." While I was working on my PhD thesis on "mixedness and suicide/ality,"¹⁶ I asked Samaritans if they were still looking for research into this area, and they responded that they were no longer "seeking evidence on ethnicity and mixedness" (personal communication, 2023). Indeed, Samaritans continues to reproduce white men as the subjects of suicide (despite this being the first time ethnicity has been reported, and white men only dying at the

highest rates in 2017–2019), suggesting the latest ONS statistics “echo other research (Hunt et al. 2021) which suggests that [although] rates of suicide differ between ethnic groups...the highest rate of suicide was among White patients” (Samaritans 2022, 1–2; see also Knipe et al. 2024).

Notwithstanding this attachment to the (white) male suicidal subject, Samaritans recognize “the limitations of applying models of suicidal behaviour or risk across different cultural contexts and ethnic groups” (2022, 3). These limitations include inequalities in accessing suicide prevention, such as “evidence suggest[ing] that minoritized ethnicity patients who died by suicide were generally seen by practitioners to be at lower risk of suicide compared to White patients before they died” (Samaritans 2022, 4; Bhui and McKenzie 2008; Hunt et al. 2021). Samaritans thus recognizes that such evidence “may...suggest that existing models of suicidal behaviour and risk assessment are biased towards White groups, resulting in worse aptitude for recognizing suicidal behaviour among minoritised ethnicity individuals” (5). Despite this important work, as I demonstrate below, in the post-racial context, Samaritans’ seeming reluctance to present the high rates of suicide reported among “mixed and multiple ethnic” populations appears to reproduce the implicit whiteness of the UK’s suicidal subjects in post-racial Britain.

Indeed, despite the UK’s latest suicide statistics being disaggregated by ethnicity, the UK government’s Prevention Strategy (Department of Health and Social Care 2023) does not include “mixed and multiple ethnic” populations in the “priority groups” for their five-year suicide prevention strategy. As Oaten et al. have highlighted for England’s 2017 “high risk” groups, the “priority groups” for 2023 to 2028 include “a startlingly large proportion of the population” (2022, 666). While “white men” are not mentioned either, “middle-aged men” are, and, as I noted above, this demographic has consistently been racialized as white British and Irish (Wyllie et al. 2012). In this post-racial context, failing to name race often reproduces whiteness as the norm. Indeed—despite stating that their priority groups are “based on evidence and data (including numbers, rates and trends)” (Department of Health and Social Care 2023)—the UK government’s limited engagement with the UK’s suicide by ethnicity statistics (ONS 2021) in their suicide prevention strategy appears to suggest that despite the high rates of suicide death reported among “mixed and multiple ethnic” men and women, they are not a priority for suicide prevention. Likely referencing Samaritans’ 2022 policy position, the UK’s 2023 Prevention Strategy suggests, “There is [now] more comprehensive research on, and better understanding of, national trends and suicide rates in particular groups, including...ethnic minority groups including people who are Gypsy, Roma or Travellers [and] refugees and asylum seekers” (Department of Health and Social Care 2023).

However, the government does not resolve to transform this research (and its latest suicide statistics) into prevention priorities. Indeed, to visibilize Britain’s

mixed-race populations as dying at among the highest rates of suicide would threaten the post-racial narrative through which the pathologized (white, male) version of suicide/knowledge is maintained. As such, I argue that suicidal mixed Brits come to constitute absent data (Kjær et al. 2021) haunting the UK's ethnicity statistics and suicide prevention responses.

Conclusion

In contrast to celebratory citations of increasing numbers of mixed populations *living* in Britain, what do responses to the statistics on their deaths by suicide (ONS 2021b) tell us about British constructions of "mixedness as a condition for post-racial futures" (Campion and Lewis 2022, 11)? Are mixed people living (and dying) in Britain considered British? What does obscuring mixed-race populations from suicide research and prevention serve? Above, I have conceptualized the UK's ethnicity statistics as tricky tools for anti-racist work, given that they have the potential to serve as evidence of inequality yet risk reproducing those very inequalities via the colonial hierarchies embedded in our digital knowledge infrastructures. I further posit the UK's (suicide by) ethnicity statistics are a tricky tool for the UK government. I suggest that the reporting of "mixed and multiple ethnic" populations as dying at among the highest rates of suicide in the UK (ONS 2021) threatens to destabilize *both* the celebratory (new) representation of mixedness used to idealize Britain's post-racality (effectively precluding the need for anti-racist work) *and* contemporary definitions of (what counts as) suicide in Britain.

In the post-racial context, contemporary articulations of a white, male suicidal subject privilege a decontextualized, pathologized, and superficial approach to suicide knowledge and prevention over attention to conditions of un/liveability. Suicidal mixed Brits become impossible in this post-racial definition of suicide in Britain—because mixed-race *lives* not *deaths* represent Britain's progressive race(less) politics. As such, I conceptualize suicidal mixed Brits as 'absent data' (Kjær et al. 2021) in the UK's ethnicity statistics and suicide prevention responses: they are missing from UK suicide knowledge, since suicide prevention responses centering "mixed Brits" are impossible if Britain's post-racial white supremacy is to be maintained (Joseph-Salisbury 2019).

In this article I have reflected on the UK's (lack of) response to its first suicide by ethnicity statistics (ONS 2021b). Reporting "mixed and multiple ethnic" men *and* women (and subsequently white ethnic minority populations) (Knipe et al. 2024) as dying at among the highest rates of suicide in the UK has the potential to threaten the post-racial ideal of Britain through which Britain's mixed population(s) are co-opted as representing. Against this supposedly celebratory backdrop, white supremacist post-racial discourses make it impossible to locate "mixed Brits" and their suicides *in* Britain. Reporting place of birth in UK suicide statistics (like in Maynard et al.'s 2012 study) *alongside* ethnicity has the potential

to visibilize “mixed Brits” and identify suicide inequalities among them. As such, reporting nationality *and* ethnicity (Dykxhoorn et al. 2024; Yue 2021a) might more effectively unsettle the post-racial status of UK suicide knowledge by suggesting that large numbers of suicide deaths are produced *in Britain*; whereas if Britain’s mixed population(s) are constructed as new (migrant), then high suicide rates are more easily explained away to “countries of origin.”

However, mixed-race populations have historically been at the center of racial “sorting” (Bowker and Star 2000). Accordingly, the idea of targeted suicide prevention campaigns for “mixed Brits” should be considered with caution. “Race as technology” has long functioned “as a means of sorting people into groups on the basis of their presumed inferiority and superiority” (Benjamin 2019, 101). Future research might consider what further harms might be reproduced via statistically enacting distinctions between mixed Brits and migrants—in relation to essentializing racial and national differences, and in relation to priorities for suicide prevention. While I have problematized the erasure of Britain’s mixed population(s) from UK suicide prevention, Geoffrey Bowker and Susan Star emphasize the “tightrope between increased visibility and increased surveillance” (2000, 29). Accordingly, Benjamin’s cautioning that “the act of viewing something or someone may put the object of vision at risk” (2019, 100) can be read as warning of the “risk” of heightened anti-suicidal (Baril 2023) surveillance and pathologization that might come with being constructed as “at risk” of suicide (Bayatrizi 2008; Oaten et al. 2023). With that said, the work of exposing the whiteness of UK suicide knowledge undertaken in this article might invite us to reimagine suicide prevention, from the death prevention of a white heterosexual “core” to a more liveable world for all (Ansloos and Peltier 2021; Marzetti et al. 2022; White et al. 2016). Future research might analyze the intersections of ethnicity statistics with sex ratios in UK suicide reporting as tricky tools for suicide prevention, given the invisibilizing of suicidal people beyond a male/female binary. This work is especially timely given that high rates of suicide reported among mixed men *and* women (ONS 2021) threatens to unsettle the construction of suicide as a (white) male problem in post-racial Britain in tricky ways.

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Notes

¹ Included in this trickiness is the utility of the category of “mixed-race,” which at once problematically reproduces pathological discourses on racial mixing, and is a useful tool for challenging the inequalities experienced by people with mixed heritage and those who identify as mixed.

² The “white male” category was reported as dying at marginally higher rates in the latest reporting period (2017–2019) (ONS 2021).

³ Despite the official use of the term *ethnicity* in the UK censuses, I generally retain the use of *race* in line with the critical mixed-race literature and critiques that “ethnicity,” as standing in for “race,” supports a post-racial discourse (Ahmad and Sheldon 1993; Ballard 1996; Song 2018; Thompson 2010).

⁴ For comparison, in 2021, 81.7 percent of usual residents living in England and Wales identified with the “white” category, followed by 9.3 percent Asian, Asian British, or Asian Welsh (ONS 2021a).

⁵ While three years is perhaps a short period of time to shift prevention policy from its white male subjects, this article was sparked in response to UK suicide prevention charity Samaritans’ “policy position,” released in 2022 in response to the 2021 ethnicity statistics in place of its usual prevention policy targeted at men. In addition, as I discuss, the UK government’s five-year suicide prevention strategy (published in 2023) did not name racialized populations in their priority groups despite the wider document referencing the 2021 ethnicity statistics.

⁶ Indeed, in a recent analysis of the ONS suicide by ethnicity statistics, Knipe et al. (2024) reveal that the majority of ethnic minority populations reported to die by suicide are born in Britain (see also Dykxhoorn et al. 2024).

⁷ I use the term *racialized* throughout to stand in for *people of color* or *Black, Asian, and minority ethnic*. It is an imperfect term but emphasizes the work of making race and the white norm from which Others are measured.

⁸ Although white slave masters sexually exploited enslaved Black Africans since the sixteenth century and the beginning of the transatlantic slave trade, Black men were policed for “mixing” with and “diluting” white women and constructed as sexual deviants (Campion 2017; Edwards and Caballero 2011; Ifekwunigwe 2004).

⁹ Imogen Tyler suggests that a “chav: is often imagined as the (white, female) parent of “a gaggle of mixed race children” (2008, 26).

¹⁰ Again, Bhambra emphasizes that this was only a crossing of geographical borders (Benson and Bhambra 2021).

¹¹ Notably, this is the first time white men have been officially reported as dying at the highest rates of suicide in the UK (ONS 2021), despite them generally being implicitly racialized as white (Wyllie et al. 2012).

¹² Bhui and McKenzie accessed this data from the National Confidentiality Inquiry, which “records suicides among people in contact with services in the preceding 12 months” (2008, 414).

¹³ Bhui and McKenzie report, “a high SMR [standardized mortality ratio] was found among black Caribbean and black African men aged between 13 and 24...[and] among women aged 25–39, South-Asian, black Caribbean, and black African women had high SMRs” (2008, 417).

¹⁴ Bhui and McKenzie explain, “Suicidal ideas, emotional distress, and hostility were less common among black Africans, black Caribbeans, and South Asians. Hopelessness and depression were more common among South Asians. Delusions and hallucinations were more common among black Africans, black Caribbeans, and South Asians. Self-harm was significantly more common among black Africans” (2008, 418).

¹⁵ A note regarding the “Gypsy or Irish Traveller” terminology: In the 2021 Census of England and Wales, in the “white” category, there is now a separate “Roma” category in addition to the “Gypsy or Irish Traveller” option (Gov.UK 2021). The “Roma” category was not available in the 2011 census on which the 2021 ONS ethnicity statistics are based.

¹⁶ I use the term *suicide/ality* to include living experiences of suicide as well as death.

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