

Community-Centered Healing and Resilience

LGBTQ+ Youth Suicide Risk Reduction Series: Part 3 of 3

Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

Identify Risk Factors

- Intensity and urgency of current suicidal thoughts, especially a detailed, feasible, lethal suicide plan
- Social isolation and lack of supports
- Persistent negative self thoughts
- Recent major loss (especially someone lost to suicide)

Identify Protective Factors

- Internal (fear of death or pain, reasons for living)
- External (belief that suicide is immoral, responsibility to family, supportive social networks, engagement in work/school)

Question Thoughts, Plans, and Intent

- How frequently do you have these thoughts?
- How long do the thoughts last?
- Could/can you stop thinking about killing yourself or wanting to die if you wanted to?
- Are there things or people that stop you from wanting to die or act on thoughts of suicide?
- What reasons led you to consider ending your life?

Determine Level of Risk

- High risk: ideation with intent or plan within past month; suicidal behavior within past three months
- Moderate risk: ideation with method *without* plan, intent, or behavior in past month; suicidal behavior more than 3 months ago; multiple risk factors with few protective factors
- Low risk: wish to die or ideation without method, intent, plan, or behavior; modifiable risk factors and strong protective factors; no reported history of ideation or behavior

Document Triage

- Record clinical observations, relevant mental status information, and summary of evaluation

Harm Reduction

Although originally developed to work with those struggling with substance use, the harm reduction framework is very effective when working with those struggling with thoughts of suicide. Harm reduction seeks to reduce the harmful impacts of stigma and mistreatment by honoring autonomy and intermediate steps to change.

Harm reduction is aimed at reducing negative consequences associated with risk-taking behaviors. It rejects shaming and fear-based prevention messaging, recognizing that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively coping.

Avoid value-laden language when engaging with individuals and be sure to praise even small movements towards wellness. Reframe self-shaming thoughts and use motivational interviewing to help clients define their own goals and priorities.

Safety Planning Counseling

For those struggling with suicidality, planning for how to manage those thoughts when they arise can be lifesaving. Safety plans may be written before or after an attempt but should not be created while a person is in imminent crisis.

Safety plans may be developed in one sitting, or gradually over time as the person identifies effective strategies to manage their suicidal impulses. The plan can change and be revised as needed as the individual's needs change.

- Step 1:** List specific personal warning signs that indicate a suicidal crisis may be developing.
- Step 2:** List the coping strategies that can be used to divert thoughts, including suicidal thoughts.
- Step 3:** List the places and people that can be used as a distraction from thoughts of suicide.
- Step 4:** List all the people that can be contacted in a crisis, along with their contact information.
- Step 5:** List mental health providers and the hours they can be reached, as well as 24/7 emergency contact numbers that can be accessed in a crisis.
- Step 6:** List the steps to be taken to remove access to means of suicide from the environment.
- Step 7:** List important reasons to live, or how/why that person is still alive.



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LGBTQ+ Joy and Resilience

LGBTQ+ youth have a lot to be proud of, and helping individuals find what brings them joy is a powerful tool for managing suicide risk.

LGBTQ+ youth find joy in a variety of places. Some of these are specific to their community, such as finding hope in seeing adult and Elder LGBTQ+ people or legislature protecting LGBTQ+ rights. A sense of community and belonging means a lot for LGBTQ+ youth, especially those who live in rural areas where they are isolated from other LGBTQ+ role models and peers.

For transgender youth, gender euphoria, where a person experiences a sense of deep comfort, satisfaction, and joy at finding congruence between one's gender presentation and their gender identity is a particularly wonderful experience.

Moments of gender euphoria can be found in many places, from trying on new clothes to being called by the correct name/pronouns.

LGBTQ+ youth also find joy in many of the same things that bring youths of all genders and sexualities joy – music, friends, pets, athletics, faith, and family. Helping LGBTQ+ youth identify the things that bring them joy and pride is a fantastic way to build resilience that will help to insulate them should feelings of hopelessness or suicidality arise again.

Building Resilience

Resilience can be found in a lot of places. The more protective factors an individual can build or identify, the greater the security brought by each can be. Some venues in which LGBTQ+ Youth can find and build resistance include:

- CARE
 - Easy access to effective, culturally competent care
 - Support from medical and mental health care professionals
 - Restricted access to highly lethal means such as firearms
- SKILLS
 - Coping, problem solving, and conflict resolution skills
 - Positive role models and self esteem
- PRIDE
 - Academic, artistic, and athletic achievements
 - Cultural and religious beliefs that discourage suicide
 - LGBTQ+ identity
- CONNECTION
 - Strong connections to family members (of origin and/or chosen)
 - Connectedness to safe schools
 - Positive connections with friends who share similar interests.

The thought of suicide can be a **“life-sustaining recourse”** for some people in crisis, finding comfort in knowing they can end their pain. Building resilience and safety planning can help reframe suicidal thoughts and reduce risk.

References

1. Centre for Suicide Prevention. (2019) *Safety plans to prevent suicide*. <https://www.suicideinfo.ca/resource/safety-plans/>
2. Freedenthal, S. (2024, February 22). *When suicidal thoughts do not go away*. Speaking of Suicide. <https://speakingofsuicide.com/2018/01/03/chronic-suicidality/>
3. Ginsburg, K. (2011). *Building resilience in children and teens*. The American Academy of Pediatrics.
4. Maltzberger, J. T., Ronningstam, E., Weinberg, I., Schechter, M., & Goldblatt, M. J. (2010). Suicide fantasy as a life-sustaining recourse. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 38(4), 611–623. <https://doi.org/10.1521/jaap.2010.38.4.611>
5. National LGBT Health Education Center. (2018). *Suicide risk and prevention for LGBTQ patients*. The Fenway Institute. <https://www.lgbtqihealtheducation.org/wp-content/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf>
6. Substance Abuse and Mental Health Services Administration. (2009). *SAFE-T: suicide assessment five-step evaluation and triage*. U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration.
7. Substance Abuse and Mental Health Services Administration. (2022). Harm reduction. <https://www.samhsa.gov/find-help/harm-reduction>
8. The Trevor Project. (2021). *Substance use disparities by sexual identity*. <https://www.thetrevorproject.org/research-briefs/substance-use-disparities-by-sexual-identity/>

Chronic Suicidality

While many experience thoughts of suicide as a crisis that occurs and then subsides, others experience suicidality chronically. Much like with other chronic diseases, chronic suicidality can present in a number of ways. Some experience flare-ups of suicidal ideation that then subside. For others, the symptoms never truly subside, and they must find a way live with their suicidal thoughts every day.

Chronic suicidality can be a symptom of other mental health issues, such as borderline personality disorder or major depressive disorder. Minor changes in the individual's environment can trigger or amplify the wish to die.

Chronic suicidality is not necessarily an emergency. It can, however, weaken inhibitions or fear about suicide over time. In addition, it can contribute to or correlate with increased depression when experienced for an extended time.

It is often not possible for someone who has longstanding suicidal thoughts to stop thinking about suicide. Clinical treatment should focus on developing the skills and resources to make suicide less appealing and manage suicidal thoughts when they emerge. Mindfulness and trying to identify one's thoughts can help to stop the compulsion of continuing to think about death when a thought occurs. For management, keep an eye out for more specific means or plans in case more serious suicidality arises.