

Part II: Assessing suicide risk and working with suicidal LGBTQA+ young people

Psychosocial risk factors in LGBTQA+ young people

LGBTQA+ young people experience multiple stressors that place them at heightened risk of suicidal thoughts and behaviours. This section is about identification of unique psychosocial risk factors associated with poor mental health outcomes (including suicide risk) in LGBTQA+ young people. While these are items that should be emphasised in a suicide risk assessment with an LGBTQA+ young person due to the high prevalence in this population, it is important to note that these items are not necessarily due to someone's gender or sexuality.

The service provider should periodically screen for both risk and protective factors and note any changes that occur over time.

When screening for risk and protective factors, the service provider should give equal attention to the positive factors in the young person's life.



SCREENING FOR RISK FACTORS

In addition to a thorough, standard psychosocial assessment, experiences of the following items (previous and current) should be identified when conducting an assessment with a LGBTQA+ young person, due to their increased likelihood in this population and/or unique contribution to mental ill health in this population:

- Bullying including social exclusion
- Bullying that resulted in physical injury
- Rejection based on disclosure of their LGBTQA+ identity
- Coping with distress related with rejection
- Verbal harassment
- Difficulties within the young person's educational settings (e.g., access to gender-appropriate bathrooms, refusal of school staff to use chosen name and/or pronouns, assumptions about heterosexuality)
- Physical abuse/assault
- Sexual abuse that involved physical contact
- Non-contact sexual abuse
- Domestic violence
- Vicarious trauma (e.g., from witnessing abuse or violence)
- Exposure to suicide (e.g., a relative, friend, or peer)
- Intimate partner violence
- Substance use
- Cultural pressures related to LGBTQA+ identity
- Poor relationship with a parent or caregiver due to conflict around LGBTQA+ identity
- How the young person feels about their own LGBTQA+ identity (e.g., internalised homophobia/biphobia/transphobia)
- Housing instability due to LGBTQA+ identity
- Social isolation
- Discrimination due to LGBTQA+ identity
- Intersection of sexual or gender identity with other identities/experiences such as race, ethnicity, or disability
- Social rejection or lack of belonging
- Issues related to body image
- Social isolation from other LGBTQA+ young people
- Social rejection from other LGBTQA+ young people
- History of conversion/reparative therapy
- Suicidal thoughts
- Suicidal behaviour without intent
- Suicidal behaviour with intent
- Religious beliefs as a source of distress
- Experiences of gender dysphoria
- Perceived barriers to gender affirmation
- Feelings of being unlovable, related to their experiences as an LGBTQA+ person
- Whether the young person has access to safe healthcare
- Whether the young person is taking gender-affirming hormones (if they are trans)

SCREENING FOR PROTECTIVE FACTORS

In addition to a thorough, standard psychosocial assessment of available protective factors, these items (past or present) should be included when conducting an assessment with a LGBTQA+ young person:

- Positive relationship with parents or caregivers
- Support from chosen family, as defined by the young person
- Social support from friends (online or in person)
- Positive and affirming educational environment/s
- Self-acceptance
- Presence of positive role-models
- Cultural connections
- Connection with LGBTQA+ community
- Experiences of gender affirmation
- Positive and affirming work environments
- Positive use of social media, in the context of their LGBTQA+ identity



The service provider should ask about the young person's previous experiences of help-seeking as an LGBTQA+ young person. This should include the following questions:

- What did the young person like about the previous service/s they received (or individual service provider/s)?
- Was there anything that the young person didn't like about the previous service/s they received (or individual service provider/s)?
- Was there anything that made the young person decide not to return to the previous service?

Screening for suicidal thoughts and/or behaviour

Service providers should adhere to relevant guidelines and training on how to screen for suicidal thoughts and/or behaviour. The following items are in relation to factors specific to screening for suicidal thoughts and/or behaviour in LGBTQA+ young people (e.g., frequency of screenings).

Considering the increased risk of suicidal thoughts and/or behaviour in LGBTQA+ young people, the service provider should periodically screen for suicidal thoughts and/or behaviour and note any changes or increases in symptoms over time.

When screening for suicidal thoughts and/or behaviour, the service provider should reassure the young person it is a safe space to discuss

suicidal feelings and behaviour, and that further steps will only be taken when necessary.

The service provider should use a validated screening instrument for suicidal thoughts and behaviour at intake, and then periodically, or when concerned that there are indications of increased risk.

SUGGESTED SUICIDE SCREENING INSTRUMENTS

Participants involved in creating these guidelines were asked to provide suicide screening instruments that they recommend for working with LGBTQA+ young people. These suggestions are listed below:

- Columbia-Suicide Severity Rating Scale¹³
- Suicide Assessment Five-step Evaluation and Triage (SAFE-T)¹⁴
- Suicide Status Form (SSF) and the Collaborative Assessment and Management of Suicidality (CAMS) approach¹⁵
- Suicidal Behaviors Questionnaire-Revised (SBQ-R)¹⁶
- Suicidal Ideation Attributes Scale (SIDAS)¹⁷
- Suicide Assessment Kit (SAK)¹⁸

These suicide screening instruments should only be utilised by service providers appropriately trained in their use. No suicide screening instruments that we are aware of have been validated specifically for use with LGBTQA+ young people, so clinical judgement and consideration of individual circumstances should be employed when considering the suitability of their use. Participants noted that clinical interviews and monitoring of LGBTQA+ young people can be valuable additional tools for suicide screening in this population.

Participants also suggested Applied Suicide Intervention Skills Training (ASIST)¹⁹ as beneficial to service providers working with LGBTQA+ young people. ASIST workshops can be undertaken without any need for prior training, allowing for all types of service providers working with LGBTQA+ young people to gain skills in suicide risk awareness.

Responding to LGBTQA+ young people who disclose suicidal thoughts and/or behaviour

The following section contains guidelines on the appropriate response to an LGBTQA+ young person who discloses suicidal thoughts and/or behaviour.

Before screening for suicidal thoughts and/or behaviour for the first time, and subsequent times, the service provider should:

- Let the young person know that if the service provider is seriously concerned that the young person will attempt suicide, that they have a duty to inform and involve other responsible adults to help the young person keep safe, even if there are ultimately no adults available for this role who are supportive of their LGBTQA+ identity.
 - Collaborate with the young person to determine in advance who these helping adults will be, such as family members (or other adult supports, such as the person's General Practitioner, if the young person is living independently).
- Refer the young person to services that are LGBTQA+ inclusive whenever possible.
 - Work with the young person to identify services that overcome any barriers to help-seeking related LGBTQA+ identity.
 - Provide young people with LGBTQA+ specific phone helpline numbers and online helpline contacts for mental health crisis, in addition to general contacts, including Rainbow Door and QLife. (*see Resources section*)
 - Take particular care to assess the safety of informing the young person's caregivers, before doing so.
 - Make decisions about informing others of suicidal risk collaboratively with the young person, due to the potential complexity of family dynamics for LGBTQA+ young people.
 - Take care not to inadvertently dismiss the reality of the situations that LGBTQA+ young people experience, and the hopelessness that may result.

In addition to standard practice of responding to a young person disclosing suicidal thoughts and/or behaviour, if an LGBTQA+ young person discloses suicidal thoughts and/or behaviour, service providers should:

- Ask the young person if they feel comfortable involving a parent or caregiver in their care.
- Ask the young person if they want to involve any other social supports in their care (e.g., chosen family, friends).
- Refer the client to a service or service provider that is trained to work with LGBTQA+ young people if the client's needs are beyond what the current service is able to provide.

The service provider should discuss expanding the young person's LGBTQA+ peer networks through:

- Providing information on LGBTQA+ services that are available (if any) within schools, universities, and TAFEs.
- Referring families of LGBTQA+ young people to support services in the community or online.
- Discussing involvement with LGBTQA+ community services (e.g., Minus18, Freedom Centre, Twenty10, and others).

When working with LGBTQA+ young people, safety plans should:

- Be created with young people who indicate any level of suicidal risk.
- Be created in a way that is respectful and collaborative with the young person.

When an LGBTQA+ young person is found to be at high risk of suicide, service providers should be mindful that terminating service and referring the client elsewhere due to this risk may compound existing feelings of abandonment and should seek to maintain a therapeutic relationship where possible instead.

If service is terminated and a referral to another service is made due to an LGBTQA+ young person's suicide risk, the service provider has a duty of care to check that, wherever possible, the new service is safe for LGBTQA+ young people.

