BEL SUICIDE PREVENTION & SUPPORT RESOURCE GUIDE

Stay. Your Life Matters.

A Nationwide Resource Guide for Black Lesbians, Black Queer Women & Those Who Love Us

Suicide prevention is not only about what happens at the moment of crisis.

It is also about recognizing changes, making it easier to talk about suicidal thoughts without shame, connecting people to appropriate care, reducing access to things that could be used for self-harm during a crisis, strengthening supportive relationships, and knowing what to do when someone's safety may be at risk.

For Black lesbians and Black queer women, mental health does not exist separately from the rest of life. Racism, sexism, homophobia, discrimination, family rejection, relationship difficulties, workplace stress, financial pressure, isolation, grief, trauma, and difficulty finding culturally responsive mental healthcare can all affect emotional well-being.

At the same time, **there is no single reason someone becomes suicidal**, and suicide should never be reduced to one identity, event, diagnosis, or experience.

🚨 IF YOU MAY HURT YOURSELF RIGHT NOW

988 Suicide & Crisis Lifeline

Call or text: 988

Website: 988 Suicide & Crisis Lifeline

You can contact 988 if you are experiencing suicidal thoughts, emotional distress, a mental health or substance-use crisis, or if you are concerned about someone else.

You do **not** have to wait until you have attempted suicide or developed a detailed suicide plan before reaching out.

You can say:

“I'm having thoughts about suicide and I don't feel safe being alone right now.”

Or simply:

“I'm not okay and I need help.”

If you are in immediate physical danger or have a life-threatening medical emergency, call **911** or go to the nearest emergency department.

💜 IF YOU ARE THINKING ABOUT SUICIDE

You do not need to solve your entire life tonight.

The immediate goal is **getting through the crisis safely**.

If you believe you may act on suicidal thoughts:

Contact 988.

Tell another person what is happening.

Avoid being alone if being alone makes you less safe.

Move away from firearms, medications, or other potentially lethal means when you can do so safely.

Ask someone you trust to stay with you or help you reach professional care.

Go to an emergency department or call emergency services if you cannot remain safe.

If talking feels difficult, you don't need a perfect explanation.

Try:

“I'm having thoughts about killing myself. I need you to stay with me and help me get support.”

Being specific can help the other person understand the seriousness of what you are experiencing.

🖤 SUICIDAL THOUGHTS CAN LOOK DIFFERENT

Not everyone experiencing suicidal thoughts says:

“I want to kill myself.”

Someone might instead say:

“Everyone would be better without me.”

“I'm tired of being here.”

“I can't do this anymore.”

“There's no point.”

“I just want everything to stop.”

“I wish I could go to sleep and not wake up.”

“Nobody would even notice if I disappeared.”

Some people experience thoughts of death without having an immediate intention to act on them. Others may have developed a plan or begun preparing.

All deserve to be taken seriously.

⚠️ POSSIBLE SUICIDE WARNING SIGNS

No checklist can predict suicide with certainty.

However, changes in someone's words, behavior, mood, or circumstances can signal that additional support or evaluation is needed.

Warning signs can include:

- Talking about wanting to die
- Talking about feeling hopeless
- Saying they are a burden
- Feeling trapped or unable to see another solution
- Researching or preparing methods of suicide
- Giving away important possessions
- Saying unexpected goodbyes
- Increasing alcohol or substance use
- Withdrawing from people
- Significant changes in sleep
- Extreme emotional distress
- Severe agitation or anxiety

- Reckless behavior
- Sudden major behavioral changes

A particularly concerning situation is when **multiple warning signs appear together or represent a significant change from someone's normal behavior.**

Do not use a warning-sign list to decide that someone is “not suicidal enough” to deserve help.

🗣️ ASK THE QUESTION DIRECTLY

If you're worried about someone, you can ask:

“Are you thinking about suicide?”

You can also ask:

“Have you been thinking about killing yourself?”

Direct language is better than vague language when safety is at issue.

Avoid:

“You're not going to do anything stupid, are you?”

That wording can communicate judgment and make it harder for someone to answer truthfully.

Asking someone about suicide does **not** plant the idea in their head.

It gives them an opportunity to tell you what is happening.

🧭 IF SOMEONE SAYS “YES”

Don't panic, lecture, shame them, or immediately make the conversation about how devastated everyone else would be.

Start with:

“Thank you for telling me.”

Then:

“I'm here with you. Let's figure out what support you need right now.”

You can ask:

“Are you thinking about suicide right now?”

“Have you thought about how you would do it?”

“Do you have access to what you would use?”

“Have you done anything today to hurt yourself or prepare to die?”

If you are unsure how serious the situation is, **call or text 988 with the person or contact 988 yourself for guidance about someone you're concerned about.**

🛑 DO NOT PROMISE TO KEEP SUICIDAL INTENT SECRET

Someone may say:

“I'll tell you, but you can't tell anybody.”

You can respond:

“I care about you too much to promise secrecy if I think your life is in danger. I will involve as few people as possible, but I want to help keep you safe.”

Privacy matters.

Safety matters too.

🤝 HOW TO SUPPORT SOMEONE

DO

Listen.

Take them seriously.

Remain calm.

Ask directly about suicide.

Let them talk without immediately trying to solve everything.

Help them contact 988 or another appropriate professional.

Stay connected.

Follow up after the immediate crisis.

Help reduce access to lethal means when it can be done safely.

Ask what kind of support would actually be helpful.

DON'T

Say:

“Other people have it worse.”

“You have so much to live for.”

“You're being selfish.”

“You're just looking for attention.”

“You wouldn't really do it.”

“Think about what this would do to your family.”

“You need to pray more.”

“Just stay positive.”

Or turn the conversation into an argument about whether their feelings are rational.

Someone in crisis needs **connection and safety**, not a debate.

🖤 BLACK LESBIANS & BLACK QUEER WOMEN

Suicide-prevention conversations within our community require nuance.

Black lesbians and Black queer women may be navigating multiple stressors simultaneously, including:

Racism.

Sexism.

Homophobia.

Family or religious rejection.

Workplace discrimination.

Relationship violence.

Financial instability.

Social isolation.

Grief.

Trauma.

Pressure to appear strong.

Difficulty locating Black LGBTQ+-affirming mental health providers.

Fear of being misunderstood by healthcare systems.

Feeling invisible within both Black spaces and LGBTQ+ spaces.

But BEL should be careful not to frame Black lesbian identity itself as a risk factor.

Being Black is not the problem. Being lesbian is not the problem.

The environments, discrimination, trauma, barriers, and experiences people encounter can affect mental health.

Our prevention work should therefore focus not only on crisis intervention but also on **belonging, culturally responsive healthcare, healthy relationships, economic stability, community connection, and access to appropriate mental health treatment.**

🌈 LGBTQ+ CRISIS & SUPPORT RESOURCES

The Trevor Project

Website: The Trevor Project

The Trevor Project provides crisis services and suicide-prevention resources focused on LGBTQ+ young people.

This is particularly relevant for younger members of the community and families supporting LGBTQ+ youth.

LGBT National Help Center

Website: LGBT National Help Center

Provides peer support and resource information for LGBTQ+ people.

Peer support can be valuable, but it is not a substitute for emergency or clinical care when someone is at imminent risk of suicide.

🧠 FINDING MENTAL HEALTH TREATMENT

SAMHSA

National Helpline: 1-800-662-HELP (4357)

Treatment locator: FindTreatment.gov

Use the treatment locator to search for mental health and substance-use treatment services.

Inclusive Therapists

Inclusive Therapists

A directory emphasizing culturally responsive and identity-affirming mental healthcare.

This can be particularly helpful when looking for clinicians experienced with Black and LGBTQ+ communities.

Therapy for Black Girls

Therapy for Black Girls

Provides a therapist directory and mental-health resources centered on Black women.

When contacting any therapist, ask specifically about their experience with **Black lesbians and Black queer women** if that is important to you.

BEAM — Black Emotional and Mental Health Collective

BEAM

BEAM focuses on healing, wellness, and mental health within Black communities and offers culturally grounded resources.

👩🏾‍⚕️ BUILD A CARE TEAM BEFORE A CRISIS

Mental healthcare does not need to begin in an emergency room.

Depending on your needs, your support system might include:

Primary care provider

Therapist

Psychiatrist or psychiatric mental health nurse practitioner

Support group

Trusted family member or friend

Faith or spiritual support, if wanted

Peer-support community

Domestic-violence advocate, when relevant

Substance-use treatment provider, when relevant

The right combination will be different for everyone.

📝 CREATE A PERSONAL SAFETY PLAN

A suicide safety plan is something you create **before or during periods of increased suicidal thoughts** so you don't have to invent a strategy while overwhelmed.

A clinician can help you develop one.

1. My Warning Signs

What tells me that a crisis may be developing?

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2. Things I Can Do to Help Myself Get Through the Next Few Minutes

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These should be realistic actions that help you delay acting on suicidal thoughts and get through the immediate period.

3. People or Places That Help Me Feel Connected

Name: _____

Phone: _____

Name: _____

Phone: _____

Place I can safely go:

4. People I Can Tell When I Am Not Safe

Name: _____

Phone: _____

Name: _____

Phone: _____

5. Professional Support

Therapist: _____

Phone: _____

Psychiatrist/PMHNP: _____

Phone: _____

Primary care provider: _____

Phone: _____

988 Suicide & Crisis Lifeline: 988

🔐 MAKE THE ENVIRONMENT SAFER

Suicidal crises can change rapidly.

Creating time and distance between a person experiencing suicidal thoughts and highly lethal means can save lives.

Depending on the circumstances, this might involve having a trusted person temporarily secure:

Firearms.

Large quantities of medications.

Other items the individual has specifically identified as part of a suicide plan.

This should be handled thoughtfully and safely.

Lock to Live

Lock to Live

Provides decision-support information about reducing access to firearms and medications during periods of suicide risk.

The goal isn't punishment or taking control away from someone.

The goal is:

Make it harder for a temporary crisis to become irreversible.

💊 MEDICATION SAFETY

If medication is part of someone's suicide plan, consider discussing safety options with a healthcare professional or pharmacist.

Depending on the situation, options might include:

Smaller quantities of medication.

Locked medication storage.

Having a trusted person temporarily manage medication.

Safe disposal of medications that are no longer needed.

Do not stop prescribed psychiatric medications abruptly without speaking with the prescribing clinician unless emergency medical professionals instruct otherwise.

🍺 ALCOHOL & SUBSTANCES MATTER

Alcohol and drugs can reduce inhibition, impair judgment, and make an already dangerous situation more unpredictable.

If someone is suicidal and intoxicated, **take the situation seriously**.

Do not assume:

“They're just drunk.”

If you believe the person may act on suicidal thoughts, contact 988, emergency medical services, or an emergency department as appropriate.

🗓️ AFTER THE CRISIS

Surviving the immediate crisis is not the end of suicide prevention.

Follow-up matters.

Afterward, consider:

Scheduling mental health follow-up.

Reviewing the safety plan.

Identifying what contributed to the crisis.

Addressing medication concerns.

Improving sleep and basic health needs.

Reducing substance use where relevant.

Strengthening social support.

Addressing housing, employment, financial, relationship, or safety problems.

Making the environment safer.

Scheduling another check-in.

The question should not only be:

“Are you still suicidal?”

Also ask:

“What would make this week a little more manageable?”

🏥 AFTER A SUICIDE ATTEMPT

A suicide attempt requires appropriate medical and mental health evaluation.

Follow discharge instructions carefully.

Before leaving a hospital or treatment setting, ask:

What follow-up appointment has been scheduled?

Who do I contact if suicidal thoughts return?

What medications am I taking and why?

What warning signs should we watch for?

What is the safety plan?

How should medications or firearms be secured?

When should I return to the emergency department?

Do not be afraid to ask the healthcare team to explain the discharge plan again.

🕯️ SUPPORT AFTER A SUICIDE LOSS

Suicide affects families, partners, friends, coworkers, and entire communities.

Grief after suicide can include:

Shock.

Anger.

Guilt.

Confusion.

Relief after witnessing prolonged suffering.

Sadness.

Fear.

Shame.

Repeated questions about what could have been done differently.

There is no single “correct” way to grieve.

American Foundation for Suicide Prevention

AFSP — Loss & Healing Resources

Provides information and resources for people who have lost someone to suicide.

🧑‍🤝‍🧑 WHAT COMMUNITY ORGANIZATIONS CAN DO

Suicide prevention should not depend entirely on individuals knowing when to ask for help.

Organizations like BEL can contribute by:

Normalizing conversations about mental health.

Teaching people how to recognize warning signs.

Sharing culturally relevant resources.

Training community leaders in suicide prevention.

Maintaining clear crisis-referral procedures.

Providing connection and belonging.

Making mental-health resources easy to find.

Talking about grief and loss.

Partnering with qualified mental-health professionals.

Making clear where peer support ends and clinical intervention begins.

And BEL should maintain one important boundary:

BEL is not a crisis service.

A community organization can be part of someone's support network without trying to function as a psychiatric emergency service.

📋 MY PERSONAL SUPPORT CARD

Save this somewhere you can find it.

My therapist:

My therapist's number:

My medication provider:

My primary care provider:

Person I can call at 2 AM:

Another trusted person:

A safe place I can go:

My biggest warning signs:

One reason I want to stay:

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988 Suicide & Crisis Lifeline:
Call or text 988

📞 QUICK RESOURCE LIST

Immediate medical emergency:
911

988 Suicide & Crisis Lifeline:
Call or text **988**
988lifeline.org

SAMHSA National Helpline:
1-800-662-4357
SAMHSA

Mental Health/Substance Use Treatment:
FindTreatment.gov

The Trevor Project:
The Trevor Project

American Foundation for Suicide Prevention:
AFSP

National Alliance on Mental Illness:
NAMI

Inclusive Therapists:
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Therapy for Black Girls:
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BEAM:
Black Emotional and Mental Health Collective

💜 A FINAL WORD FROM BEL

Sometimes suicide prevention begins with something much smaller than a hospital, hotline, or treatment plan.

It can begin when someone notices.

When someone asks the question they are afraid to ask.

When someone listens without judgment.

When a person finally says:

“I'm not okay.”

And somebody answers:

“I'm here. We're going to get you through tonight and connect you with help.”

For Black lesbians and Black queer women, BEL's message should be clear:

You do not have to perform strength every day.

Needing help does not diminish your power.

Mental health struggles do not erase your accomplishments, your relationships, your leadership, or your value.

A crisis is a moment that deserves care. **It does not get to write the rest of your story.**

Stay.

Let somebody know you're hurting.

Give tomorrow the opportunity to be different.

Educational Disclaimer: This guide provides general suicide-prevention education and resource information. It is not an individualized suicide-risk assessment, diagnosis, medical advice, psychotherapy, or emergency service. If you or another person may be in immediate danger, contact 988, emergency medical services, or an appropriate emergency department.