CORE ELEMENT 2: Third Spaces & Alternative Service Opportunities

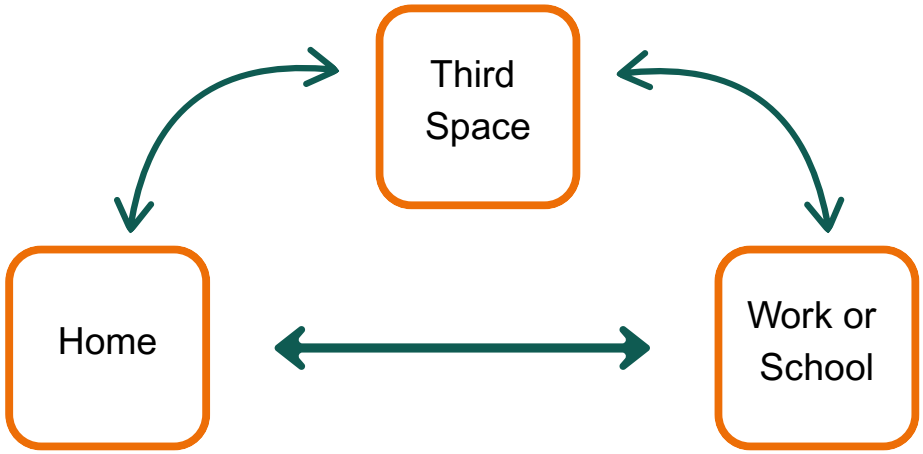
Before You Begin, Reflect:

1. *What does suicide prevention support look like outside of the clinical space?*
2. *What is important to ask young people about their lives to assess for suicide risk?*
3. *How much do you know about your patients? What is important to them?*

While providers often support young people in clinical offices, young people spend most of their lives outside of the office. **A young person's wellness relies on their ability to continue seeking safety and care outside of exclusively clinical spaces.** It is the responsibility of providers to help young people to understand, explore, and navigate what wellness looks like for them on a day-to-day basis – and to connect to communities where they feel safe, can be themselves and belong. To do this, providers need to more deeply know who their young people are, including what they care about, what they are interested in, and what brings them joy.

"Don't come out the gate asking if I want to die. Ask me about my life, my music, my passions. You'll get a better sense of where I'm at."

“Third spaces” are additional physical spaces or communities that young people regularly rely on outside of where they spend most of their time, i.e., home (the “first” space) and school or work (the “second” space). **See Diagram below.** Third spaces include a variety of settings like sports leagues, community centers, an organized or informal group based on shared identities or hobbies, youth centers geared toward specific populations, resource organizations, social events, a local park, and more.



Within a “third” space, young people can find relatability, foster positive relationships, and a community of peers with shared life experiences. Third spaces inspire hope while fostering connectedness, validation and empowerment.

Young people consistently referenced the need to foster fun in addition to healing through an environment that is familiar, consistent, comfortable, and safe. Providers serve a crucial role in helping young people identify third spaces that foster a sense of belonging. By encouraging space for fun and connection, young people can further develop their sense of self while learning to manage their mental health symptoms.

“Mental health is not just therapy. It’s eating, moving, sleeping, praying, connecting.”

"Healing can look like joking around after school or creating music with someone who knows pain like you do."

"Ask me what I do after school, who I hang out with, or what I create. That's where the real stuff lives."

Young people look for connection through shared experience and identity. By engaging in meaningful third spaces, young people can find community through a shared cultural and developmental understanding that may not be as accessible at school, work, home or with providers. In addition to age and generational differences, providers may not share cultural understanding, experiences or interests with their clients. **While still working within a culturally responsive lens, providers should explore and support youth in identifying third spaces in the community to feel seen, appreciated, understood and known.** Offering peer support or additional community resources based on client interests may also help young people begin to build their third space and develop meaningful social connections that support their mental health and wellbeing.

"We need Black spaces. Queer spaces. Religious spaces. Places where we don't have to explain ourselves."

"I felt seen at the LGBTQ center. Nobody asked me to explain why I felt what I felt."

Third spaces are imperative for youth wellness due to the strict limitations of clinical spaces that do not match or accommodate the needs of young people. Clinical offices typically only operate on a 9AM-5PM, Monday through Friday schedule, leaving youth without support outside of office hours. Additional service opportunities could fill this gap by providing more flexible hours or connecting young people to a community with multiple layers of support. If other service opportunities or exploring third spaces feels inaccessible, explore ways to make home safer by considering **Steps to Limit Access to Lethal Means** on page 21.

The rapid increase of technology and social media use for suicide prevention care is a major factor in providing immediate, accessible care when providers are unavailable. **Technology as a third space** can include young people seeking connection with peers through apps like Instagram, Tik Tok, Facebook, Reddit, and more. It also presents several potential dangers and limitations for providers to be aware of. This is expanded on in Core Element 4 (Technology and Media Literacy).

> *"I can be more honest on Discord than in real life. But it also gets dark sometimes. No one's moderating those chats."*
>
> *"Instagram makes me feel seen sometimes, but it also makes me compare my pain to others."*

Suicide prevention goes beyond the clinical sphere. **Providers must be curious about young peoples' lives, relationships, individuality, and needs outside of mental health symptoms, while encouraging engagement in third spaces and alternative service opportunities.** Young people may not know where to start or what to look for, so initiating the conversation and offering additional resources and ideas could make the difference for a client who is struggling. See page 20 for a list of **Examples of Third Spaces & Collaborative Brainstorming.**

Culturally Responsive & Trauma-Informed Reminder:

Young people are looking for relatability (i.e., surrounding themselves with individuals who are like-minded or with similar interests), and understanding through seeking individuals with shared identities and experiences. **Explore what elements of relatability are significant** to each young person and encourage finding third spaces that feel relatable and open to them. It is ethical to also be reflective as a provider in acknowledging personal cultural values and approaching client work with cultural humility and curiosity.

Examples of Third Spaces & Collaborative Brainstorming

Below is a list of examples of third spaces to foster community, access to resources, or joyful engagement. These are meant to be a starting place for collaborative brainstorming with young people about other spaces they may be interested in spending time outside of work/school and home.

- Community centers
- After school programs
- Religious settings
- Local library
- Volunteer groups
- Sports leagues
- Art-based gatherings
- Youth groups geared towards specific populations (i.e. LGBTQ+, Black and Brown youth, young people with disabilities)
- Youth centers that offer access to resources like education assistance or skill-building
- College-based centers or groups
- Activism communities
- Social events
- Online spaces (more in Core Element 4)

Questions to ask young people to encourage discussion:

- How do you like to spend your time?
- What are your interests?
- Are there any communities or identities that are important to you?
- Who do you hang out with?
- What do you like to create?
- Do you have budget restrictions and want to prioritize free spaces?
- What other barriers do we need to consider?

Steps to Limit Access to Lethal Means

As a “first space”, young people spend the majority of their time at home. While exploring third spaces and finding alternative service opportunities that resonate with young people, utilize the steps below to ensure safety at home by limiting access to lethal means.

Step	Behavioral Goal	Considerations
Raise the Issue	Motivate the family to reduce access to lethal means at home	Encourage putting time and distance between suicidal impulse and deadly weapons, such as a gun, to prevent quick and irreversible consequences. While meds are far less likely to result in death, they are the go-to method for most attempts, and some medications are more dangerous than others. Assess how guns and meds are currently stored at home.
Develop a Plan	Store any guns or meds in a secure location that limits client access.	Off-site storage is the safest approach, but if that’s not possible, lock firearms in a gun safe or lock box unloaded and create distance between the keys/combination or disassemble the guns and lock up a key component. Dispose of meds no longer in use. Keep only small quantities of over-the-counter meds on hand and lock others accordingly. Do not lock rescue meds like inhalers or epi-pens. Agree on specific steps and timetables with clients to create an individual plan.
Document and follow-up	Document the plan/next steps and confirm the plan was implemented.	Document the discussion and plan in the medical record. Continue following up in future appointments and adjust the safety plan as needed.

Adapted from Means Matter: CALM Talking Points for Clinicians