



# Suicide Risk and Prevention for LGBTQ People

SEPTEMBER 2018



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Introduction

It may come as no surprise that lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are vulnerable to suicidal thoughts and behavior. In recent years, the media and social campaigns have highlighted the tragic suicides of several young LGBTQ people who ended their lives because of relentless bullying or family rejection. Preventing suicide and enhancing resilience is clearly one of the most critical aspects of health care provision for LGBTQ patients. Health centers have an opportunity to provide programs and care with the goal of promoting self-acceptance, positive social engagement, and improved mental and physical health of LGBTQ people in the community. This publication offers a brief summary of what is known about suicidal behavior and risk among LGBTQ people, followed by information and resources for health centers to help both young and old LGBTQ people get support and tap into internal and community resilience.

## What is known?

Actual suicide rates among LGBTQ people are not known because sexual orientation and gender identity are not reported in death records.<sup>1</sup> What we do know about suicidality among LGBTQ people is through surveys in which people self-report suicide attempts and ideation. According to a number of regional and national studies, LGBTQ adults and youth face an extraordinarily elevated risk of suicidal thoughts and behavior.<sup>1,2</sup> LGBTQ adults have a two-fold excess risk of suicide attempts compared to other adults.<sup>3</sup> Among transgender adults, the lifetime prevalence of suicide attempts is 40%.<sup>4</sup>

Suicide risk in LGBTQ people is thought to be highest during the teen years and early 20s. In 2015, more than 4.5 times as many LGB-identified high school students reported attempting suicide in the past 12 months compared to non-LGB students (29.4% vs 6.4%); 42.8% of LGB youth seriously considered suicide.<sup>5</sup> Youth who are bisexual or questioning their sexual orientation and/or gender identity are even more likely to experience depression or suicidality than their LG-identified peers.<sup>6</sup>

An often overlooked population when discussing suicide are older LGBTQ adults (65 years and over). Older adults in the general population accounted for close to 17% of fatal suicides even though they currently make up about 15% of the total U.S. population.<sup>7</sup> Again, the percentage of completed suicides in LGBTQ people is unknown; however, older LGBTQ adults have endured a long life of stigmatization, and some studies have found higher rates among LGB older adults compared to their straight peers.<sup>8</sup>

## Why are LGBTQ people at high risk?

Research has found multiple factors associated with suicidal behavior among LGBTQ people, including isolation from family and peers, a history of mental health issues (e.g., depression and anxiety), substance use disorders, and victimization (e.g., being the target of bullying; being abused).<sup>1,9-11</sup> All of these risk factors stem from the stress created by living as a stigmatized minority (often referred to as minority stress).<sup>13</sup> Even today, with increased awareness and social acceptance in the U.S., many LGBTQ people find they must contend with harassment, discrimination, and bias enacted by peers, family, colleagues, workplaces, houses of worship, schools, places of public accommodation, and health care settings.<sup>6,12</sup> Anti-LGBTQ attitudes can become internalized, leading to further stress and potential for suicidal thoughts.<sup>13</sup>

# What can health centers do?

Health centers can make an important difference in the lives of their patients by training providers to screen, assess, and address suicidal ideation in LGBTQ patients, and by creating programs or resource/referral lists to enhance social support and self-acceptance. In addition, health centers can make organization-wide structural changes that communicate safety and inclusion for sexual and gender minorities.



## Screening

There are no LGBTQ-specific screening mechanisms for suicidality. However, because LGBTQ people are more at risk, health centers should have reliable systems for routinely collecting information on the sexual orientation and gender identity (SO/GI) of their patients, and using that data to inform care. For resources on best practices for SO/GI data collection, go to: [www.lgbthealtheducation.org/sogi](http://www.lgbthealtheducation.org/sogi).

Warning signs and risk factors for suicide include hopelessness, history of suicide attempts, co-occurring mental health and substance use disorders, history of physical or emotional abuse, lack of social support, and access to firearms or other lethal means. Patients who report the following criteria may be at greatest risk, especially if the thoughts are new, have increased, or seem related to a painful event, loss, or change:

- Life is too difficult
- Wanting to be dead
- Thoughts of ending own life.<sup>14</sup>

More information on suicide risk, prevention, and screening tools can be found on the Substance Abuse and Mental Health Administration's (SAMHSA) Suicide Prevention page: <https://www.samhsa.gov/suicide-prevention>.



## Treatment and Support

Building resilience in LGBTQ people can set them on a path to better mental health and life adjustment. Factors that strongly protect LGBTQ people, especially youth, against spiraling into depression and suicidal behavior include:

- Acceptance by family of origin (e.g., parents, siblings, grandparents, children)<sup>15</sup>
- Having a supportive social network made up of LGBTQ friends, allies, and family of choice (close relationships with people who are not biologically related but who act as a family)<sup>8,16,17</sup>
- Access to and use of LGBTQ inclusive medical and mental health.<sup>17</sup>

Fortunately, resiliency factors can be enhanced through access to LGBTQ-affirming counseling and therapy, medical care, and LGBTQ-specific resources.

Behavioral health providers can use “minority stress treatment principles” when caring for LGBTQ youth and adults as a way to minimize the impact of stigma and discrimination:

- Normalize adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender.<sup>18</sup>

Although a high percentage of LGBTQ people think about or attempt to take their lives in reaction to stigmatizing and stressful life experiences, it is also important for providers to keep in mind that most LGBTQ people find inner resilience, social support, and other ways to cope, and do not become suicidal.<sup>19</sup>

In addition to behavioral health providers, all other health center employees, including clinical and non-clinical staff, should learn to provide LGBTQ-affirming care. LGBTQ patients are more likely to access care in health centers that make intentional efforts to be inclusive and welcoming. For free online training and publications, go to: [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org).



### **Validating Grief**

LGBTQ people who have lost a partner/spouse or other loved one often do not have the same types of support as non-LGBTQ people. Due to societal stigma, some LGBTQ people will feel they cannot openly acknowledge or publicly mourn a partner, or may find that others minimize their loss—a problem often referred to as disenfranchised grief.<sup>20</sup> Such disenfranchised grief is common among those who survived the HIV/AIDS crisis but lost so many of their peers. Losing a loved one from suicide further disenfranchises grief because of the stigma associated with mental illness and suicide. In addition, disenfranchised grief itself may be a risk factor for suicide.<sup>20</sup>

Providers should be careful to validate a patient's grief, even if they cannot relate to the situation. For example, many LGBTQ people—especially those without children—develop strong relationships to their pets, and may go through an intense mourning period when a pet dies. Others may grieve deeply over a friend who was part of their family of choice.



### **Bereavement Support Groups**

Health centers can consider holding support groups for LGBTQ people experiencing grief. The Massachusetts Department of Public Health’s Suicide Prevention program and Fenway Health’s LGBT Aging Project have developed a model for LGBTQ Bereavement Support Groups. Facilitated by a licensed social worker experienced in LGBTQ end of life and bereavement issue, these groups run for 6-8 weeks in community spaces. The groups include adult members of all ages, and give people a space to discuss feelings of loss, conflicted feelings about estranged family members, and legal issues (especially if the loved one was not legally or biologically related). Suicidal thoughts arise for some, and clinical referrals are made to ensure their safety. Members report tremendous appreciation for having an LGBTQ-inclusive space where they feel “known” and can bring their authentic selves and relationships.

# National Resources

Health centers can support their LGBTQ patients by keeping local and national resources on hand, such as the ones provided here. In addition, providers in need of additional education and training can access materials and additional learning resources from the sites mentioned below.

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## For LGBTQ Youth

- **The Trevor Project:** [www.thetrevorproject.org](http://www.thetrevorproject.org)
  - 24-hour, toll-free, crisis intervention phone line: 1.866.488.7386
  - Online, social networking community for LGBTQ youth (13 to 24 years) and allies
  - Educational programs for schools
- **Peer Listening Line:** <http://fenwayhealth.org/care/wellness-resources/help-lines>
  - Anonymous and confidential help line for accessing support from other LGBTQ youth (not specific to suicide): 800.399.PEER
  - Offers LGBTQ young people a safe place to call for information, referrals, and support with coming out, locating LGBTQ groups and services, safer sex and relationships, and HIV/AIDS.
- **It Gets Better Project:** <https://itgetsbetter.org>
  - A nonprofit organization that empowers and connects LGBTQ youth through education and inspiring stories.

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## For Everyone

- **National Suicide Prevention Lifeline:** <https://suicidepreventionlifeline.org>
  - 24 hour, toll-free crisis line: 1.800.273.8255
  - National network of local crisis centers that provides free and confidential emotional support to people and their families in suicidal crisis or emotional distress
- **LGBT Helpline:** <http://fenwayhealth.org/care/wellness-resources/help-lines>
  - Anonymous and confidential help line for accessing support from other LGBTQ people (not specific to suicide): 888.340.4528
  - Offers information, referrals, and support with coming out, locating LGBTQ groups and services, safer sex and relationships, and HIV/AIDS.

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## For Families of LGBTQ People

- **PFLAG:** [www.pflag.org](http://www.pflag.org)
  - Organization dedicated to promoting family and community support and acceptance of LGBTQ people through education, support groups, and advocacy.
- **Family Acceptance Project:** <https://familyproject.sfsu.edu>
  - A research, intervention, education and policy initiative that works to prevent health and mental health risks for LGBTQ children and youth in the context of their families, cultures, and faith communities.
  - Provides training and consultation on an evidence-based family model of wellness, and prevention and care to strengthen families and promote positive development.

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## For Health Care Providers and Organizations

- **American Foundation for Suicide Prevention: LGBT Initiative:** [www.afsp.org](http://www.afsp.org)
  - Multiple LGBTQ-specific resources, including mental health educational resources and training tools
- **SAMHSA: Suicide Prevention:** [www.samhsa.gov/suicide-prevention](http://www.samhsa.gov/suicide-prevention)
  - Information and resources on suicide prevention and risk for behavioral health professionals, the general public, and people at risk.
- **National Strategy for Suicide Prevention:** <https://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS>
  - Report outlining a national strategy to guide actions for suicide prevention, with objectives and goals across four strategic directions: wellness and empowerment, prevention services, treatment and support services, and surveillance.
- **Suicide Prevention Resource Center (SPRC): Suicide Prevention among LGBT Youth:** [www.sprc.org/training-institute/lgbt-youth-workshop](http://www.sprc.org/training-institute/lgbt-youth-workshop)
  - Workshop for Professionals Who Serve Youth: free workshop kit to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among LGBTQ youth.



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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$449,994.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.