



NATIONAL LGBT HEALTH  
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# Suicide in the LGBTQ Community: Understanding Why and Best Practices for Health Centers

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Education Center

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Director, The LGBT Aging Project

# Our Roots

## Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated Primary Care Model, including HIV services

## The Fenway Institute

- Research, Education, Policy



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# Today's Faculty

Alex S. Keuroghlian, MD MPH

Director, The National LGBT Health Education Center

Lisa Krinsky, LICSW

Director, The LGBT Aging Project

# Continuing Medical Education Disclosure

- Program Faculty: Alex Keuroghlian, MD MPH
- Current Position: Director of Education and Training Programs
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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# Suicide in the LGBTQ Community: Understanding Why and Best Practices for Health Centers



# Learning Objectives

This webinar will enable participants to:

1. Identify the major behavioral health disparities among LGBTQ people
2. Explain how minority stress can adversely impact behavioral health outcomes among LGBTQ people
3. Discuss best practices at health centers for prevention and management of suicidality among LGBTQ people



# Minority Stress Framework

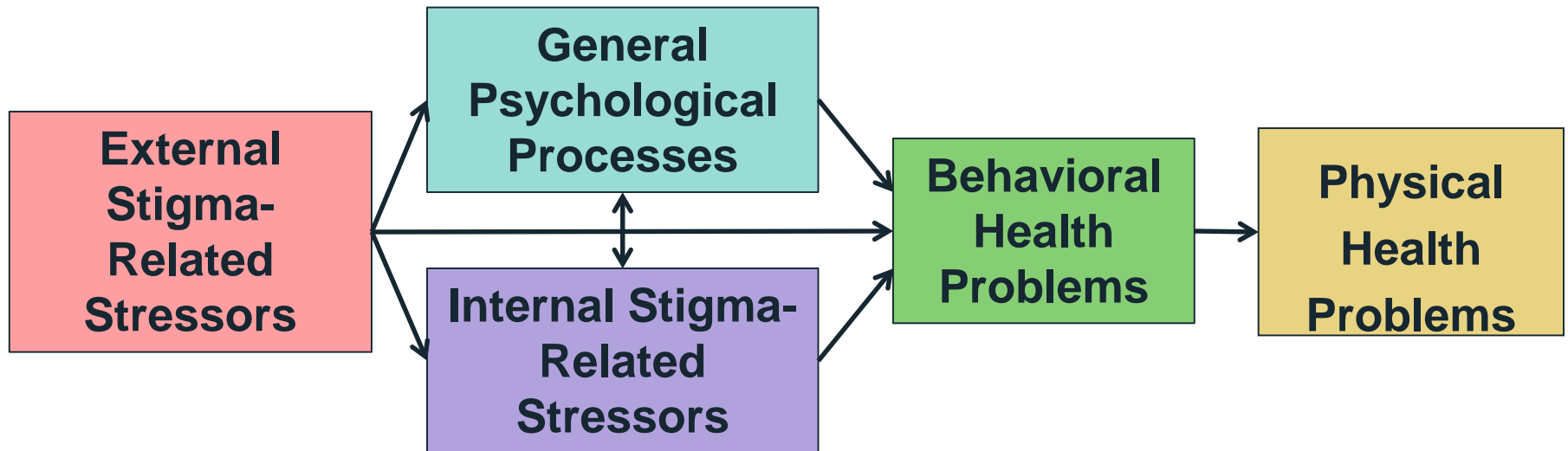


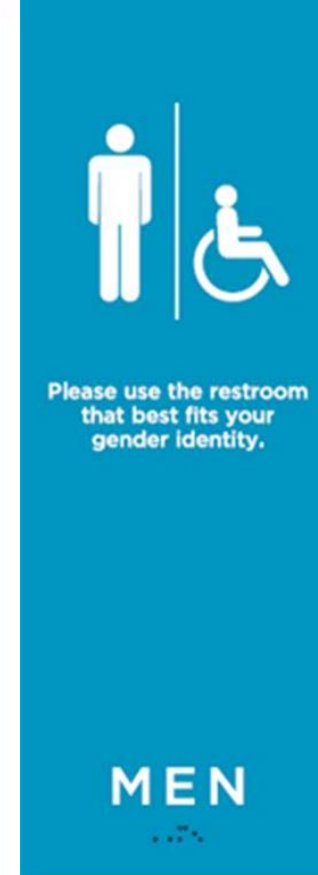
Fig. 1. Diagram from “How does sexual minority stigma get “under the skin?””<sup>1</sup>

# Interpersonal Stigma



# Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.





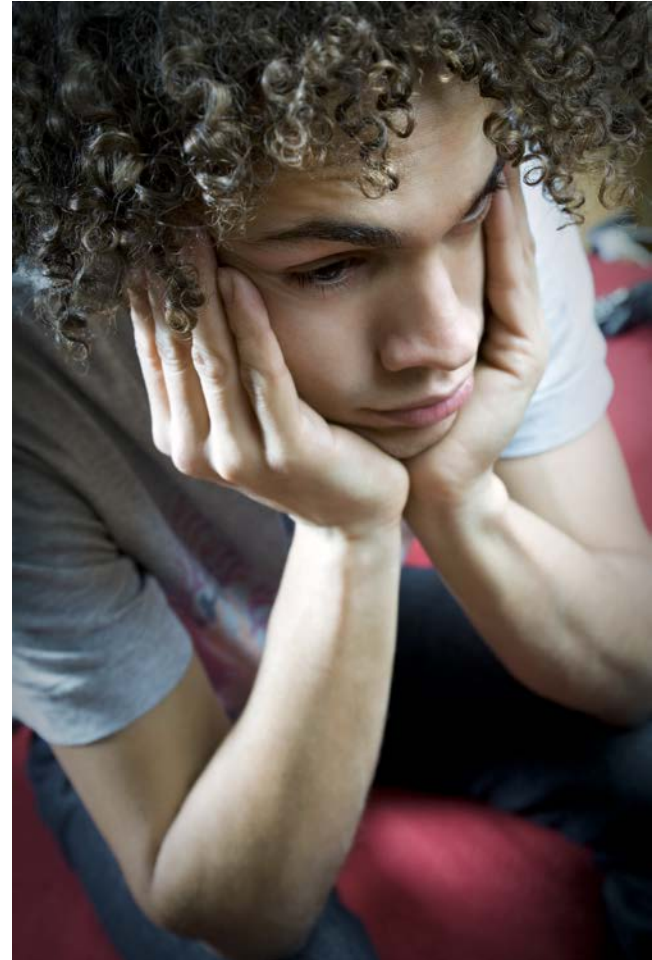
# Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others.”<sup>4</sup>



# Disparities among Gay and Bisexual Men

- Compared with straight men, gay and bisexual men are more likely to meet criteria for:<sup>2</sup>
  - major depressive disorder (x 3)
  - panic disorder (x 5)
  - at least 2 co-occurring disorders (x 4)



# Disparities among Lesbian and Bisexual Women

- Compared with straight women, lesbian and bisexual women are more likely to meet criteria for:
  - generalized anxiety disorder (x 3)
  - at least 2 co-occurring disorders (x 3)



# LGB Mental Health Service Utilization

- Compared with general population, LGB people are more likely to:
  - See mental health provider (x 2-3)
  - See PCP for mental health problem (x 1.5-3)
  - Attend support or therapy group (x 3-4)
- Compared with general population, gay and bisexual men more likely to take psychiatric medication (x 4)

# Depression and Anxiety among Transgender Adults

- Prevalence of clinically significant depressive symptoms:<sup>3</sup>
  - 51% of transgender women
  - 48% of transgender men
- Prevalence of clinically significant anxiety symptoms:
  - 40% of transgender women
  - 48% of transgender men



# Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:<sup>5</sup>
  - 10% reported that a family member was violent towards them because they were transgender
  - 8% were kicked out of the house because they were transgender
  - Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
  - 17% experienced such severe mistreatment that they left a school



# Economic Hardship among Transgender People

- The 2015 U.S. Transgender Survey found that:<sup>7</sup>
  - 29% of transgender people live in poverty, compared to 14% in the U.S. population
  - Transgender people have a 15% unemployment rate (compared with 5% in the U.S. population)
  - 16% of transgender people report homeownership, compared to 63% of the U.S. population
  - Nearly 30% of transgender people experienced homelessness in their lifetime
  - 12% report past-year homelessness due to being transgender

# Factors Associated with Higher PTSD Severity in Transgender Adults

- Higher everyday discrimination<sup>4</sup>
- Greater number of attributed reasons for discrimination
- Social gender transition
- High visual gender non-conformity





# Factors Associated with Lower PTSD Severity in Transgender Adults

- Younger age
- FTM spectrum gender identity
- Medical gender affirmation



# Suicidality among LGBTQ Adults

- Lifetime prevalence of suicide attempts in the United States:<sup>5-7</sup>
  - General adult population: 4%
  - LGBTQ adults: 11-20%
  - Transgender adults: 41%



# Suicidality among LGBTQ Youth

- Compared with peers, LGBTQ youth are more likely to:<sup>8,9</sup>
  - report suicidal ideation (x 3)
  - attempt suicide (x 4, with 30-40% prevalence)
- Questioning youth more likely to experience depression or suicidality than LGBTQ peers



# Health Disparities (2015 U.S. Transgender Survey)

- 39% of respondents experienced **serious psychological distress** in the month prior (compared to 5% of the U.S. population);
- 40% had **lifetime suicide attempt** (compared to 4.6% of US population);

James, Sandy E., et al. "The report of the 2015 US Transgender Survey." *Washington: National Center for Transgender Equality* (2016).

# Suicidality (2015 U.S. Transgender Survey)

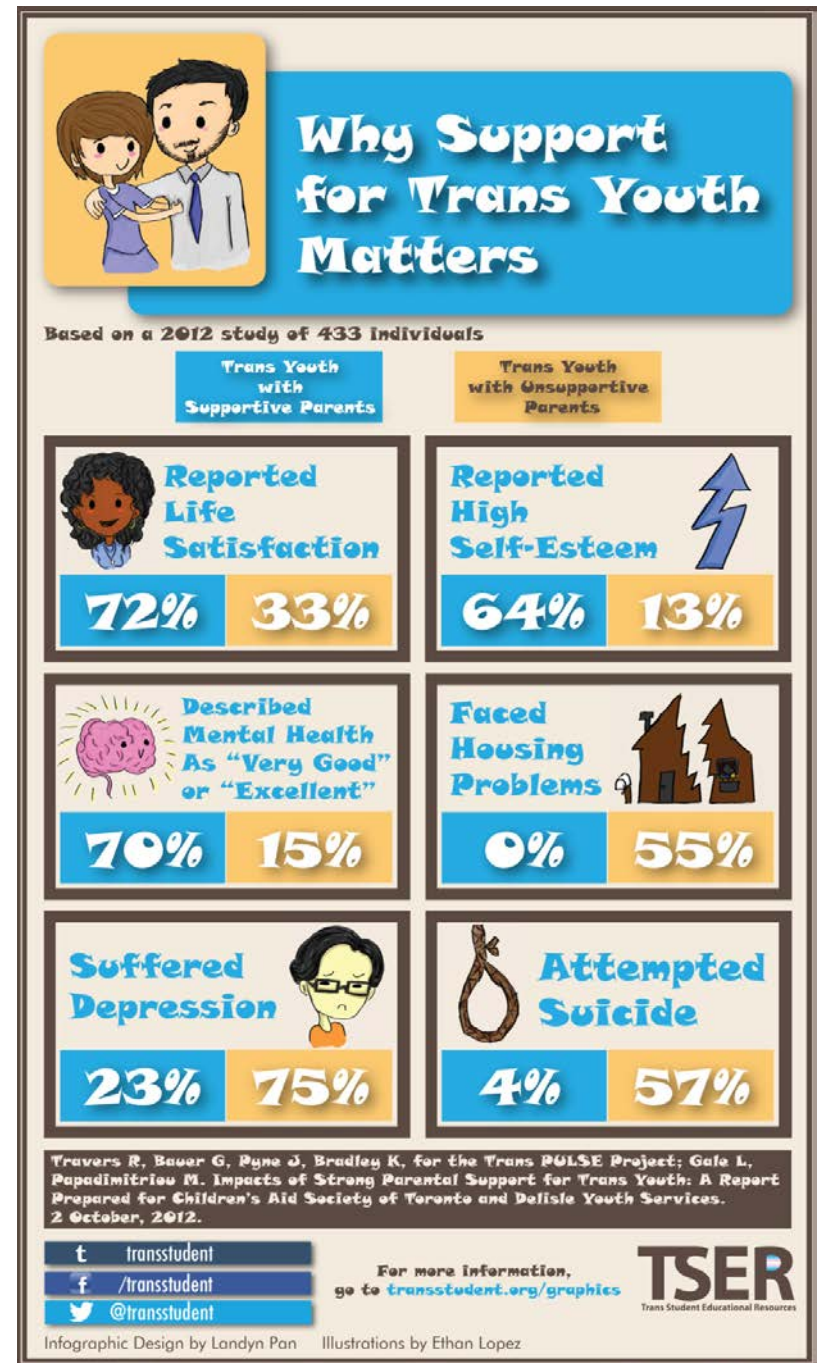
In the preceding 12 months:

- 48% had seriously thought about suicide
  - 24% made a plan to kill themselves
  - 7% had attempted suicide
- 
- 40% had attempted suicide at one point in their lives
  - 34% had first attempt by age 13
  - 92% had first attempt by age 25

James, Sandy E., et al. "The report of the 2015 US Transgender Survey." *Washington: National Center for Transgender Equality* (2016).

# Why Support for Gender Diverse Youth Matters

Trans Pulse (2012). *Impacts of Strong Parental Support for Trans Youth*.  
<http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>



# Suicide Impacts the LGBTQ Community Across the Lifespan

- Public attention to LGBTQ youth suicides (bullying; It Gets Better Campaign)
- Compared to straight people, lesbian and gay people more likely to report suicide attempt; bisexual people report higher prevalence than lesbian and gay people.
- Transgender people report even greater prevalence of suicide attempts than lesbian, gay, bisexual, heterosexual, cisgender people (Talking about Suicide & LGBT Populations, MAP 2017)





# Suicidality among Older Adults

Older Adults: 15.2% of the population;

18.2% of all suicides (CDC, 2017)

Fatal suicides – average of 1 older adult kills themselves every 64 minutes

65+ 16.7/100,000

85+ 19.0/100,000 (men 85+ highest rate)

(Drapeau & McIntosh, 2017)

No firm data on LGBTQ suicide deaths because **sexual orientation/gender identity (SOGI) not collected for death records**



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# Bio-psycho-social Issues

- Historically stigmatized identity – individual and structural discrimination, harassment, violence
- Internalized homo/bi/trans phobia

# Risk Factors

- Mental Health
- Substance Use Disorders
- Social Isolation- from family of origin; limited peer group
- Discrimination, Harassment, Violence based on SOGI
- Lack of legal/policy protections

# Protective Factors

- Self Esteem- internal self regard; social context, visibility
- Family of origin acceptance
- Social network – LGBT and allies as family of choice
- Access to and use of LGBT inclusive medical/mental health
- Legal and policy protections



# Interventions

- Positive social engagement
  - Individual or groups
  - Volunteer – interest in self or others
- LGBT inclusive medical/mental health –
  - regular depression screenings
  - Treatment

Resources: connections to housing, food, legal etc



# Resiliency

- Resiliency: Ability to adapt to stress
- Acceptance
  - Self
  - Family
  - Community

Resources



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# LGBT Older Adults

- Are LGBT older adults at high risk for suicide?
- General population of older adults are/LGBT youth are
- Depression is NOT a normal part of aging

# LGBT Older Adults/Bereavement

- **Disenfranchised Grief** when society does not allow for the open acknowledgement, public mourning and social support for a significant loss. (Doka, 2002)
- Disenfranchised Grief is a risk factor for suicide
  - same sex partner/spouse
  - Pet
  - family of choice
  - suicide
  - delayed unprocessed grief

# LGBT Bereavement Groups

“Well as long as he doesn’t talk about the nature of their relationship....”

- A community based bereavement group leader’s response when asked if a gay man who lost his partner of 35 years could participate in her group.

“It’s not like you were REALLY married”

“Come on, it was just a dog.”

“Those guys died of AIDS years ago, why talk about it now?”



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# LGBT Bereavement Groups

- LGBT Aging Project and MA DPH Suicide Prevention: since 2009
- LGBT Bereavement Support Groups
- Time limited (6, 8 weeks)
- LICSW experienced in bereavement/end of life & LGBT issues
- LGBT members – adults of all ages
- Held in community spaces (library, senior center)
- Loss of partner/spouse, parent, sibling, friend, pet; suicide, extended medical conditions; sudden unexpected event
- Death is more than 3 months ago

# LGBT Bereavement Groups

- Ages: 20s to 70s, LGB only
- Place to talk about loved one without being “morbid”
- Relief after long illness
- legal conflicts with partner/spouse’s biological families
- LGB relationships
- Role of pets as “kids/family”
- HIV/AIDS losses (many times triggered by current unrelated loss)
- Conflicted feelings regarding loss in family of origin (rejecting parent, sibling)
- Suicidal thoughts/feelings – almost every group. A few referrals made to ensure safety/assess risk

# LGBT Bereavement Groups

- Support experiencing “firsts” (holidays, birthdays, dates)
- Social connections outside of group (ongoing)
- All group members express tremendous appreciation for LGBT-inclusive space where they feel “known” and can bring their authentic selves and relationships



# Minority Stress Treatment Principles for Behavioral Health Clinicians

- Normalize adverse impact of minority stress<sup>31</sup>
- 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

# Suicide Risk Factors



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# Determining Suicidal Ideation



**LIFE IS TOO DIFFICULT**



**WANTING TO BE DEAD**



**THOUGHTS OF  
ENDING YOUR OWN  
LIFE**



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# Discussing Current Suicidality

**SUICIDAL  
PLAN**

**SUICIDAL  
INTENT**

**PAST  
ATTEMPTS**

**PROTECTIVE  
FACTORS**

**BEHAVIORAL  
HEALTH CARE**

**SAFETY  
PLAN**

# References:

Doka, K.J. (1989). *Disenfranchised Grief: Recognizing hidden sorrow*. Lexington, MA: Lexington Press.

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Haas, A. What We Know Now: Updating Best Practices for Talking About Suicide & LGBT Populations. American Foundation for Suicide Prevention, dated September 14, 2017, downloaded from <http://www.afsp.org>.

Movement Advancement Project, Talking About Suicide & LGBT Populations (2017)



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The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of [The Fenway Institute](#), the research, training, and health policy division of [Fenway Health](#), a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.



Advice from one health care provider to another.

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