

Promoting Suicide Prevention Among Lesbian, Gay, Bisexual, Transgender (LGBT) Youth

Technical Assistance
Partnership Webinar

December 10, 2012



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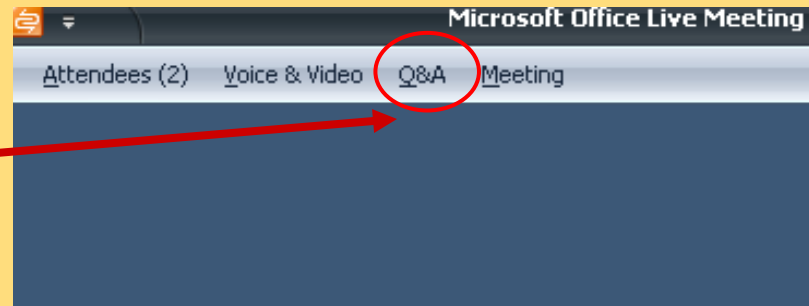
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Promoting Suicide Prevention Among Lesbian, Gay, Bisexual, Transgender (LGBT) Youth

Presenters:

- **Michelle Carnes** – *Public Health Analyst*, Substance Abuse and Mental Health Services, Center for Mental Health Services, Division of Prevention, Traumatic Stress & Special Programs, Suicide Prevention Branch
- **Sylvia Fisher** – *Director*, Health Resources and Services Administration, Office of Planning, Analysis and Evaluation, Office of Research and Evaluation
- **Wes Nemenz** – *Education Manager - East*, The Trevor Project
- **Jeffrey Poirier** – *Senior Researcher*, American Institutes for Research, Technical Assistance Partnership for Child and Family Mental Health



Purpose

- To share a Federal perspective from SAMHSA's Suicide Prevention Branch.
- To share information from *Improving Emotional & Behavioral Outcomes for LGBT Youth: A Guide for Professionals*, a recently published book.
- To discuss resources available from The Trevor Project (www.thetrevorproject.org), the nation's leading organization providing crisis intervention and suicide prevention services to LGBT youth.
- To share ***your*** experiences addressing suicide prevention in your communities.



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA's National Suicide Prevention Efforts for LGBT Youth

Dr. Michelle Carnes
Public Health Anthropologist



TOUGH REALITIES

~ 36,000 Americans die by suicide
each year

TOUGH REALITIES

Age: 14-18

2.9 million
had serious
thoughts of
suicide

2.3 million
made a plan

1.3 million
attempted
suicide

~ 1,000 (14-17)
die by suicide
each year

8.4 million
had serious
thoughts of
suicide

2.2 million
made a plan

1.1 million
attempted
suicide

~ 35,000 (18 & ↑)
die by suicide
each year

Age: 18 and ↑

SUICIDE: DATA AND DISPARITIES

→ Suicides

- 4 males : 1 female
- Highest risk: elderly white males (85+)
- Largest numbers: middle-aged (40-60) males at 2x baseline rate of other Americans and working-aged males (20-64) = 60 percent of suicides
- Higher risk: young and middle-aged AI/AN

→ Suicide attempts

- Female > male
- Rates peak in adolescence and decline with age
- Higher risk: **LGBT youth** and young Latinas

SAMHSA's Strategic Initiative 1:

Prevention of Substance Abuse and Mental Illness

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Prevention of Substance Abuse and Mental Illness—Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.

Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.

National Action Alliance for Suicide Prevention

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- A public-private partnership established in 2010 to advance the *National Strategy for Suicide Prevention (NSSP)*
- **Vision:** The National Action Alliance for Suicide Prevention envisions a nation free from the tragic experience of suicide
- **Mission:** To advance the *NSSP* by:
 - Championing suicide prevention as a national priority
 - Catalyzing efforts to implement high priority objectives of the NSSP
 - Cultivating the resources needed to sustain progress
- **Leadership:**
 - PUBLIC SECTOR CO-CHAIR, The Honorable John McHugh, Secretary of the Army
 - PRIVATE SECTOR CO-CHAIR, The Honorable Gordon H. Smith, President and CEO, National Association of Broadcasters

2012 National Strategy for Suicide Prevention

- On September 10th, the Surgeon General and the National Action Alliance for Suicide Prevention (NAASP) launched the 2012 National Strategy for Suicide Prevention (NSSP).
 - Objective 5.3 is “[i]ntervene to reduce suicidal thoughts and behaviors in populations with suicide risk” and LGBT populations are identified as a group with increased suicide risk.
 - Objective 11.2 is “[I]mprove the usefulness and quality of suicide-related data....[because] death data regarding sexual orientation and gender identity are generally not collected, so it is not possible to calculate a reliable suicide rate for LGBT people.”
 - The NAASP LGBT Populations Task Force will work to implement the revised NSSP.
- SAMHSA included sexual and gender minority populations in the services grants template for FY 2012 programs where it was appropriate.
 - This effort will continue in FY 2013.

Data Approximations

- According to the US Census, 6% disclosed being LGBT.
- 21% of the general population is between 10 and 24 yrs of age.
- Thus, it can be inferred that ~7300 suicides are youth.
- Of those suicides, ~500 are confirmed LGBT youth.
- Another study (D'Augelli & Grossman, 2001) found that 30% of youth suicides were related to sexual identity.

Garrett Lee Smith (GLS) State and Tribal Suicide Prevention Grant Program

- 147 grants awarded since 2005
- Currently:
 - 61 grants (28 States, 32 Tribes, 1 Territory)
- 297,333 trained or educated by GLS State/Tribal grantees
- 43,394 youth screened

New GLS State/Tribal Grantees – LGBT Focus

- California Dept of Mental Health
- New Mexico Dept of Health
- Massachusetts Dept of Health
- Wisconsin – Mental Health America
- Georgia Dept of Behavioral Health + Development
- Vermont – Center for Health + Learning
- New Jersey – Robert Wood Johnson Medical School
- Northern Cheyenne Tribe

Why a Focus on LGBT Youth?

- LGBT youth **three times** more likely to report suicidal ideation than non-LGBT youth.
- **Two to seven times** more likely to report a suicide attempt.
- LGBT youth have **more severe risk factors** and **fewer protective factors** than hetero youth.
- LGBT youth often lack a supportive family and a school environment free from harassment.

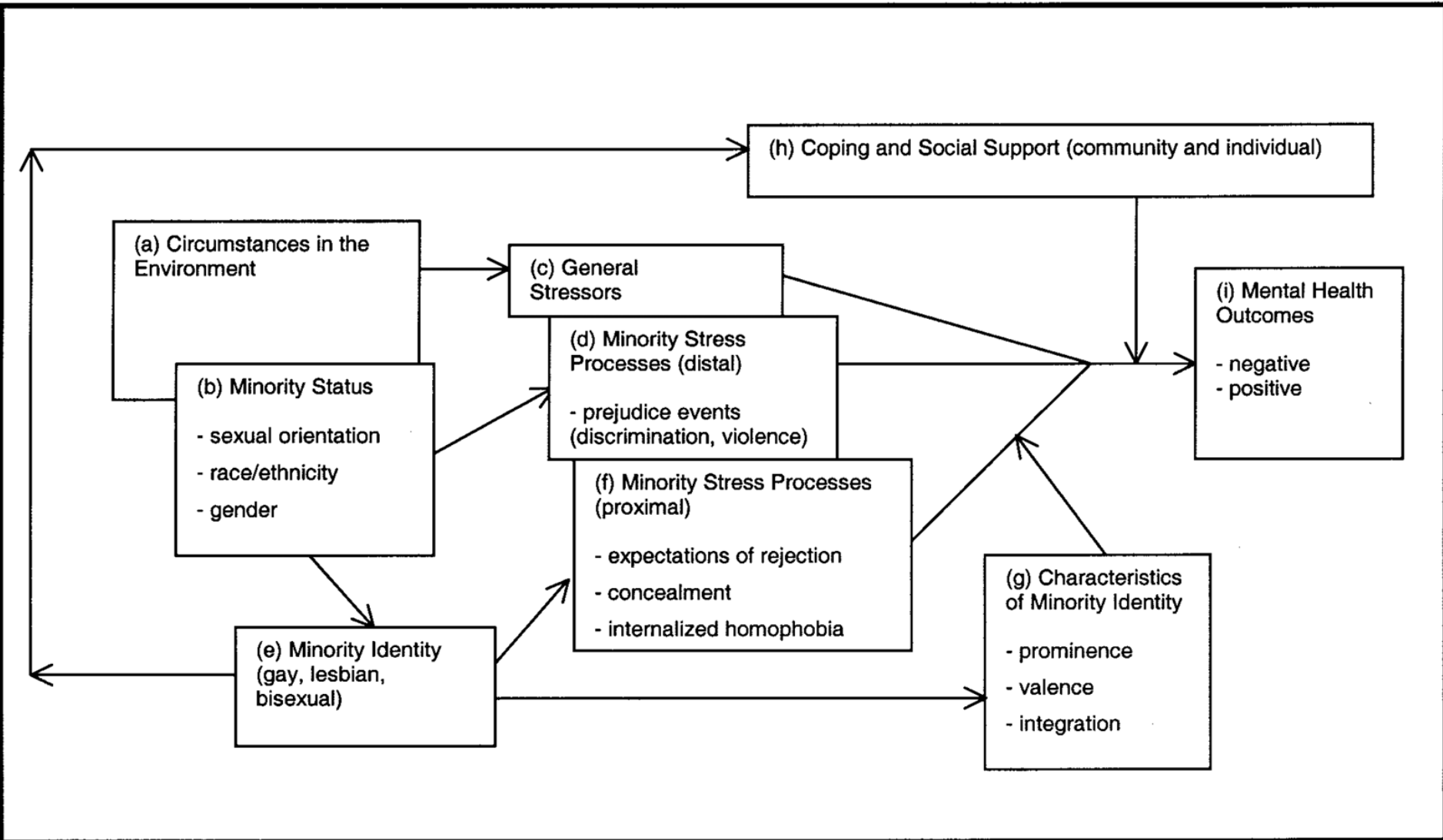
Key Point

- Being LGBT in and of itself **is not the cause of increased prevalence of suicide** in LGBT youth.
- The increased risk comes from the **psychosocial distress** associated with being LGBT.

What We Are Learning: Risks

- “Universal features in suicidal adolescents are the inability to synthesize solutions to problems and the lack of coping strategies to deal with immediate stressors. Therefore, a narrow view of the options available to deal with recurrent family discord, rejection, or failure contributes to a decision to {die by} suicide.” (Kaplan & Sadock, 2003)
- Studies by Remafedi (1999) found that suicide attempts were significantly associated with:
 - Gender nonconformity
 - Early awareness of being LGBT
 - Victimization (bullying)
 - Dropping out of school
 - Family rejection
 - Peer suicide attempts
 - Homelessness
 - Substance abuse
 - Mental health challenges

Minority Stress Model



Minority stress processes among LGBT populations. [Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697.]

What We Are Learning: Resilience

- Family acceptance
- Positive identity
- Available/accessible culturally competent behavioral health services
- Anti-bullying efforts, school safety
- Changing discriminatory laws, public policies
- Reducing suicide contagion

What We Are Learning: Collaboration

- Professional development/training
 - Especially school staff
- Enlisting GSAs (Gay-Straight Alliances)
- Tailoring suicide prevention interventions to LGBT populations
 - Example: QPR (Question, Persuade, Refer)
- Media guidelines for reporting on LGBT suicide

TOUGH REALITIES

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~50 percent of those who die by suicide are afflicted with major depression...the suicide rate of people with major depression is 8x that of the general population

~90 percent of people who die by suicide experienced a mental disorder, substance abuse disorder, or both at the time of their death.

TOUGH REALITIES

- ~30 percent of deaths by suicide involved alcohol intoxication – BAC at or above legal limit

Data and Measurement Strategies

- Initial findings from a review of data from service programs within CSAT (Treatment) relating to transgender clients.
 - CSAT services grant program has served 680 transgender clients
 - The top five substances used by transgender clients are:
 - Alcohol (48.8%)
 - Marijuana (28.1%)
 - Cocaine (20.4%)
 - Inhalants (3.7%)
 - Heroin (2.7%)
 - Treatment outcomes for transgender clients showed increases of: abstinence from substance use by 41.7%; reporting of no arrests by 4.3%, reporting being employed by 32.9%; reporting being socially connected by 7.3%, and reporting being housed by 16.3%

New Block Grant Requirements

- States are requested to provide the **most recent copy of their suicide prevention plan.**
- SAMHSA is interested in understanding the strategies that States are proposing to address suicide prevention.
- This requirement helps us all to better integrate coordination between substance abuse prevention, substance abuse treatment and mental health systems.

Thank you!

Michelle.carnes@samhsa.hhs.gov

Glad to:

- Answer your questions
- Help connect you with local GLS grantees
- Recommend additional resources to help your program integrate LGBT youth suicide prevention into your efforts

Suicide and Systems of Care:

What We Know, What We Can Do

Sylvia K. Fisher, Ph.D.

Director

Office of Research and Evaluation,
Office of Planning, Analysis and Evaluation
Health Resources and Services Administration

National Evaluation Data Results
Christine Walrath
ICF Macro



SOC C/Y and Suicide-Related Behavior: *What We Know*

- Of the 7,710 children/youth (C/Y) entering services, **81.3%** had **no** prior attempt of suicide, **3.4%** had **one** prior attempt, and **15.3%** had **multiple** prior attempts.
- Identifying and grouping C/Y as a function of their previous suicide attempts is important: a history of prior suicide attempt is considered one of the strongest predictors of future suicide attempt.
 - Categorization is used to better understand risk profiles, service experiences, and outcomes of youth entering systems of care



SOC C/Y and Suicide-Related Behavior: *What We Know*

- All C/Y, regardless of suicide attempt history, demonstrate **significant and positive change** at 6 months into services relative to problem behavior, functioning, and strengths.
- Probability of reporting suicidal thoughts or attempts (over the prior 6 months) **decreases significantly** from intake to 6 months after service entry for C/Y with suicide attempt histories.



SOC C/Y and Suicide-Related Behavior: *What We Know*

- Average number of risk factors reported for C/Y:
 - Is **greatest** for C/Y with multiple prior suicide attempts (i.e., an average of **five** risk factors)
 - C/Y with a single prior attempt had an average of **four** risk factors)
 - No prior attempts = an average of **two** risk factors
- Family characteristics of C/Y entering services
 - Family mental illness, number of adults in the home, C/Y exposure to a household member with drug or alcohol problems, and living in poverty—are similar for C/Y regardless of suicide attempt history.



SOC C/Y and Suicide-Related Behavior: *What We Know*

- Service entry:
 - There is a steady increase in the percentage of C/Y with chronic absences (i.e., had missed three or more times a week) when comparing C/Y with no prior suicide attempts (11.9%) with those with a single prior attempt (15.9%) and those with multiple prior attempts (19.0%).
- Service use:
 - Service experience data during the first 6 months of care suggest that although more than two thirds of all C/Y in systems of care are receiving individual therapy, the percentage of C/Y who receive individual therapy is the highest among C/Y with multiple prior attempts (78.7%).



SOC C/Y and Suicide-Related Behavior: *What We Know*

- C/Y who attempt suicide are positively supported in system of care environments.
- C/Y served in SOC, regardless of suicide attempt histories, improve after entering services across strength, behavior problem, caregiver strain, and functioning measures.
- C/Y who enter SOC with suicide attempt histories have reduced levels of ideation and attempt over their first six months of care.
- The SOC service array can be tailored to youth and their families to ensure that appropriate supports are provided as they relate to suicide attempt.



Suicide Prevention in Systems of Care

– Assumptions: *What We Can Do*

- Children/youth/families/caregivers
 - Are provided with opportunity/resources to reduce suicidal ideation and attempts and promote resilience factors in children/youth (C/Y).
 - Play a key role in developing suicide prevention activities and identifying customized social marketing messages.
- Suicide prevention must be a coordinated and collaborative effort involving all SOC community stakeholders.
- Suicide prevention strategies must be culturally and linguistically relevant and respectful.



Suicide Prevention in Systems of Care

– Assumptions: *What We Can Do*

- Providers are front-line agents in assessment and early identification of at risk LGBT C/Y and address their needs in therapeutically appropriate, sensitive, and a culturally and linguistically competent manner.
- Open communication within the community is key to openly addressing LGBT C/Y suicide and reducing stigma associated with help-seeking behaviors.



Suicide Prevention in Systems of Care

– Strategies: *What We Can Do*

- Establish community-wide Suicide Prevention Task Force
- Provide suicide prevention services in a therapeutically appropriate, sensitive and culturally and linguistically competent manner
- Offer community-based awareness, education, and training classes that use a culturally and linguistically relevant suicide prevention curriculum for C/Y at risk for suicide and their families and caregivers



Suicide Prevention in Systems of Care

– Strategies: *What We Can Do*

- Develop and disseminate CLC appropriate media materials focused on suicide prevention, stigma reduction, and promulgation of help-seeking behaviors.
- Develop prevention and stigma reduction activities designed for vulnerable and at risk sub-populations, including tribal, Latino, African-American and LGBT youth.



Suicide Prevention in Systems of Care: *Short-term Outcomes*

- C/Y at risk for suicide participate in suicide prevention services.
- Affected families and caregivers participate in suicide prevention services.
- Increased C/Y, family, and caregiver skill development and knowledge-building around suicide issues.
- Increased coping skills and promotion of resilience in C/Y.
- Increased levels of social support for C/Y who are at risk and their families/caregivers.
- SOC community-wide recognition of the prevalence of suicide and need for enhanced resources to combat suicide.



Suicide Prevention in Systems of Care: *Long-term Outcomes*

- Increased investment in reduction of suicide-related behavior and associated stigma.
- Continued promotion of resilience of children/youth/families/caregivers and within SOC communities.
- Increased awareness within SOC communities of importance of focused efforts to address child/youth suicide.
- Promotion of focused social marketing campaigns to address the issue of child/youth suicide.



Final Thoughts

- The following objectives should be achieved, probably by using social marketing strategies in the larger population and in LGBT communities:
 - Increase awareness and understanding of suicide risk among LGBT youth populations.
 - Encourage inclusion of mental health and suicide prevention as priority issues within clinical care services and supports and other youth-serving organizations.
 - Ensure availability for adequate resources for effective suicide prevention efforts for LGBT youth.

Resources and Tools

Sylvia K. Fisher
&
Jeffrey Poirier



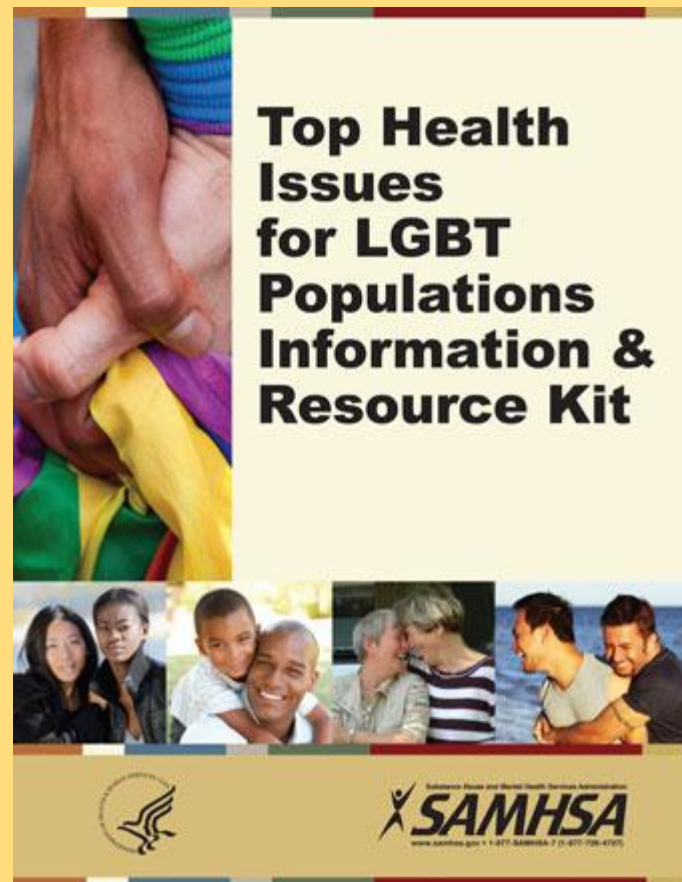
TA Partnership LGBTQI2-S Learning
Community Lead & Senior Researcher,
American Institutes for Research



Resources and Tools

The Top Health Issues for LGBT Populations Resource Kit

- Released and available online
- An additional 10,000 copies have been ordered
- Google Ad program to create awareness of the product will launch soon
- <http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684>

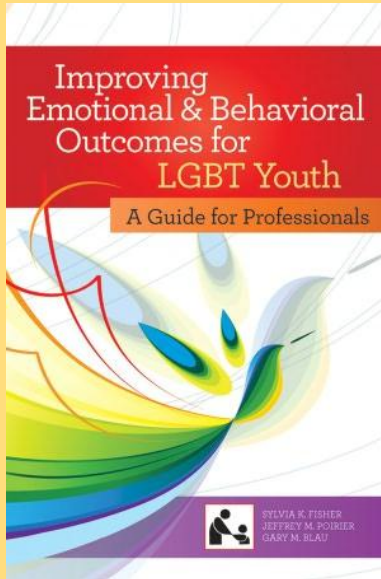


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Book Overview

Identity/ Populations



- Sexual identity development
- Transgender and gender nonconforming
- Native American, two-spirit, tribal LGBT
- Disorders or differences of sex development

Standards/ Interventions

- Standards of care for LGBT youth
- Therapeutic interventions
- Addressing suicide and self-harming behaviors

Book Overview

Supporting Youth

- Resilience and assets-based approaches
- Cultural and linguistic competence
- Youth in out-of-home care
- Fostering safe, supportive schools
- Youth who are homeless

Tools/ Resources

- Cultural and linguistic competence self-assessment tool*
- Social marketing
- Internet-based resources

* This tool is available online at
<http://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf>

Resources and Tools

Talking about suicide and LGBT
populations

[http://www.glsen.org/binary-
data/GLSEN_ATTACHMENTS
/file/000/001/1800-2.pdf](http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1800-2.pdf)

Created by Gay and Lesbian
Alliance Against Defamation
(GLAAD), Movement
Advancement Project (MAP);
AFSP; GLSEN; Johnson
Family Foundation; Trevor
Project

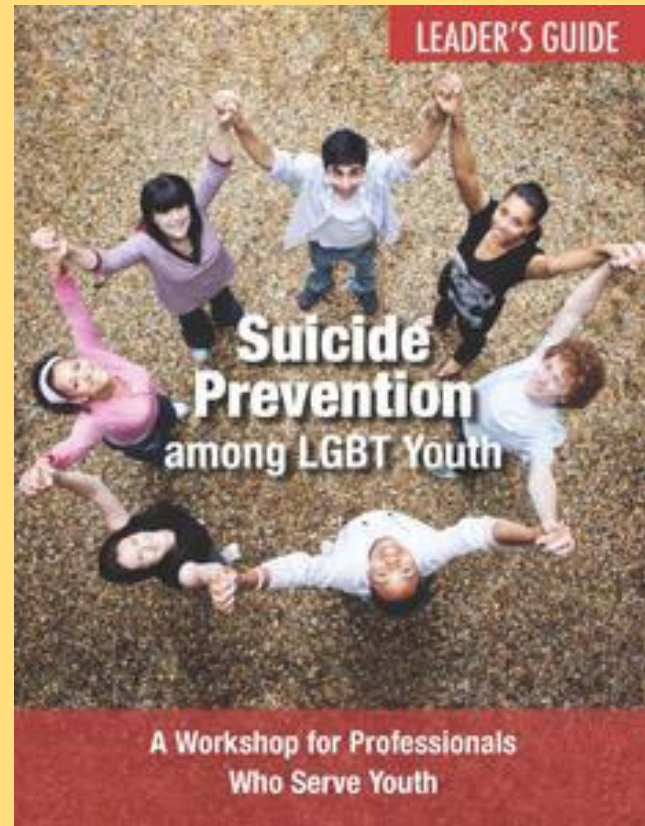


Resources and Tools

Suicide prevention among LGBT youth: A workshop for professionals who serve youth

<http://www.sprc.org/training-institute/lgbt-youth-workshop>

Free workshop kit to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among lesbian, gay, bisexual, and transgender (LGBT) youth.



Resources and Tools

- SAMHSA Website
- Launched LGBT specific website:
<http://www.samhsa.gov/obhe/lgbt.aspx>
- Information relating to efforts on LGBT issues were posted to SAMHSA's external blog during June



National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families

Purpose:

- To guide the development of policies, programs, materials, products and other resources to improve the lives of children, youth and families in the populations of focus.

Vision:

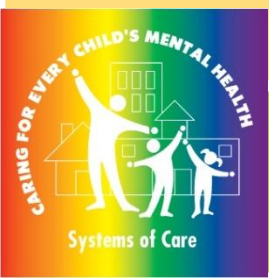
- All children, youth and families in the populations of focus live, learn, work, play, thrive and participate fully in safe, supportive communities where culturally and linguistically competent services and supports are available, accessible and appropriate.

<http://tapartnership.org/COP/CLC/lgbtqi2sWorkgroup.php>

The Trevor Project

Wes Nemenz

Education Manager
The Trevor Project



THE **TREWOR** PROJECT

The leading national organization providing suicide prevention and crisis intervention resources for lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth.

SERVICES FROM THE TREVOR PROJECT

The Trevor Lifeline is the nation's only 24/7 suicide and crisis prevention lifeline for LGBTQ youth:
1.866.4.U.TREVOR

AskTrevor is a non-time sensitive question and answer forum for questions related to sexual orientation, gender identity, and non-immediate needs

THE **TREVOR** lifeline

ask **TREVOR**

SERVICES FROM THE TREVOR PROJECT

TrevorSpace is a social networking site for LGBTQ youth and their allies designed to break down walls and decrease isolation:
TrevorSpace.org

TrevorChat is a free, confidential, secure online messaging service that provides live help with non-suicide related crises over The Trevor Project website

TREVOR space

TREVOR chat

SERVICES FROM THE TREVOR PROJECT

Lifeguard Workshops use structured, age-appropriate curricula to open up a dialogue among youth about suicide and the intersections with sexual orientation and gender identity



Trevor Survival Kits are educational tools distributed to schools and youth service providers to help facilitate discussions around suicide, sexual orientation, and gender identity



Questions?

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When you are finished, please press *6 to remute.



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<http://tapartnership.org/COP/CLC/lgbtqi2s.php>