



LGBTQ Suicide Prevention for Families

Highlights & Key Concepts

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Summary Ideas:

Strengthening family protective factors and resiliency are strategies for suicide prevention.

- Protective factors are skills, strengths, and supports in individuals, families and communities that can help to reduce the risk of youth suicide. Protective factors assist in balancing—or dealing more effectively with—areas that are of concern to a family around youth suicide.
- Although suicide is complex, research shows protective factors can be part of the solution.
- Resiliency is the learned process of how to cope with adversity.
- Resiliency is built upon social connection, knowledge, concrete supports, and emotional health—in other words, resiliency is enhanced by the protective factors.

Protective factors include:

- strong relationships with family, friends
- community and school supports
- membership in a gay-straight alliance (GSA) or LGBTQ+ community organizations
- accessible, non-discriminatory mental and physical healthcare
- schools that have integrated policies and programs to ensure that LGBTQ+ students feel safe and are indeed safe
- cultural beliefs that discourage suicide
- positive role models
- having basic needs met such as food, housing, clothing, etc.
- Concrete supports such as transportation, legal or identification documents, ability to receive mail

Questions & Responses:

Q1 *How do you describe the differences between suicide awareness and suicide prevention?*

A1 Our work to reduce suicide, especially within the LGBTQ community, is a three-tiered process: awareness, prevention, and intervention. I think of it like this: awareness, prevention, and intervention are three separate houses that are on the same street. They have some similarities, and they have some differences, but they all work together to make up the neighborhood. For awareness, we really focus on reaching the general public: what are the myths and stigmas? What are those risk factors? Where do we get good expert information and how can we start asking questions as families, as communities, as a state, as a nation? Prevention is the focus that we have as families on those proactive things that we can do prior to a potential crisis, prior to potential suicidality, prior to some of those toxic stress moments to help mitigate those if and when they arise. The third house, intervention,

is where we put some of those in-the-moment strategies that we discuss and set up in prevention into action to reduce or eliminate suicide of our young people.

The US Surgeon General released an advisory about children’s mental health last year and the White House released a fact sheet addressing the mental health crisis in our country, with particular attention to youth. Here are some startling statistics:

- Q2**
- In 2020 alone, the U.S. had one death by suicide about every 11 minutes For people aged 10 – 34 years, suicide is a leading cause of death***
 - From April 2020 to 2021, over 100,000 individuals died from drug overdoses. In your view, how has the pandemic, social media, etc. changed how youth are affected by suicide?***

A2

Let me start with the challenges and then I want to get to the strengths. As someone who works with youth and families, both pre-pandemic and since the pandemic, from my perspective some of the challenges include the increased isolation that our LGBTQ-plus youth and young adults are now facing. If you happen to be an LGBTQ-plus youth who comes from a home or an environment which is not very inclusive or accepting, now you are immersed in that even more, right? And the access you might have had to supports and protective factors could be diminished. Our young people are also dealing with death, loss, and grief—and we know that trauma is one of the top risk factors for suicide. Since we’re all on our screens now, there is also more exposure to negative messages about our LGBTQ-plus community, which matters. Now let me point to some of the strengths: we have increased how much we talk about mental health since the pandemic, and we really have begun to try to the best of our ability to reduce this silence and the myths. Next, our youth and families are getting super creative about how to reach out and find others, utilizing social media if they can’t access a physical space. I think that that is really, really great. Although Zoom can be challenging, it’s also reduced barriers. I can now speak to youth and families in Eastern Oregon, or in California, or in Southern Oregon, which I couldn’t previously do. And so can our families and our youth—they’re able to connect with people locally, nationally and globally for supports, resources, and services, plus validation and empathy, and communication that maybe they couldn’t access before.

- Q3**
- The new national 988 Suicide & Crisis hotline launched in mid-July of 2022. 988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress such as thoughts of suicide, mental health or substance use crises, or any other kind of emotional distress. What does this line do and what is needed to provide immediate and direct support to youth/young adults, especially those identifying as LGBTQ and their families, in these crises?***

A3

I am not an expert on 988, but we are immersed in the rollout and information sharing, and really helping people navigate and find what is going to be the best support and services for their situation. First, 988 is so much easier to call and remember than a long number—I love that it is easily memorable. I think it’s also really important to know that it is still a transfer number to the National Suicide Hotline, which in Oregon transfers to Lines for Life. So, it’s still the same resource, just a different way to get there. That being said, I think it is going to increase access. There’s still work to do for our LGBTQ-plus youth and young adults. I think

more calls are going to come in as more people will reach out for support services, health, wellness, healing, recovery. There still has to be a focus on cultural responsiveness for our LGBTQ-plus youth. Yes, we might have trained responders, but are they specifically trained in LGBTQ-plus community supports, resources, needs, and experiences? I think that is still an emerging area we need to address. This is where I tend to lean on the Trevor Project crisis line, for its content experts for that community, especially with our trans youth, and our trans youth of color, there are very specific barriers, very specific strengths, very specific challenges that need to be addressed. What I am more hopeful for and more excited about is the rollout of mobile crisis in every county in Oregon—I think that is going to have some of the biggest impact. And once again, if we want true cultural humility, true cultural responsiveness, whether it's 988, or mobile crisis services, we need specific training for diversity, equity, and inclusion that reflects the populations we serve.

Resources:

- [988 Suicide & Crisis Lifeline](#)
- [Lines for Life \(Oregon\)](#)
- [Trans Lifeline](#)
- [Suicide Risk and Prevention for LGBTQ People](#), from the National LGBT Health Education Center
- [Suicide in America: Frequently Asked Questions](#)
- [Webinar recording: “Navigating the Tough Stuff: LGBTQ Suicide Prevention for Families” with Shawna Canaga](#)
- [Webinar recording: “Navigating the Tough Stuff: LGBTQ Suicide Awareness for Families” with Shawna Canaga](#)
- [Providing Affirming Care to the LGBTQ+ Community](#)
- [The Trevor Project’s 2022 National Survey on LGBTQ Youth Mental Health](#)
- [50 Simple Self-Care Practices for a Healthy Mind, Body, and Soul](#)
- [Fifteen Apps Parents Should Know About](#)
- [The 10 Life Domains](#)
- [Self-Care for Families and Family Members](#)
- [The Family Acceptance Project: General Acceptance Poster \(in English\)](#)
- [The Family Acceptance Project: Conservative Acceptance Poster \(in English\)](#)
- [Parents’ Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know](#), from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of Adolescent and School Health, Centers for Disease Control

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