



Navigating the Tough Stuff: LGBTQ Suicide Awareness for Families

Highlights & Key Concepts

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Summary Ideas:

Suicide risk factors and protective factors

- Risk factors include depression and anxiety; dual stigma of being LGBTQ and the stigma of suicide in general; homelessness; living in foster care; barriers to culturally appropriate mental and physical health care; discrimination manifesting as bullying, physical violence, rejection; body image anxiety; laws and policies which create inequalities; isolation from conventional society.
- Strong relationships with family and friends; community and school supports; membership in gay-straight alliances (GSA) or LGBTQ community organizations; accessible and nondiscriminatory mental and physical healthcare; schools that have integrated policies and programs to ensure LGBTQ students feel safe; cultural beliefs that discourage suicide; positive role models; having basic needs such as food, housing, clothing, etc., met.

Suicide awareness is an issue for the whole family.

- Focusing solely on the youth with suicide challenges is important, but suicidality and suicide impacts the whole family—and the whole family can work on enhancing protective factors and on communication around suicide.
 - How can all family members have a voice in expressing concerns or questions?
- To build resiliency, look to community and school supports; strong positive relationships with family and friends; positive LGBTQ role models; participation in gay-straight alliances (GSAs) and LGBTQ community organizations; accessible, non-discriminatory mental and physical healthcare.
- Explore the 10 life domains and determine where your strengths are, and where you'd like to build strengths.
 - The 10 life domains are: home- a place to live; spiritual; vocational; financial; safety; social; cultural; educational; health; legal.

Questions & Responses:

Q1 *Why did you choose the phrase “navigating the tough stuff” for describing this topic?*

A1

A few years back I was approached with a new curriculum request—to talk to families about suicide awareness and prevention and intervention, but with family-friendly language that wasn't super clinical and in a way that really speaks to the heart of the fears, the concerns, the joys, the hopes and the needs of families. I kind of brainstormed a little bit, and suicide is tough stuff to talk about. And sometimes it's just so nice for families to get together around a roundtable like a support group, and just navigate that tough stuff together. And so the name was born: “Navigating the Tough Stuff: Suicide Awareness for Families.” This is a

multi-part curriculum, but we now have navigating the tough stuff with rural and frontier families, navigating the tough stuff with communities of color, navigating the tough stuff with LGBTQ+, and navigating the tough stuff with our Spanish speaking communities. We're really trying to make it as broad as possible, because we know our families are broad and wonderful and have many needs.

Q2 *What path or key moment led you to your current position?*

A2

I have an adult child who lives with mental health and behavioral health challenges which emerged about when she was 12, around puberty, which is pretty typical. Throughout this journey, I just became really, really passionate about working with youth and families, disconnected community members, disenfranchised community members, and it has been a 16-year journey now, working with youth and families.

Q3 *How do issues of racial justice and health inequities intersect in this context?*

A3

Especially in my community, this is a big topic right now and one where many groups are very divided. One of the things in my community I really want to speak to is that, at the end of the day, this is a family issue, right? These are our children, these are our community members, these are our adults, and making sure that we have equitable care, equitable communication, equitable access, equitable services is really important to me on a community level. But beyond that, for me, it's very personal. I am the parent of an adult child who lives with mental health and behavioral challenges who is also part of the LGBTQ community. And she has consented to let me share that she lives with chronic suicidality, which is vastly different than acute suicidality. So for about the last 18 years, she has been really navigating how the economic systems, the health care systems, the mental health care systems are not as accessible or as knowledgeable about her particular needs and her particular situation as an LGBTQ person and somebody who is chronically suicidal.

Q4 *What inspires you to keep up this important work?*

A4

I keep on doing this work because I've seen the pathways to hope and healing, I've seen care, I've seen joy. Both my daughter and I never thought she'd make it to 30 and as a queer person, she faced immense challenges. And so that's what just keeps me going. Some of my other family members are also looking at their own gender identity and really wanting to be a part of health, wellness, healing and hope for this generation, the next generation and the generations to come, so that we can talk about suicide, so we can end the stigma, and so that we can start creating systems that serve all of us to the best of our ability.

Q5 *Are there one or 2 main reasons as to why youth who identify as LGBTQ become or are suicidal?*

A5

Being LGBTQ alone does not put a young person at higher risk for suicide; the discrimination, rejection, fear, and harassment that may come with being LGBTQ in an unsupportive environment are what increase the risk. If you are born an LGBTQ-plus person, you are already born into a social and cultural context that puts you at higher risk

for violence, trauma, discrimination, inequitable access to resources—a social, cultural context of lack of power and privilege. But then if we throw on top of that the barrier of a lack of LGBTQ-specific support services, health and healing that is even harder. We can look also to the environments in which our young people are being exposed. And one major environment is school—one in four LGBTQ-plus youth are physically harassed at school, six out of 10 say they are verbally abused. And many times, when this harassment, abuse, trauma and violence is reported, our systems are not responding in a way that increases health and safety for our young ones. These are all contributing factors. When we look specifically at our LGBTQ youth, one of the things I really want to impart to our parents or caregivers and those who support parents and caregivers is that our LGBTQ young people face dual stigma: the stigma and the social and cultural barriers and challenges of being an LGBTQ-plus youth, and the stigma of having suicidal thoughts or being suicidal in general. When we talk about equity and access, the access to physical health care providers and mental health care providers who have that knowledge, those skills and the abilities to support somebody who faces that dual stigma is vitally important. Isolation is such a huge risk factor for LGBTQ youth along with body image, depression, anxiety, and discrimination coming from bullying, violence and rejection. And we're talking rejection from our own families, our neighborhoods, our communities, our peers, our systems. That rejection or feeling of not belonging is very, very, very big.

Q6 *How do you start the conversation about suicide with young children (age 5 or so), so they become comfortable talking about it as they get older?*

A6 So number one, we have to think about the language appropriateness for young children. We have to think about their developmental capacity, their own kind of protective and resiliency factors. I don't go in feet-first into the swimming pool, right? But what we start doing is having those conversations with young people in a way that starts to make them build trust, attachment, and relationships with us as safe people to come to with tough conversations. And so with the youth and families that I work with, as well as with youth that are still kind of walking that journey, unsure if they're going to be part of the LGBTQ community, I ask: What brings you joy? What makes you sad? How do you feel about you? Youth know what makes them happy. But really, I encourage slowly, I encourage any type of dialogue that lets children identify and articulate their feelings and starts setting the foundation for you being a safe place to land.

Resources:

- [50 Simple Self-Care Practices for a Healthy Mind, Body, and Soul](#)
- [Awareness and Information Resources](#)
- [Fifteen Apps Parents Should Know About](#)
- [The 10 Life Domains](#)
- [Self-Care for Families and Family Members](#)
- [Suicide in America: Frequently Asked Questions](#)
- [LGBTQIA+ Behavioral Health Resources](#) from the Northwest MHTTC
- [Webinar Recordings and Resources on Crisis Planning and Family Partner Training](#)

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- [Wellness Recovery Action Plan \(WRAP\) Overview](#) from the Copeland Center for Wellness and Recovery
 - [2022 National Survey on LGBTQ Youth Mental Health](#) from the Trevor Project
 - [Voices of Youth Count Initiative](#) from Chapin Hall at the University of Chicago
 - [Resources on Stigma from the TTC Network](#)
 - [Trans Lifeline](#)
 - Free self-paced e-course: ["Providing Affirming Care to the LGBTQ+ Community"](#) on the [HealtheKnowledge.org](#) platform

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