

Preventing Suicide Among LGBTQ+ People

Keri A. Frantell, Ph.D., LP

September 22, 2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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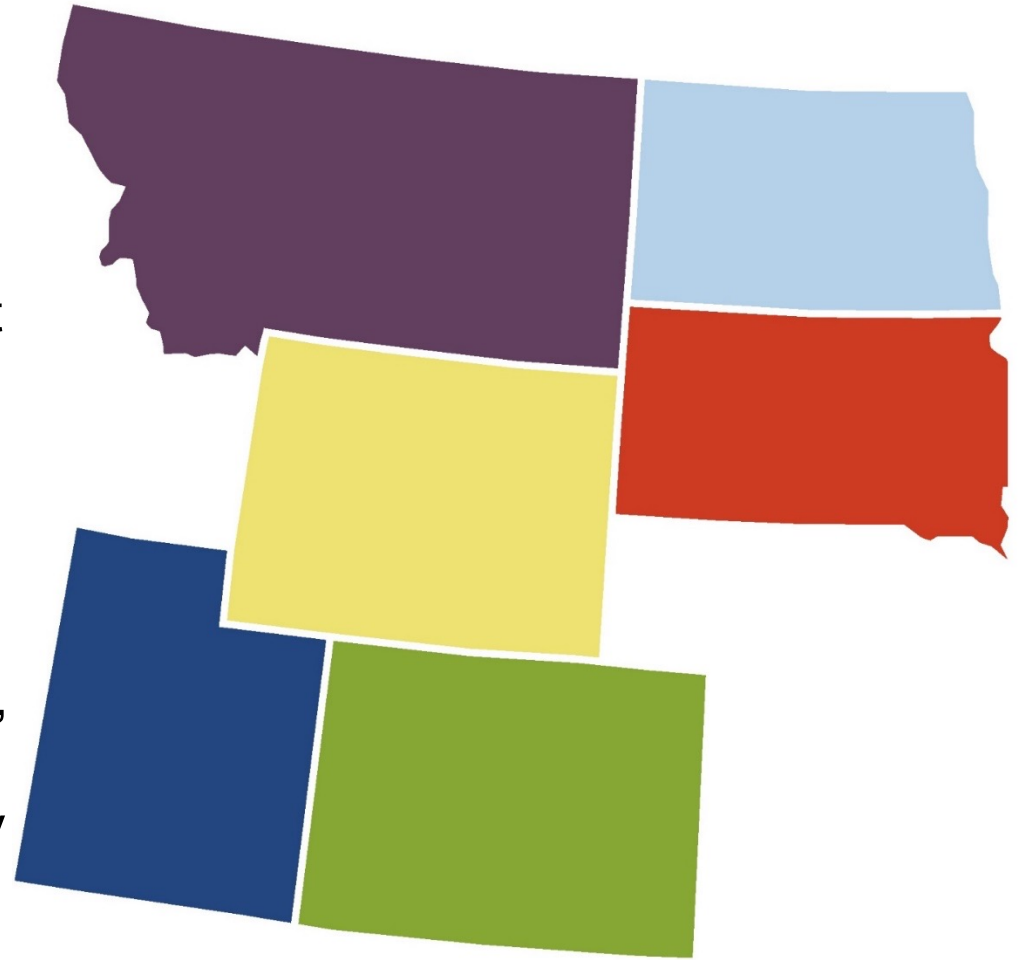
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

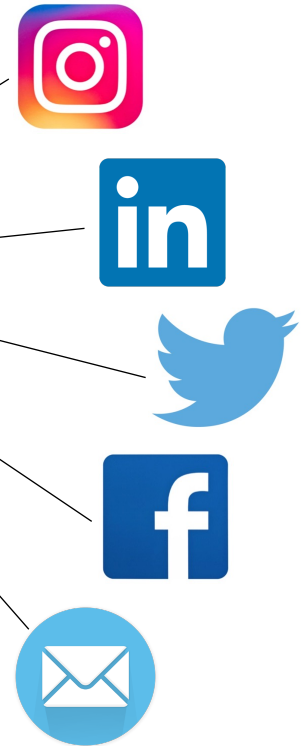
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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Preventing Suicide Among LGBTQ+ People

Keri A. Frantell, Ph.D., LP
she/her/hers

What we're talking about

- + Reasons culturally-specific understandings of suicide are important
 - Prevalence
 - Minority Stress
 - Risk/protective factors
 - Help-seeking
- + Prevention
- + Intervention

**Why population
specific?**



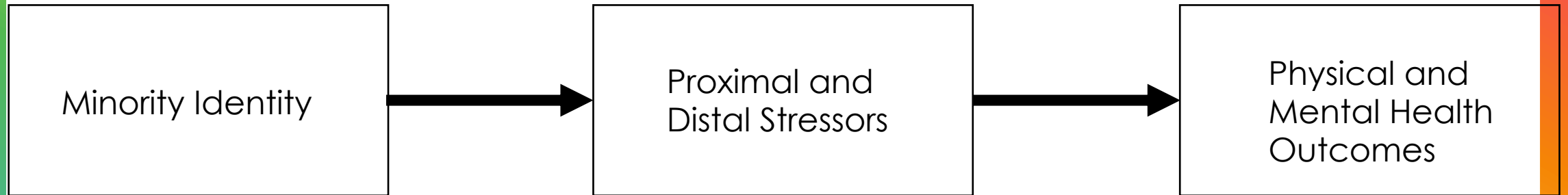
Cultural Influences on Suicidal Behavior

- + Epidemiology
- + Attitudes
- + Culture-related stress
- + Help-seeking behavior and pathways

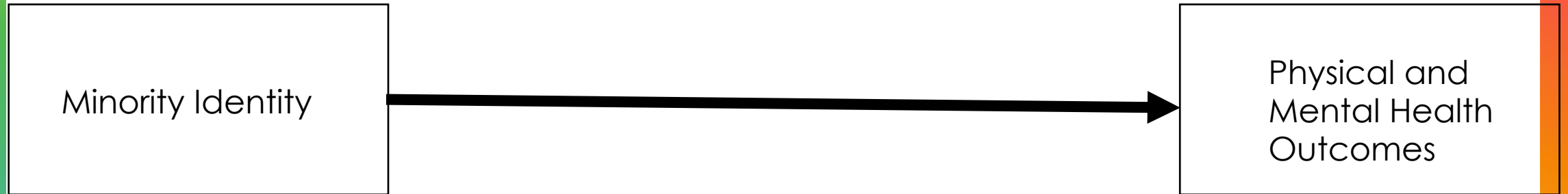
Prevalence of Suicide

- + 17% of LGB adults had attempted suicide in lifetime, compared to 2.4% of general adult U.S. population
- + Among trans adults, 82% had seriously considered suicide in lifetime, 48% had seriously considered suicide in the prior year.
40% attempted suicide at some point in their lifetime, 7% in the previous year
- + LGBTQ youth are 3x more likely than non-LGBTQ youth to have suicidal ideation
- + White LGBTQ youth have higher rates of SI compared to Asian and Black LGBTQ youth; Alaska Natives/Pacific Islander youths and Latinx LGBTQ youth have significantly higher risk of a suicide attempt in the previous year

Minority Stress



Minority Stress



(Meyer, 2003)

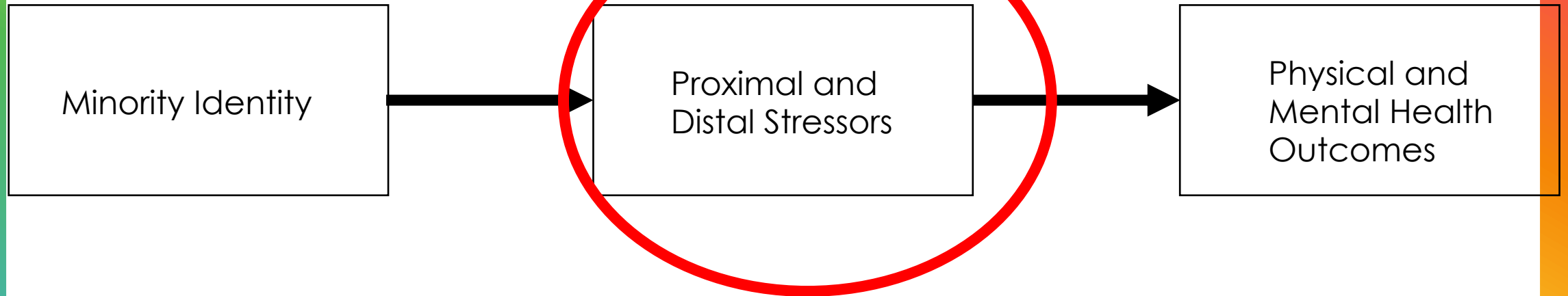
Minority Stress

Minority Identity



Physical and
Mental Health
Outcomes

Minority Stress



Risk Factors of Suicide

+ Demographics

Gender

Age

Race

Geography

+ Social/Psychological Aspects

Diagnosable mental health disorder

Substance use

Hopelessness

Disconnection

Bullying (victim/perpetrator/both)

Previous attempts/plans

Access to lethal means

LGBTQ+ Specific Risk Factors

- + Higher rates of primary psychological factors
- + Peer/family rejection
- + Experiencing conversion therapy
- + Discrimination, harassment, violence, stigma, non-affirmation
- + *Religion

Blosnich et al., 2020; Johnson et al., 2013; USTS, 2019; Wolford-Clevenger et al., 2018

Protective Factors Preventing Suicide

- + Marital status
- + Religion
- + Hope
- + Access to healthcare
- + Anti-bullying laws that protect sexual minority youth

LGBTQ+ Specific Protective Factors

- + Acceptance by family of origin
- + Supportive families and social network
- + School safety
- + Availability of gender-affirming surgical care
- + Access to and use of LGBTQ+ inclusive medicine and mental health care
- + *Religion

Bockting et al., 2016; Fredriksen-Goldsen & Muraco, 2010; Johnson et al., 2013; Ryan et al., 2010; Toomey et al., 2011; USTS, 2019

Help-Seeking

- + Youth
- + Previous negative experiences
- + (un)Affirmative services
- + Systemic discrimination

Dahlhamer et al., 2016; Grzanka et al., 2020a; Grzanka et al., 2020b; Hatzenbuehler et al., 2010; Rostosky et al., 2009; White Hughto et al., 2016

Prevention

- + Inclusivity in all prevention mechanisms
- + Advocacy for policy protections
- + Anti-bias/microaggressions trainings
- + Provide LGBTQ+ specific resources

Risk Assessment

- + General template, with cultural lens informing assessment

Intent

Plan

Means

Access

- + Models of suicide

Ideation versus attempt

Perceived burdensomeness,
thwarted belongingness,
capacity

- + Utilize empirical information to inform curiosity, not assume

Intervention

- + Facilitate emotional awareness, regulation, acceptance
- + Normalize impact of minority stress
- + Restructure minority stress
- + Validate unique strengths of LGBTQ people
- + Build social support networks
- + Affirm identities
- + Open to individualized pathways

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