

LGB Suicide Risk Across the Lifespan

2nd North Dakota Conference on Injury Prevention and Control
Breakout Session

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Research on LGBT Suicide Across the Lifespan:
Report on AFSP's Consensus Conference
(November 2007) and Consensus Statement
(under review)

- Understanding LGBT suicide risk
- Strategies for Prevention and Intervention

Overview:

- Research
- Prevention
- Treatment
- Policy
- Community / family support

Scientific Consensus:
What We Know / Don't Know...

Completed Suicide:

- Two population-based psychological autopsy interview studies conclude no difference: methodological limitations (McDaniel et al., 2001)
- Danish mortality data of registered partners: same-sex were 4 times more likely to die by suicide (Qin et al., 2003)

Scientific Consensus:
What We Know...

Prevalence of Ideation and Attempts:

- Consistent findings: 2-6 times higher rates of suicidal thoughts, intent, or attempts – *among youth* – based on same-sex sexual orientation, identity, or behavior
- Strongest results: gay and bisexual young men

Scientific Consensus:
What We Know...

Youth:

- *Suicide Script*: Could results reflect youth's attempt to communicate hardship?
- Several studies show that suicide attempts:
 - Reflect a desire to die
 - Are moderate to severe in lethality
 - Require medical care

Scientific Consensus:

What We Know...

Adult:

- Findings generally consistent with youth studies
- Stronger results for *lifetime* (compared to recent) attempts: additional consistency with youth studies

Scientific Consensus:

What We Know / Don't Know...

Transgender persons:

- No population-based studies
- Non-probability surveys in the U.S. show exceptionally high rates of ideation and attempts

Scientific Consensus:

What We Know / Don't Know...

Older adults / elderly:

- Very few studies, but compelling anecdotal reports:
 - Social isolation
 - Lack of typical family supports to elderly
 - Challenges in care / long-term care

Scientific Consensus:

What We Know...

- There is consensus that there is risk for suicide in LGBT communities...
- What predicts that risk, and what can we do about it?
- **Risk** and Protective Factors:
 - Normative to all people, but disproportionate among LGBT people
 - Unique to LGBT people

Scientific Consensus:

What We Know...

Normative Risk Factors:

- Age
- Education and income
- Native American ethnicity
- Bisexual status
- Depression / psychiatric illness
- Substance abuse

Scientific Consensus:

What We Know...

Unique Risk Factors: "Minority Stress"

- Disclosure / coming out
- Gender non-conformity
- Experiences of discrimination
- Experiences of victimization
- Homophobic bullying
- Parental rejection / abuse

Scientific Consensus:

What We Know...

Unique Protective Factor:

- LGBT peer support
- *Other LGBT-related social support*

Scientific Consensus:

Recommendations for Prevention

- Educate community gatekeepers about risk factors for suicide among LGBT populations
- Educate LGBT community about risks – and resources for treatment and support
- Design LGBT-specific suicide prevention and intervention strategies – to reduce risk and bolster protective factors
- Address LGBT suicide and its causes in state / community suicide prevention plans

Scientific Consensus:

Recommendations for Treatment

- Physicians should routinely elicit suicide and mental health information – and sexual orientation / gender identity information
- Detailed, accurate (continuing) education is needed for clinicians
- Clarity that the risk is based on normative and unique minority stressors: not all LGBT people are at risk

Scientific Consensus:
Recommendations for Public Policy

- Decrease stigma and negative mental health effects through laws and policies to eliminate discrimination /differential treatment: employment, housing, marriage and family, and health and mental health care
- Improve access to mental health services through nondiscrimination policies and expanded health coverage to same-sex partners
- Amend protective legislation to include LGBT individuals:
 - E.g., Older Americans Act; Safe Schools Improvement Act; “Don’t Ask, Don’t Tell” repeal; Health care non-discrimination
