LGB Suicide Risk Across the Lifespan

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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

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Scientific Consensus: What We Know...

**Normative Risk Factors:**

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

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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