

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhswi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
 - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage:

Suicide within the LGBTQ+ Community: Implications for Providers

10 February 2022

INTRODUCTION

My pronouns

A little about me

Please ask questions!

Comments and questions should be rooted in respect; curiosity & unknowing are okay

Take a risk to ask

Notice your own assumptions and reactions

1

Attendees will be able to identify signs, symptoms, and risk factors specific to the LGBTQ community.

2

Attendees will learn which models to use and possible treatment concerns with LGBTQ individuals.

3

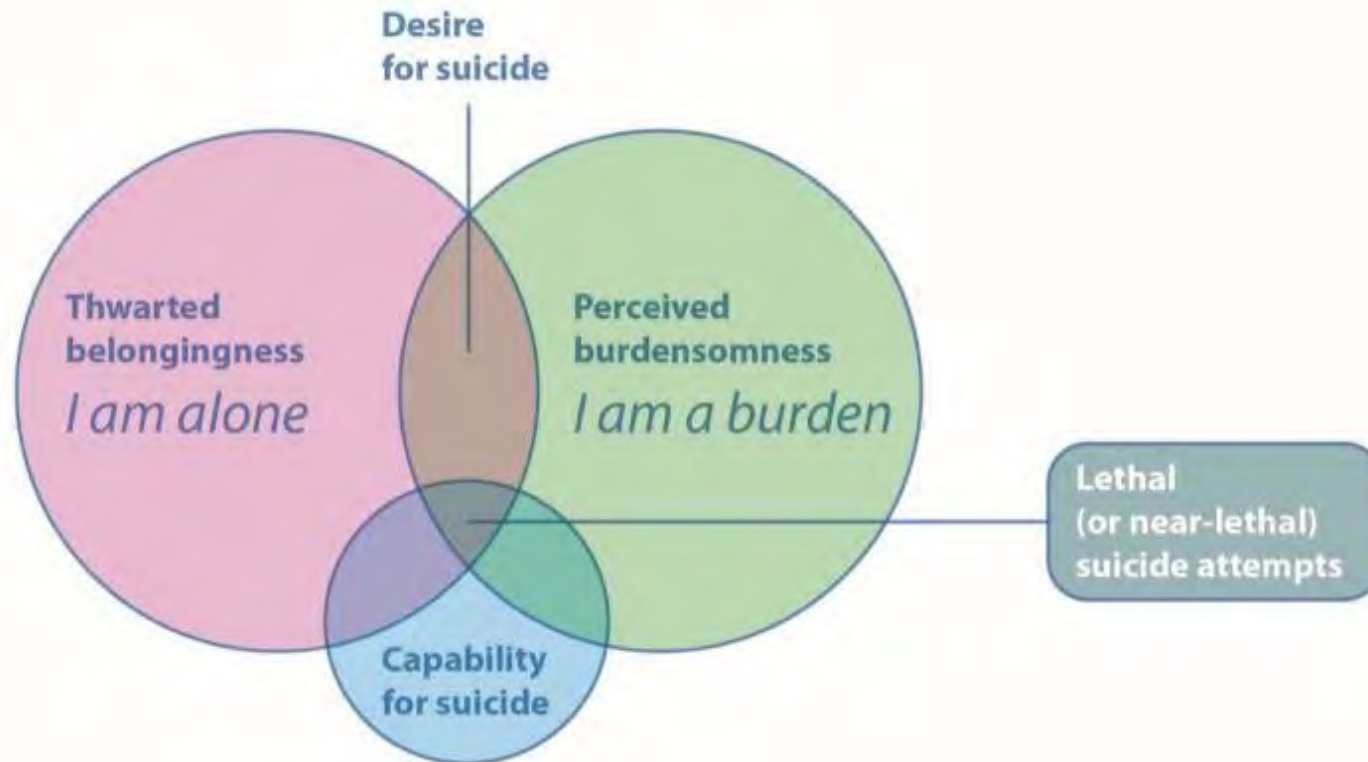
Attendees will learn about the impact of social perfectionism and self-criticism on suicidal ideation.

LEARNING OBJECTIVES

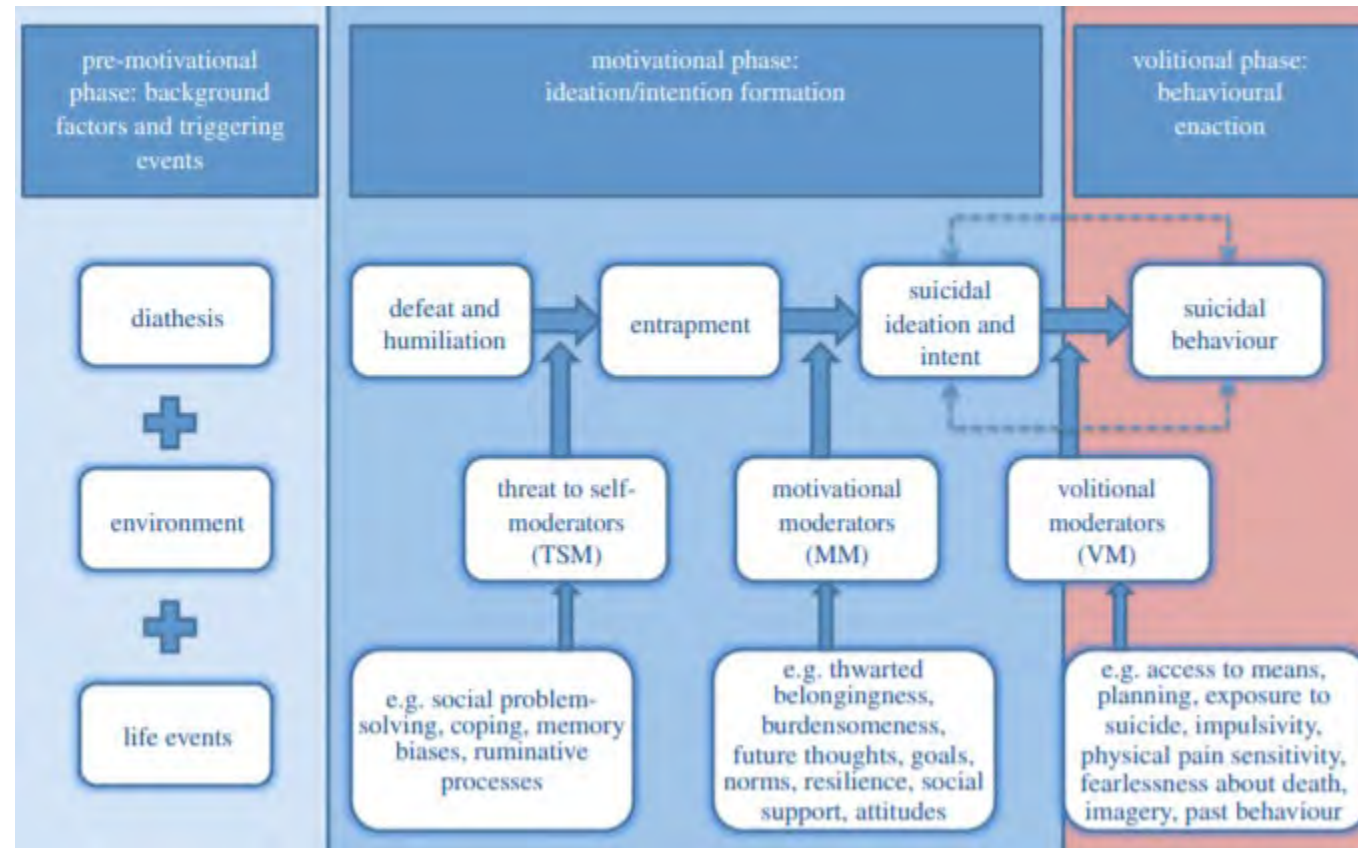


INTERPERSONAL THEORY OF SUICIDE

(Van Orden, et al 2010)



INTEGRATED MOTIVATIONAL-VOLITIONAL MODEL OF SUICIDAL BEHAVIOR



MINORITY STRESS MODEL

Meyer's minority stress theory suggests that sexual minorities experience distinct and chronic stressors that are related to their stigmatized sexual orientation and gender identities.

- This stigmatization includes victimization, prejudice and discrimination.

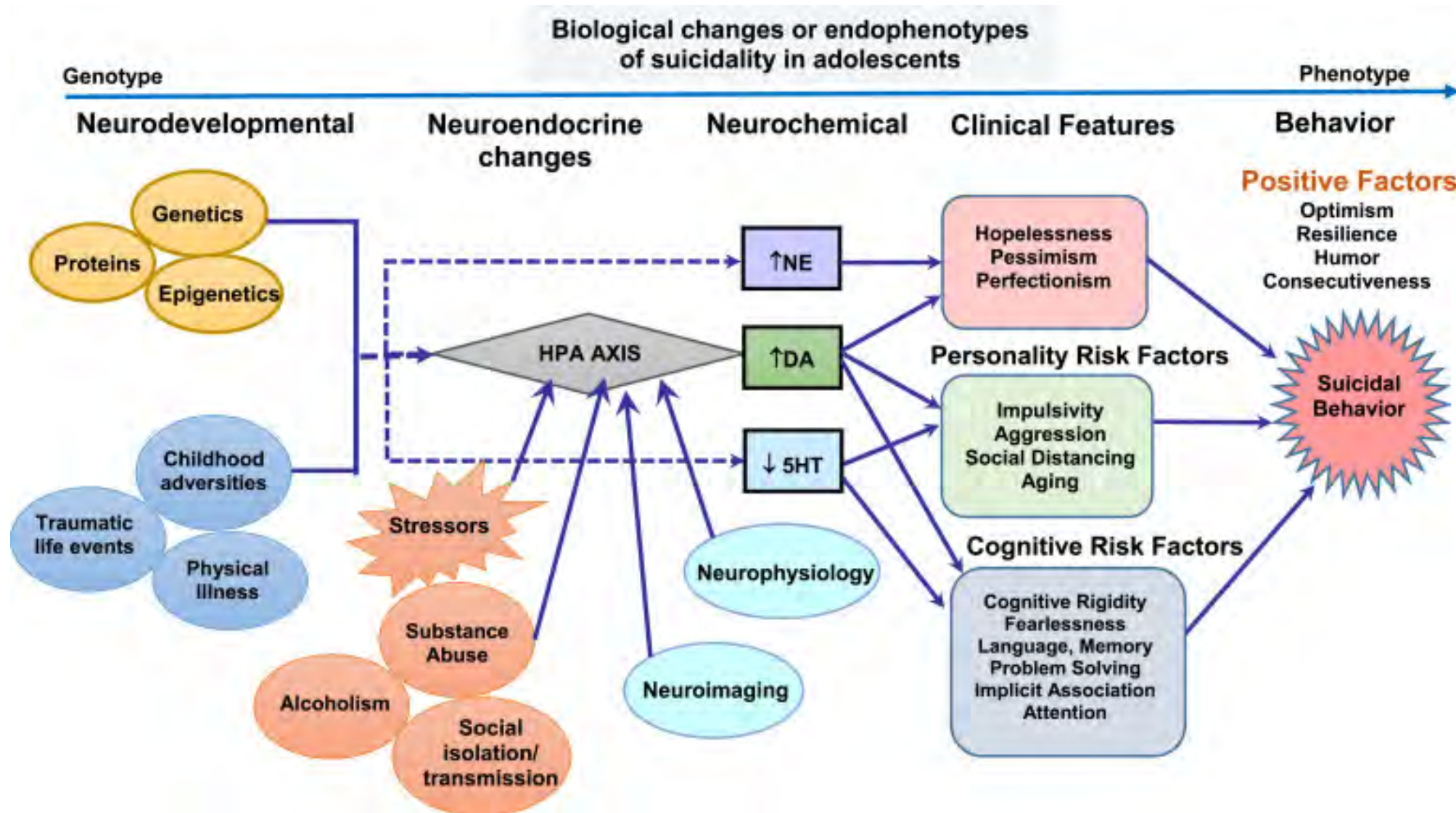
Having to experience continuous discrimination, rejection, harassment and oppression can lead to the feeling of stigmatization.

- This stigmatization and prejudice places LGBTQ+ patients at risk for developing a mental health disorder and subsequent health disparities.
- Studies show that LGBTQ+ individuals are at greater risk for poor mental health across adolescent and adulthood years.
- LGBTQ+ youth experience elevated rates of mood disorders and depression.

LGBTQ+ individuals also report a higher rates of:

- post-traumatic stress disorder,
- anxiety disorders and
- alcohol use and abuse than cisgender counterparts.

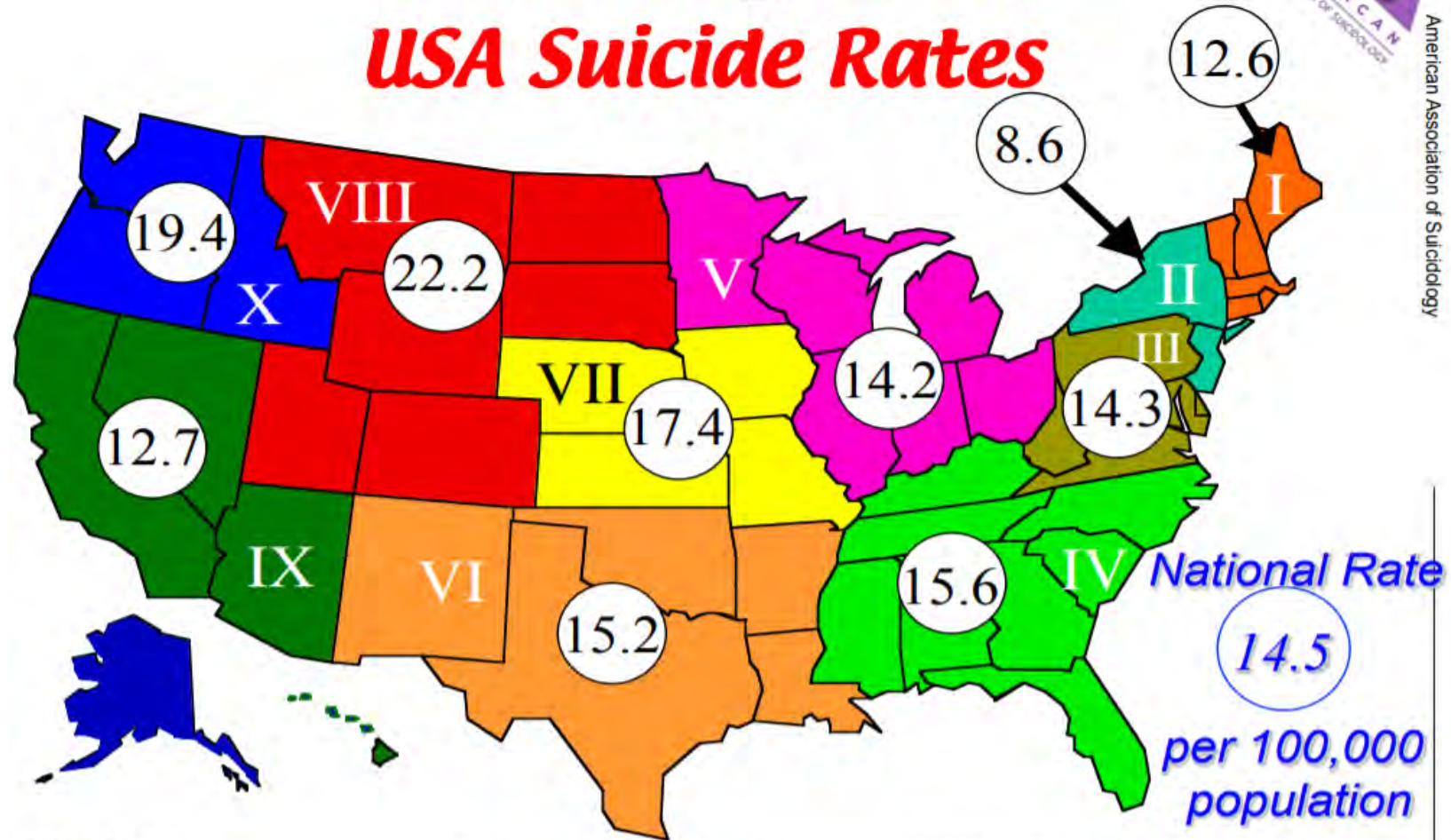
In LGBTQ+ adults, studies also demonstrate disproportionate rates of mental health symptomology due to stigmatization that occurred during adolescence.



SUICIDE STATISTICS IN THE GENERAL POPULATION VS. LGBT COMMUNITY



Health Regions & USA Suicide Rates

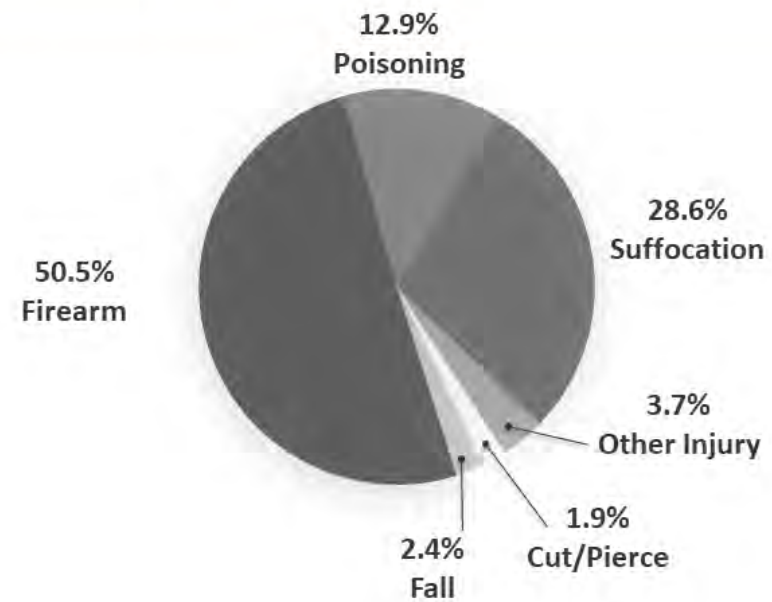


2017 Data

Source: data calculated from figures posted at CDC's WONDER website downloaded 7 December 2018 for 2017 data

Means of Suicide, United States 2018

- <https://www.sprc.org/scope/means-suicide>

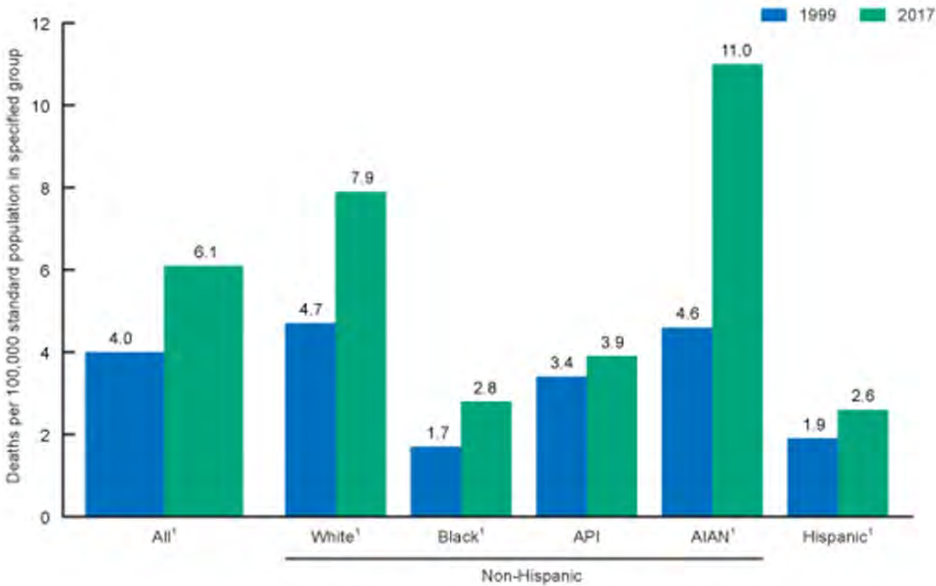


www.sprc.org

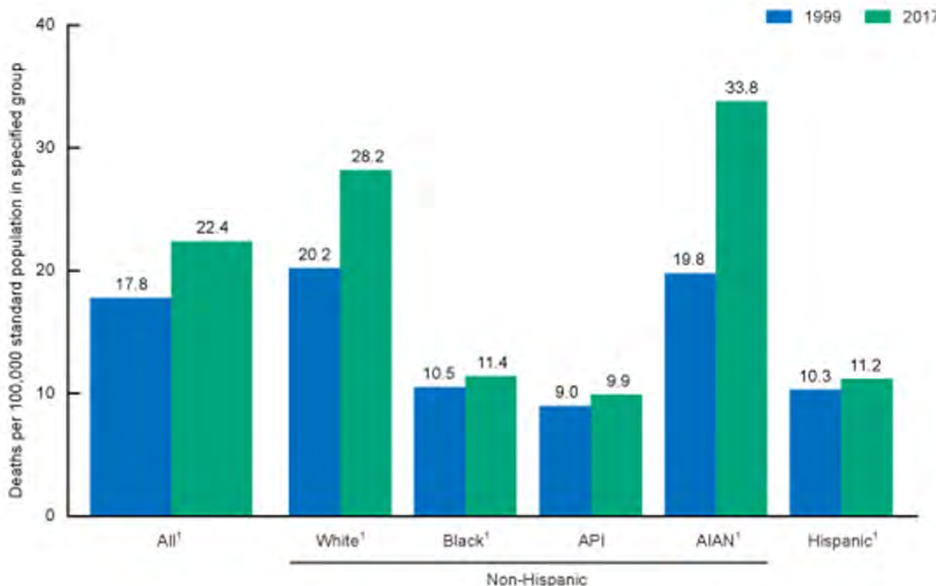
Source: CDC, 2020

SUICIDE ACROSS ETHNICITIES

FEMALES



MALES



Suicide rates in the United States have steadily increased from 10.4 per 100,000 in 2000 to 13.4 per 100,000 in 2014 (Centers for Disease Control and Prevention & National Center for Injury Prevention & Control, 2016).

SUICIDE: WISCONSIN 2016 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Wisconsin	769	13.10	34
Nationally	42,773	12.93	



On average, one person dies by suicide **every 11 hours** in the state.

Based on most recent 2014 data from CDC

\$ Suicide cost Wisconsin a total of **\$939,359,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,184,564** per suicide death.

IN WISCONSIN, SUICIDE IS THE...

1st leading cause of death for ages 10-14

2nd leading cause of death for ages 15-34

4th leading cause of death for ages 35-54

8th leading cause of death for ages 55-64

18th leading cause of death for ages 65 & older

Over four times as many people die by suicide in Wisconsin annually than by homicide; the total deaths to suicide reflect a total of **16,304** years of potential life lost (YPLL) before age 65.



LGBT YOUTH

Figure 26. **LGBT** youth are **more likely** to be suicidal than their **heterosexual** peers, 2017.

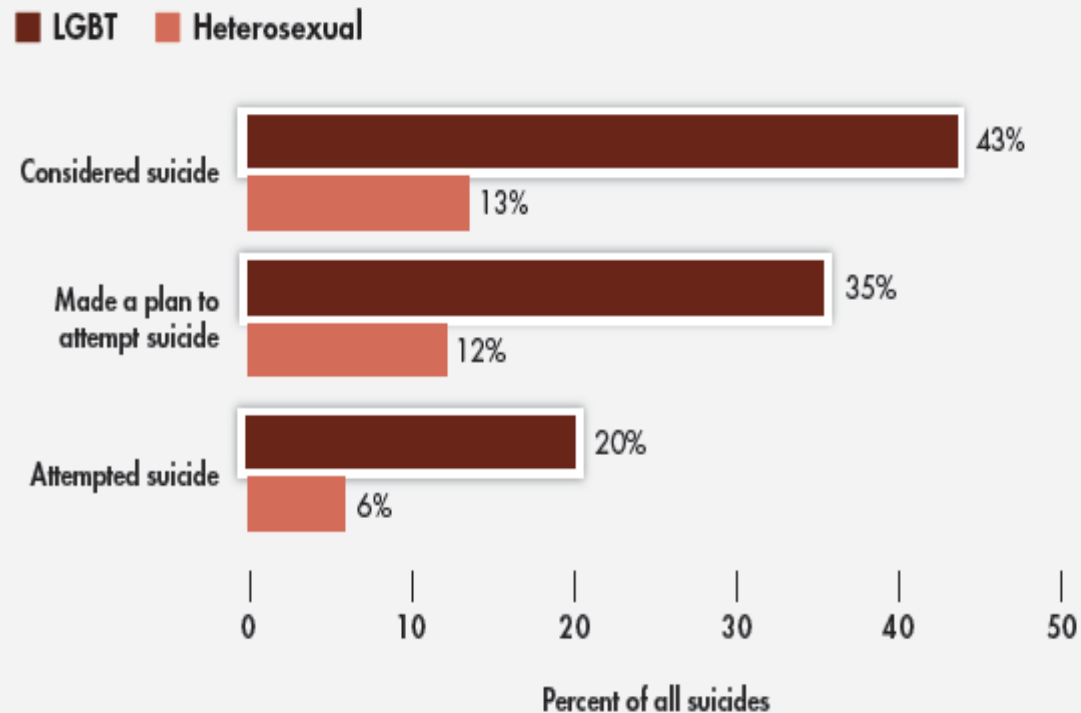
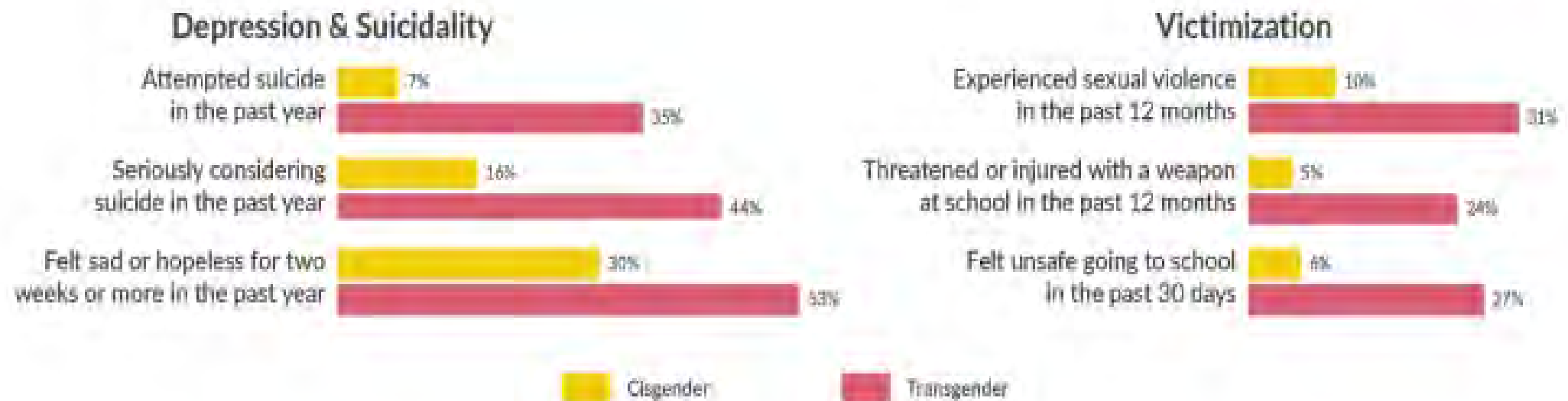


Figure 26. LGBT youth are 3 times more likely than their heterosexual peers to have considered suicide, made a plan to attempt suicide, and to have attempted suicide.

Data source: Youth Risk Behavior Survey, Department of Public Instruction, 2017.

TRANS YOUTH



Statistics and facts

APPROXIMATELY

0.5%

OF THE POPULATION IS
TRANSGENDER (BAUER ET
AL., 2015A)

OVER

10%

OF TRANSGENDER PEOPLE REPORT
RECENTLY ATTEMPTING SUICIDE
(WITHIN THE PREVIOUS YEAR)
(BAUER ET AL., 2015A).

TRANS PEOPLE ARE

2x

MORE LIKELY TO THINK ABOUT
AND ATTEMPT SUICIDE THAN
LESBIAN, GAY OR BISEXUAL
PEOPLE (IRWIN ET AL., 2014).

22% to 43%

OF TRANSGENDER PEOPLE HAVE
ATTEMPTED SUICIDE IN THEIR
LIFETIME (BAUER ET AL., 2015B).

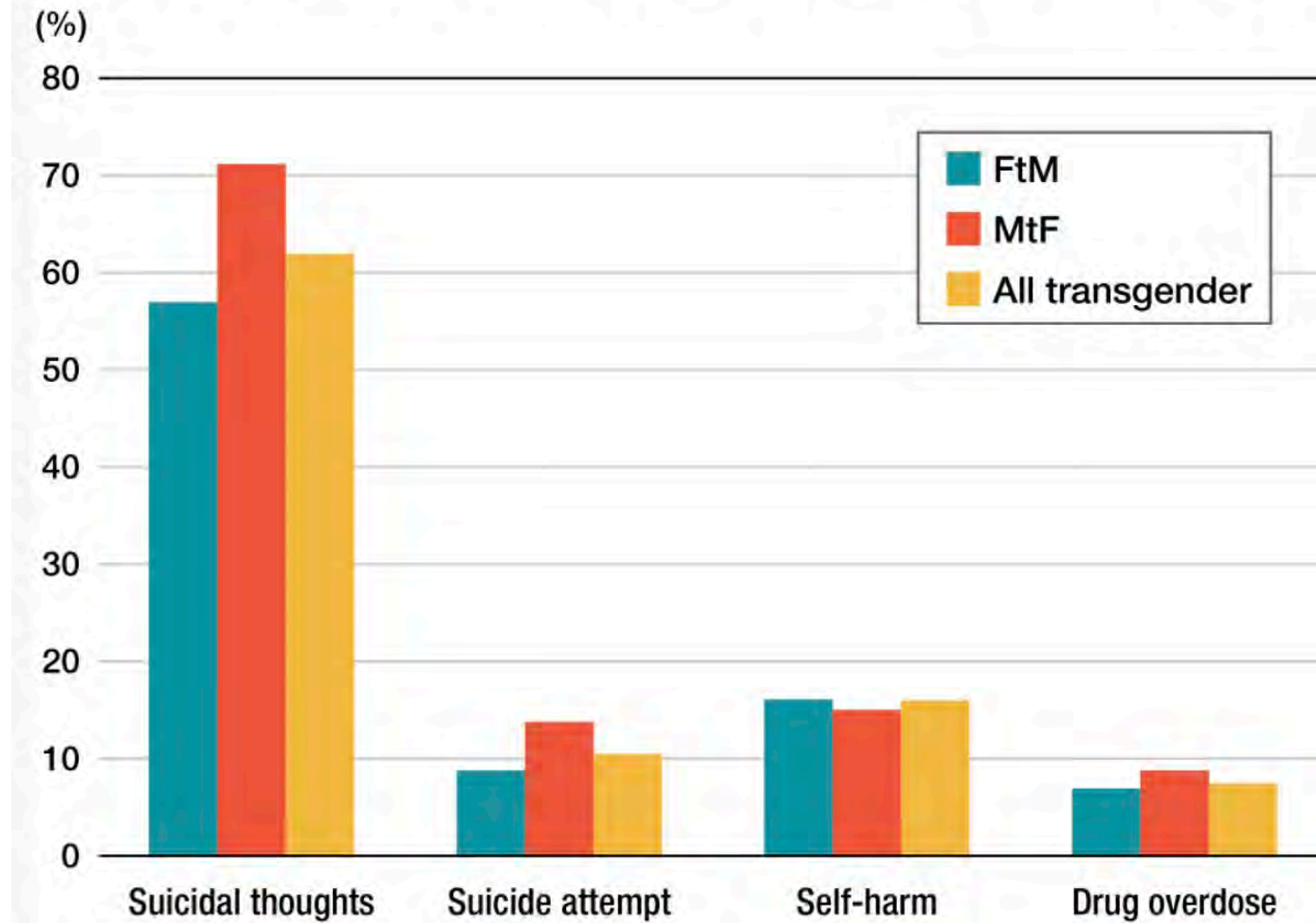
2/3

OF TRANS YOUTH REPORT
RECENT SELF-HARM (WITHIN
THE PREVIOUS YEAR) (VEALE
ET AL., 2015)



centre for
suicide prevention

Suicide-Related Events Among Transgender People



Prevention

- Promote Protective Factors
- Reduce Risk Factors

Intervention

- Warning Signs
- Talking About Suicide
- Being Emotionally Present
- Importance of Offering Choice

WHAT DO YOU DO?

WHAT ARE YOUR CONCERNS
ABOUT WORKING WITH LGBTQ+
YOUTH AND THEIR FAMILIES or
LGBTQ+ ADULTS?

WHAT TO KEEP IN MIND FROM THE BEGINNING?

The first point of contact is the biopsychosocial information gleaned from crisis paperwork, intake and referrals.

You will likely be working with the individual before meeting the parents/family/spouse.

Focus on how the individual identifies themselves and their gender pronoun.

It is **IMPERATIVE** to think about the person's safety with regard to their housing situation, issues of abuse/neglect in the house, safety to be "out" at home, is it safe to work with parents, family, etc.

THEORIES USED IN
WORKING WITH
LGBTQ+ AND
THEIR FAMILIES

Biopsychosocial systems perspective

Attachment theory

Impact of abuse/neglect

Intersectionality

Strengths-based

Adolescent development

TREATMENT CONCERNS

Questions you might want to ask:

- How important is your gender in terms of your personal or cultural identity?
- What does your culture say about gender and sexuality?
- Who are some people of your own gender and sexuality that you look up to? What makes this so?
- When did you first become aware of sexism? Have you experienced it?
- How do gender and sexuality play into the issues you brought into treatment?

Be familiar with cultures and environments your client lives in.

Validate their experience.

Discuss ongoing stigma and discrimination.

Suicidal ideations/attempts.

What was their coming out process like? Are they out? To whom are they out?

TREATMENT CONCERNS

RISK FACTORS FOR LGBTQ+ YOUTH

The following are risk factors for LGBTQ youth in general and can be the result of rejection by family/community/society.

- Perfectionism
- Self isolation vs. the role of social media
- Self-criticism
- Homelessness
- Parentification
- Negative peer relationships/bullying
- Lack of positive role models
- Low self esteem/self worth and depression/anxiety/suicidal ideation and attempts
- Systemic oppression
- Pre-existing mental health conditions/cognitive issues

Coming Out

Rejection

Trauma

Substance Use

Homelessness

Suicide

Inadequate Mental
Health Care

IMPORTANT RISK FACTORS OF LGBTQ+ INDIVIDUALS

SOME POSSIBLE
CHALLENGES
WITH COMING
OUT

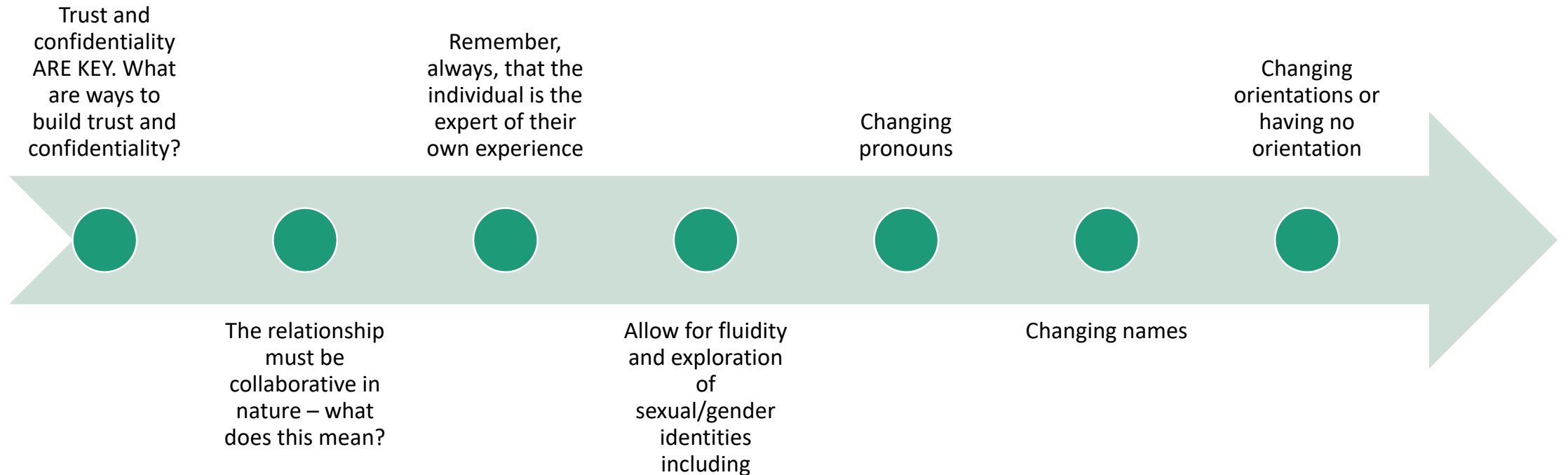
Internalized homophobia/transphobia

Internalized shame – may be layered

Fear of rejection

Challenges with intimate relationships
and peer relationships

TIPS ON A THERAPEUTIC ALLIANCE



ASSESSING SUICIDE RISK

For resources on best practices for SO/GI data collection, go to:

- www.lgbthealtheducation.org/sogi.

More information on suicide risk, prevention, and screening tools can be found on the Substance Abuse and Mental Health Administration's (SAMHSA) Suicide Prevention page:

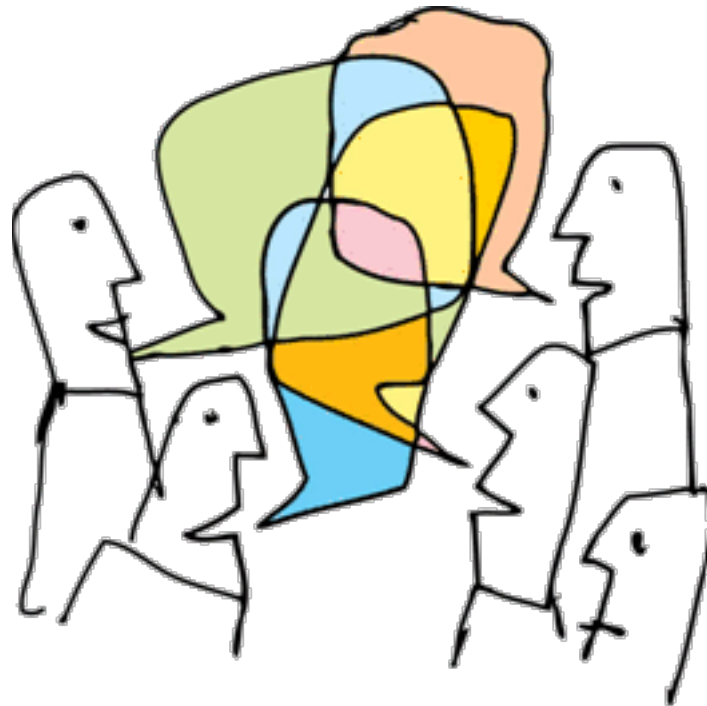
- <https://www.samhsa.gov/suicide-prevention>.

CAT-SS
(COMPUTERIZED
ADAPTIVE TEST-
SUICIDE SCALE)

The CAT-SS is able to accurately measure the latent suicide dimension with a mean of 10 items in approximately 2 minutes.

Further validation against an independent clinician-administered assessment of suicide risk (ideation and attempts) and prediction of suicidal behavior is underway.

QUESTIONS?



RESOURCES

- [Suicide Risk and Prevention for LGBTQ People](#)
- [Talking About Suicide and LGBT Populations](#)
- [American Association of Suicidology-LGBTQ](#)
- [Suicide Prevention Resource Center-LGBT](#)
- [Suicide Prevention Interventions for Sexual & Gender Minority Youth: An Unmet Need](#)

CONTACT INFORMATION

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