Wisconsin Public Psychiatry Network Teleconference (WPPNT)

• This teleconference is brought to you by the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.

• Use of information contained in this presentation may require express authority from a third party.

• 2022, Will Hutter, Reproduced with permission.
WPPNT Reminders

How to join the Zoom webinar

• **Online:** [https://dhswi.zoomgov.com/j/1606358142](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
Attendees will be able to identify signs, symptoms, and risk factors specific to the LGBTQ community.

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

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

(Van Orden, et al 2010)
INTEGRATED MOTIVATIONAL-VOLITIONAL MODEL OF SUICIDAL BEHAVIOR
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
• https://www.sprc.org/scope/means-suicide
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).
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

**Depression & Suicidality**
- Attempted suicide in the past year: 7% (transgender), 35% (cisgender)
- Seriously considering suicide in the past year: 16% (transgender), 44% (cisgender)
- Felt sad or hopeless for two weeks or more in the past year: 30% (transgender), 53% (cisgender)

**Victimization**
- Experienced sexual violence in the past 12 months: 10% (transgender), 31% (cisgender)
- Threatened or injured with a weapon at school in the past 12 months: 5% (transgender), 24% (cisgender)
- Felt unsafe going to school in the past 30 days: 4% (transgender), 27% (cisgender)
Statistics and facts

**APPROXIMATELY**

0.5% OF THE POPULATION IS TRANSGENDER (BAUER ET AL., 2015A)

**OVER**


**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).
WHAT DO YOU DO?

Prevention
- Promote Protective Factors
- Reduce Risk Factors

Intervention
- Warning Signs
- Talking About Suicide
- Being Emotionally Present
- Importance of Offering Choice
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
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?
TREATMENT CONCERNS

- Be familiar with cultures and environments your client lives in.
- Validate their experience.
- Discuss ongoing stigma and discrimination.
- Suicidal ideations/attempt.
- What was their coming out process like? Are they out? To whom are they out?
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
IMPORTANT RISK FACTORS OF LGBTQ+ INDIVIDUALS

- Coming Out
- Rejection
- Trauma
- Substance Use
- Homelessness
- Suicide
- Inadequate Mental Health Care
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

Trust and confidentiality ARE KEY. What are ways to build trust and confidentiality?

Remember, always, that the individual is the expert of their own experience.

The relationship must be collaborative in nature – what does this mean?

Allow for fluidity and exploration of sexual/gender identities including changing pronouns.

Changing orientations or having no orientation.

Changing names.
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 (SAHMSA) Suicide Prevention page:

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

- William Hutter, PsyD, LMFT
  - drwillhutter@gmail.com
  - www.Drwillhutter.com
  - 608.509.4116