

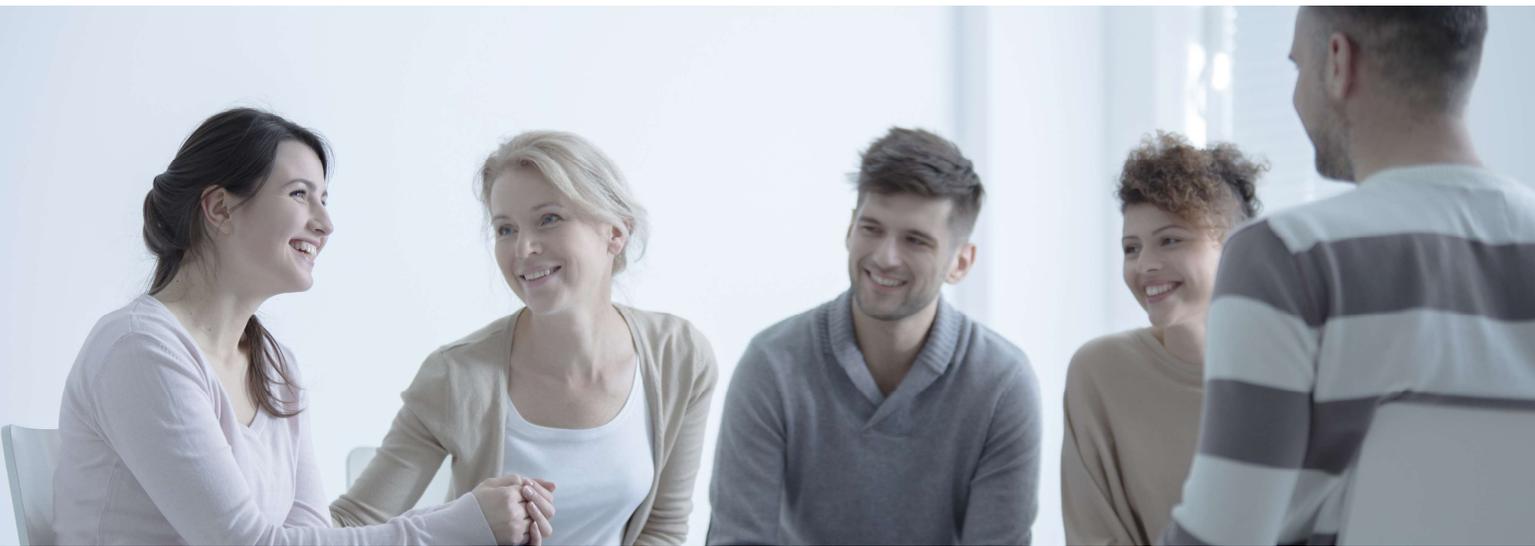


UTAH LGBTQ+ SUICIDE PREVENTION PLAN

2020 - 2023

GOALS

The Utah Suicide Prevention Coalition LGBTQ+ work group is dedicated to long-term suicide prevention efforts in the LGBTQ+ community. We plan to establish a cohesive work group mission and goal at our next monthly meeting.



DEDICATION

We dedicate this plan to members of our LGBTQ+ community whose lives have been impacted by suicidal thoughts or feelings and who bravely face each day and choose to hope and continue to live. We also dedicate this plan to survivors who have lost a loved one to suicide, and to those professionals, clinicians, first responders, individuals and families who continue to engage in this work of suicide prevention in our LGBTQ+ population.

PREFACE

I am pleased to share with you Utah's Suicide Prevention Plan for the LGBTQ+ community. This plan outlines the collaborative work of the LGBTQ+ community, LGBTQ+-serving organizations, suicide prevention professionals, researchers, healthcare workers, advocates, survivors, family members and others affected by suicide.

Unfortunately, suicide is a leading cause of death in Utah and members of our LGBTQ+ population are at an increased risk. Each year we lose too many family members, friends and neighbors to suicide; more than breast cancer, motor vehicle accidents, homicide, and many chronic physical health problems. The purpose of any plan is to lay out long-term and short-term goals detailing the strategies and metrics that will be used to achieve lofty goals. We should measure our efforts, and adjust our plans and strategies accordingly.

That's the essence of the continuous quality improvement built into this plan, meant to be a living, changing, working document that adds another important element: hope. Hope will empower individuals, families and communities to do the work laid out in this plan. We must act together now to prevent suicide in Utah. Prevention works, treatment is effective, and people can and do recover from suicidal thoughts, feelings and behaviors. In fact, 90% of people who attempt suicide do not go on to die by suicide.

Together we can make a difference to prevent suicide, provide caring, evidenced based interventions, and foster environments that promote acceptance, healing and recovery. With a problem as complex as suicide, no one solution will be enough. Our health, behavioral health systems, schools and communities need to collectively work together implementing the best practices and data available to achieve our goals.

INTRODUCTION

The LGBTQ+ work group has developed the following strategic plan to provide a framework and direction for LGBTQ+ suicide prevention efforts across the state of Utah. It is our sincere hope that this plan's vision, goals, and objectives will empower our community with the knowledge and vigor necessary to enact meaningful change and eradicate suicide.

Suicide is a serious and complex public health problem that can affect anyone in our community; regardless of age, income, race, sexual orientation, or gender identity. Suicide is further complicated by the prevailing mental health stigma, shame, and taboo that often prevents individuals from seeking help¹. When someone dies by suicide, their family, loved ones, and communities are forever changed.

Oftentimes, it is assumed that suicide

only affects those closest to the person who died, and that is where we focus our sympathies and condolences. People who fall outside this circle can be overlooked in the aftermath of a suicide death even though they may also be grieving. There is growing evidence that schools, workplaces, places of worship, and entire communities can experience trauma after a suicide has happened. People may experience shock, disbelief, confusion and a deep sadness. Some may struggle with guilt and have unanswered questions about what happened and what they could have done to help.

Fortunately, with meaningful evidence-based interventions, suicide and suicidal behavior are often times preventable and treatable. If we are to be successful in preventing suicides in our community, it is imperative that we recognize the complex factors that contribute to it as well as the varying levels of grief and bereavement felt by all.

The Utah Suicide Prevention Coalition is dedicated to long-term suicide prevention efforts. Our goal is to reduce suicide rates in Utah by 10% by 2026 with the ultimate goal of zero suicides in Utah. In 2019, we created a work group comprised of community members, providers, faith-based organizations, state and local government officials, researchers, and others dedicated to saving the lives and advancing suicide prevention efforts for members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (“LGBTQ+”) populations within the state of Utah.

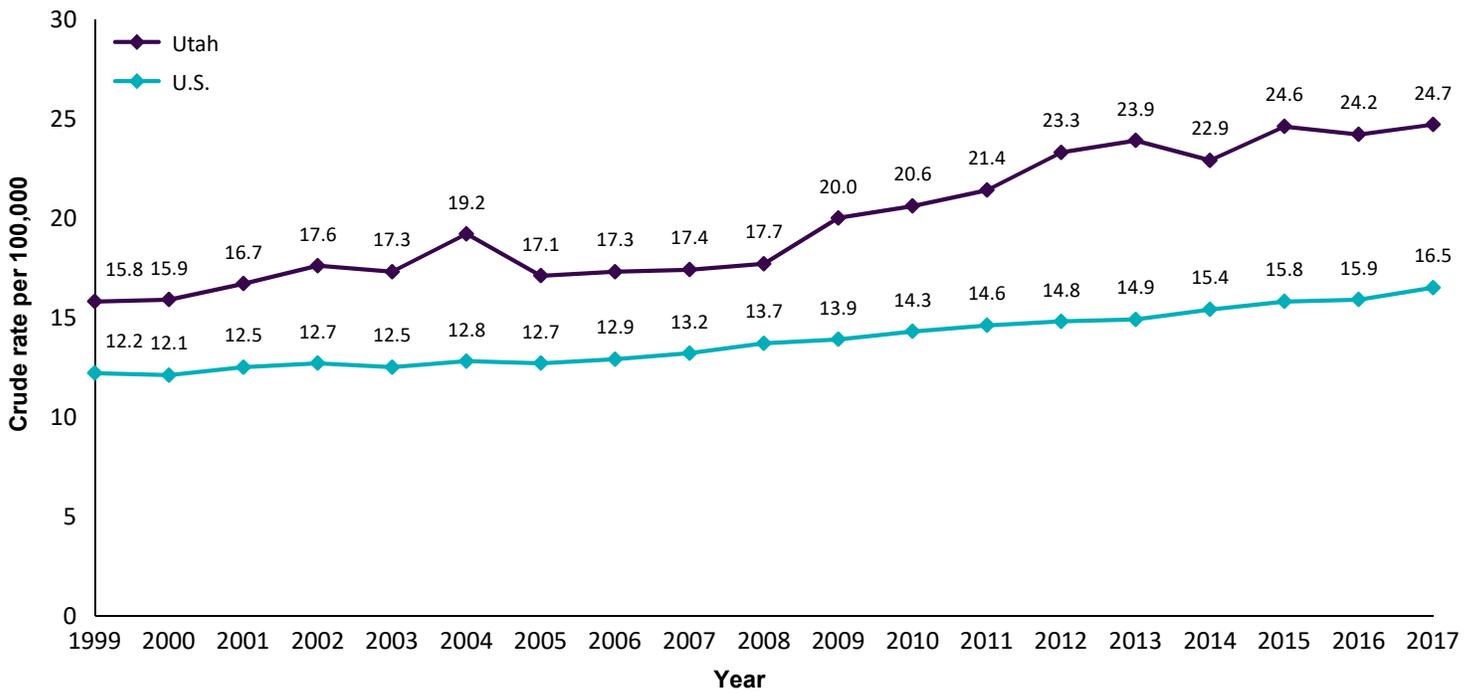
KEY FACTS

Utah consistently ranks in the top ten in the United States for suicide deaths (Figure 1). From 2016 – 2018, Utah had an average of 647 suicides per year and 4,574 suicide attempts.¹ On average, two Utahns die by suicide and thirteen are treated for suicide attempts every day. Suicide was the leading cause of death for Utah youth ages 10-17;

second leading cause of death for ages 18-24 and 25-44, the fifth leading cause of death for ages 45-64, and across the entire state it is the eighth leading cause of death¹.

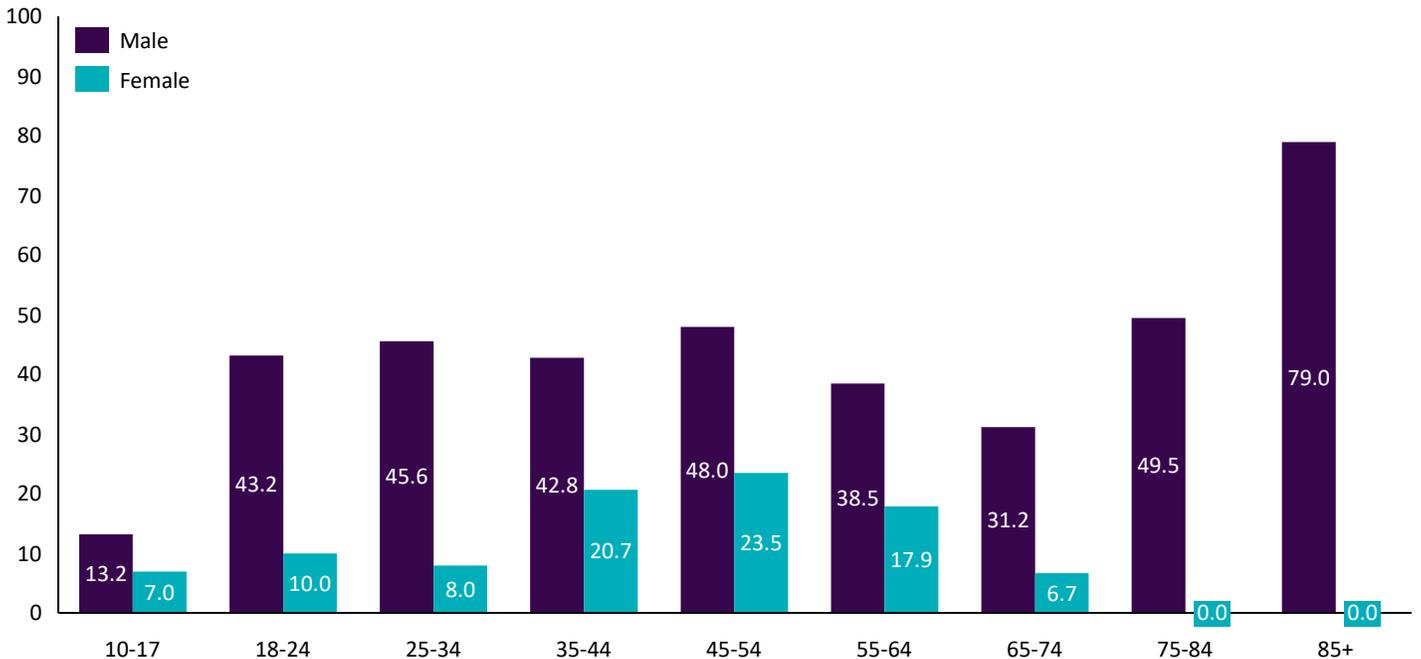
It is important to note, that although it may appear that the younger population is disproportionately impacted by suicide, suicide is a lifespan issue (Figure 2). Youth account for approximately 6% of all suicide deaths in the state of Utah. LGBTQ+ adults and youth experience a significantly elevated risk for suicide and suicide behavior. LGB adults are two times more likely to attempt suicide compared to heterosexual adults. Among transgender adults, the lifetime prevalence of suicide attempts is 40%. National data from the 2015 Youth Risk Behavior Surveillance Survey (YRBS) indicates that LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth (14.8% of heterosexual students; 42.8% of gay, lesbian, or bisexual students; and 31.9% of not sure students).²

Figure 1: Utah is consistently above the national rate of suicide.



Crude Rate of suicide per 100,000 population, Ages 10+ by year, Utah and U.S., 1997-2017
 Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention

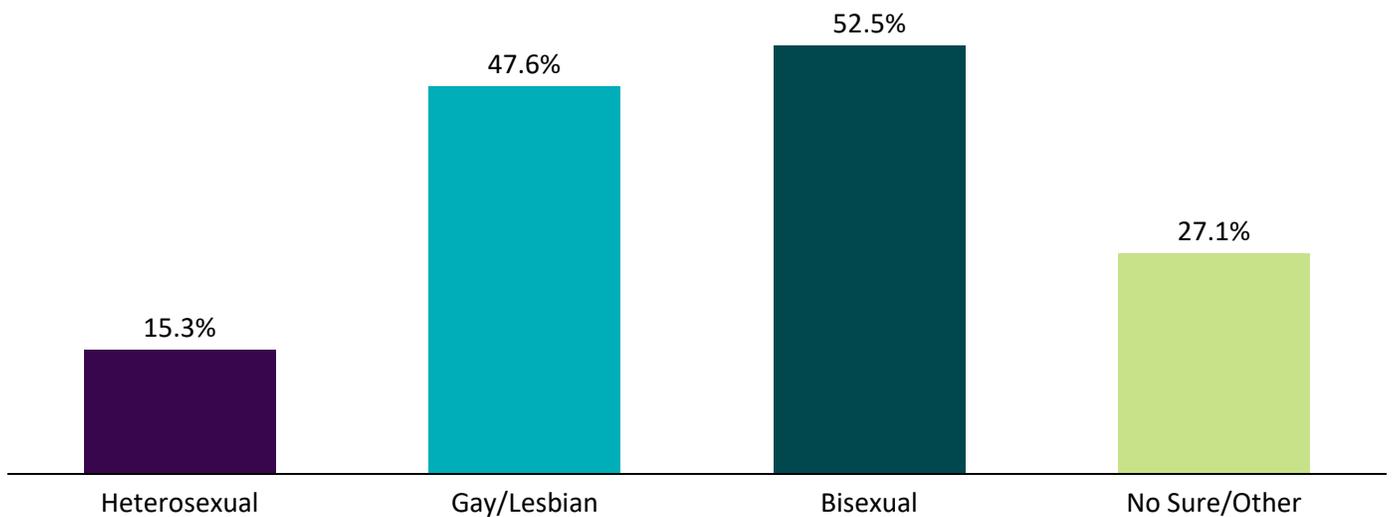
Figure 2: Suicide is a lifespan Issue.



Rate of Suicide per 100,000 population by age group and sex in, Utah 2017
 Data Source: IBIS-PH, Utah Department of Health

In 2019, sexual orientation and gender identity was added to the Utah Prevention Needs Assessment Survey that is conducted as part of the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey is administered every two years, to students in grades 6, 8, 10, and 12 in most public and certain charter school districts across Utah. The survey found that 11.8% of high school students identity as not heterosexual (gay or lesbian 1.5%, bisexual 5.4%, or not sure/other 4.9%) (Figure 3 & 4). It is imperative to understand the risk and protective factors surrounding these trends to help us identify meaningful strategies to reduce suicides.

Figure 3: Suicidal Ideation by Sexual Orientation (2019)



Data Source: Student Health and Risk Prevention (SHARP) Statewide Survey, 2019.

Figure 4: Utah Prevention Needs Assessment Survey Demographics

Sexual Orientation	# of Students	% of Students
Heterosexual	50,784	88.1%
Gay or Lesbian	892	1.5%
Bisexual	3,136	5.4%
Not sure/Other	2,846	4.9%

Data Source: Student Health and Risk Prevention (SHARP) Statewide Survey, 2019.

RISK AND PROTECTOR FACTORS

Over the last two decades, population-based studies have provided strong evidence of higher rates of reported suicide ideation and attempts in LGB populations compared to heterosexual adolescents and adults. Gender identity or sexual orientation does not increase one’s risk for suicide, but we do see increased risk factors, specifically around mental health issues and substance abuse in the LGBTQ+ community due to lower levels of acceptance and belonging in the broader community.

Because gender identity and sexual orientation is not routinely collected in most suicide and mental health studies. Additional

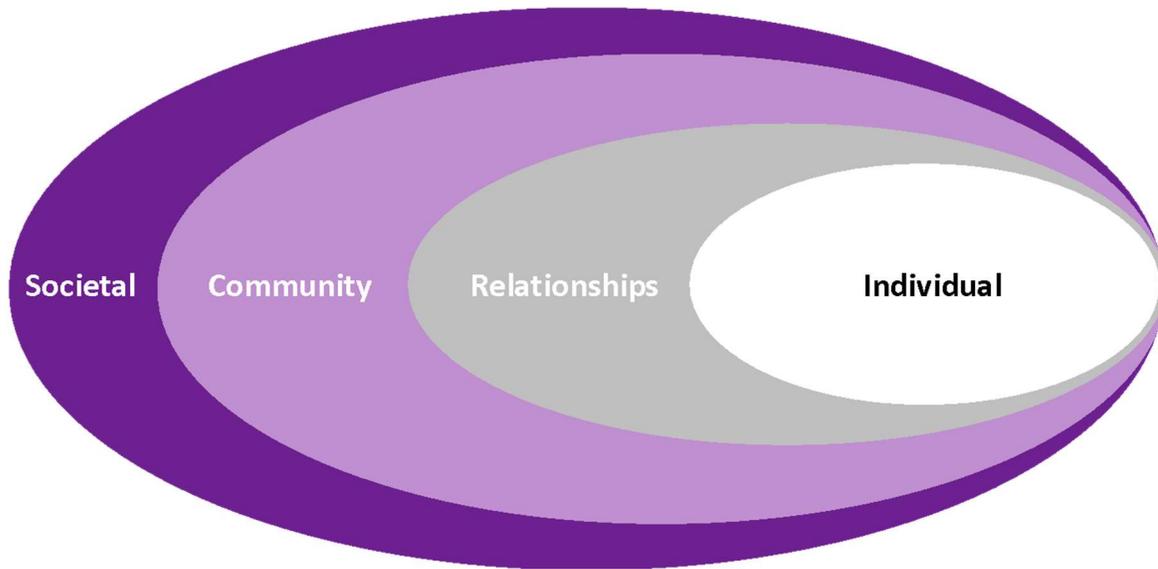
research is needed to capture the needs of the LGBTQ+ population. The Utah Suicide Prevention Coalition LGBTQ+ work group has identified the risk and protective factors below as priorities that will guide suicide prevention for LGBTQ+ individuals in the state of Utah.

Reducing risk factors and enhancing protective factors are critical components of any prevention plan. It is not enough to focus on one risk factor, one protective factor, or one of the levels in which risk and protection exist. Efforts must work to address as many factors in as many settings as possible and create a comprehensive approach to suicide prevention.

Protective Factors	Risk Factors
Family Acceptance	Mental Health Issues
Community Connectedness	Substance Abuse
Sense of Safety	Prejudice and Discrimination
Access to LGBTQ+ inclusive medical/mental health services	Emotional and Social Isolation

SOCIO-ECOLOGICAL MODEL FRAMEWORK

Suicide is a complex outcome influenced by individual, family, relational, community, and societal factors. Comprehensive prevention strategies must address the factors that increase risk for suicide and the factors that protect from suicide risk across all of these levels. The social ecological model provides a framework for this understanding.



Individual	Identifies biological and personal history factors; such as age, education, income, substance use, or history of abuse, that increase the likelihood of suicide and suicidal behavior
Relationships	Examines close relationships that may increase the risk of suicide and suicidal behavior. A person’s closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience.
Community	Explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated risk of suicide and suicidal behavior.
Societal	Looks at the broad societal factors, such as health, economic, educational and social policies, that help create a climate in which contribute to suicide and suicidal behavior and help to maintain economic or social inequalities between groups in society.

Source: Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56

IMPORTANCE OF A COMPREHENSIVE APPROACH

The goal of the Utah LGBTQ+ Suicide Prevention Plan is to create a comprehensive approach and roadmap for suicide prevention in which we reach both a universal population and those within a potential subgroup with increased risk. The plan aims to follow the comprehensive approach outlined by the Utah Suicide Prevention Coalition, Suicide Prevention Resource Center, and the 2012 National Strategy for Suicide Prevention. To further increase the impact of the outlined suicide prevention strategies, the Utah LGBTQ+ Suicide Prevention Plan focuses on implementing evidence-based programs and strategies.

Suicide prevention is a complex and nuanced field, and some interventions or

efforts, while well intentioned, may cause more harm than good; particularly if they raise awareness of the problem of suicide without giving adequate resources and skills to build protective factors, or if they lead to suicide contagion by normalizing or glorifying suicide unintentionally.

To facilitate the use of evidence-based programs in local Utah communities, the Utah LGBTQ+ Suicide Prevention Plan strives to provide opportunities, resources, and training.

Fortunately, there are many evidence-based programs and strategies available, some of which can be found here:

<http://www.sprc.org/resources-programs>.

Evidence-based program:

A program that has high evidence of effectiveness that has been proven over time and across multiple replications by independent researchers, preferably in randomized controlled trials.

PROTECTIVE FACTORS



Increase availability and access to quality physical and behavioral health care for LGBTQ+ individuals

Societal
Community



Increase social norms supportive of help-seeking and recovery in the LGBTQ+ community

Relationships
Community



Reduce access to lethal means for all Utahns

Societal



Increase Connectedness to Individuals, Family, Community and Social Institutions by Creating Safe and Supportive School, Family and Community Environments for LGBTQ+ individuals.

Individual
Relationships



Increase safe media portrayals of suicide and adoption of safe messaging principles in the LGBTQ+ community.

Community



Increase coping and problem solving skills to LGBTQ+ individuals.

Individual



Increase support to survivors of suicide loss

Community



Increase prevention and early intervention for mental health problems, suicide ideation and behaviors and substance misuse for the at-risk LGBTQ+ population

Relationships
Community



Increase comprehensive data collection and analysis regarding risk and protective factors for suicide to guide prevention efforts in the LGBTQ+ community

Societal

GOALS & OBJECTIVES



Increase availability and access to quality physical and behavioral health care for LGBTQ+ individuals

Promote inclusive clinical environments for health care providers

Ongoing opportunities for training on prevalent health issues among the LGBTQ+ population.

Promotion of LGBTQ+ - specific mental health treatment and crisis services



Increase social norms supportive of help-seeking and recovery in the LGBTQ+ community

Promotion of gatekeeper training on warning signs for suicide in the LGBTQ+ community

Promote social norms of acceptance and inclusivity.

Collaboration with state agencies to create culturally appropriate suicide prevention messaging for the LGBTQ+ community

Promote and increase access to suicide-specific support groups for LGBTQ+ individuals related to grief support, attempt survivors, family acceptance, and survivors of suicide loss.

Promote social norms supportive of help-seeking and changing knowledge, attitudes and beliefs about suicide in the LGBTQ+ community

GOALS & OBJECTIVES



Reduce access to lethal means for all Utahns

Promote and distribute tools/strategies to reduce access to lethal means such as gun locks, safes, and medication lock boxes/bags, etc. within the LGBTQ+ community.



Increase Connectedness to Individuals, Family, Community and Social Institutions by Creating Safe and Supportive School, Family and Community Environments for LGBTQ+ individuals.

Promote research-supported strategies/programs to create safe environments such as Gay Straight Alliances, the Family Acceptance Project, and the Trevor Project

Utilize community coalitions to increase opportunities for prosocial involvement in the LGBTQ+ community

Create safe environments for LGBTQ+ youth and young adults within schools, family units, religious and civic institutions, and community.

Create safe environments for LGBTQ+ adults in the workplace, religious and civic institutions, and community

Support USBE and Local Education Authorities in the adoption of strategies to improve school climate, such as GSA's

GOALS & OBJECTIVES



Increase safe media portrayals of suicide and adoption of safe messaging principles in the LGBTQ+ community.

Promote and support the use of gender and sexual identity affirming language in portrayals of suicide and related media.

Use multiple media channels to increase sharing of stories of recovery from suicide and mental health conditions in the LGBTQ+ community.

Support safe communication of LGBTQ+ suicide data in all media channels.



Increase coping and problem solving skills to LGBTQ+ individuals.

Promote and implement universal, indicated, and selective evidence based health education and social/emotional health programs in schools, workplaces and other community based organizations that are culturally appropriate for the LGBTQ+ community.



Increase support to survivors of suicide loss

Increase access to suicide-specific support groups for LGBTQ+ individuals who are survivors of suicide loss.

Promote and disseminate postvention protocols including in a variety of settings: workplace, schools, clinical settings, community, and media to promote healing and reduce risk of contagion, specifically in the LGBTQ+ community and LGBTQ+-serving organizations

GOALS & OBJECTIVES



Increase prevention and early intervention for mental health problems, suicide ideation and behaviors and substance misuse for the at-risk LGBTQ+ population

Increase awareness of suicide as a preventable public health problem, specifically within the LGBTQ+ community, utilizing research-informed communication that is designed to prevent suicide by changing knowledge, attitudes and behaviors

Develop and sustain public-private partnerships to advance suicide prevention in the LGBTQ+ community.

Promote and support the expansion of school based mental health services, Mobile Crisis Outreach Team, and Family Resource Facilitator Programs in the LGBTQ+ community throughout Utah.

Promote the implementation of culturally appropriate mental health screenings and referrals in work sites, schools, senior centers, and community settings.

Promote teacher, staff and PTA/PTSA training in LEAs that increase cultural competence and cultural humility regarding LGBTQ+ students and parents

Promote universal evidence based health education and social/emotional health programs in schools that is inclusive of all individuals

Promote best practices for school and workplace policies that increase positive social norms and beliefs about the LGBTQ+ population

Increase cultural awareness of mental health, suicide ideation and behavior in the LGBTQ+ community

GOALS & OBJECTIVES



Increase comprehensive data collection and analysis regarding risk and protective factors for suicide to guide prevention efforts in the LGBTQ+ community

Strategize and prioritize methods to collect more comprehensive data regarding LGBTQ+ persons' risk of suicide ideation and suicide fatality

Increase timely availability of LGBTQ+ suicide data to key stakeholders involved in prevention efforts.

Partner with the Office of the Medical Examiner to increase access to data regarding suicide fatalities in the LGBTQ+.

Perform a thorough analysis of the available data for the LGBTQ+ population to identify gaps

Encourage partners to use best practices to expand data collection to include sexual orientation and gender identity questions

KEY TERMS

LGBTQ+

Acronym for lesbian, gay, bisexual, transgender, and queer. The Q at the end of LGBT can also mean questioning. The “+” represents those who are part of the community, but for whom LGBTQ does not reflect or capture their identity. Variations: LGBT; LGBTQ; GLBT.

Gay

An adjective used to describe people whose physical, romantic, and/or emotional attractions are to people of the same sex. Sometimes, lesbian is the preferred term for women.

Lesbian

A woman whose physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay or as a gay woman.

Bisexual

A person who has the capacity to form physical, romantic, and/or emotional attraction to those of the same gender or to those of another gender.

Transgender

An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

Queer

An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. It may also be used by some to describe their gender identity (see non-binary and/or genderqueer below). Once considered a pejorative term, queer has been reclaimed by some LGBT people to describe themselves; however, it is not accepted by all, even within the LGBT community.

Sexual Orientation

Describes a person’s physical, romantic, and/or emotional attraction to another person.

Sex

Classification of a person as male or female. A person’s sex is a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics.

KEY TERMS

Gender Identity

A person's internal, deeply held sense of their gender. Gender identity is not visible to others, unlike gender expression.

Cisgender

A term used by some for people whose gender identity aligns with the one typically associated with the sex assigned to them.

Gender Non-Conforming

A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Not all gender non-conforming people identify as transgender.

Non-binary and/or genderqueer

Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman.

Risk Factors

Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective Factors

Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

References

- GLAAD. (n.d.). GLAAD Media Reference Guide - Lesbian/Gay/Bisexual Glossary of Terms. Retrieved March 2020, from GLAAD: <https://www.glaad.org/reference/lgbtq>
- PFLAG. (2019, July). PFLAG National Glossary of Terms. Retrieved from PFLAG: <https://pflag.org/glossary>
- SAMHSA. (2019, July 18). Risk and Protective Factors. Retrieved from Substance Abuse & Mental Health Services Administration: <https://www.samhsa.gov/sites/default/files/201907-18-samhsa-risk-protective-factors.pdf>

RESOURCES

- **Clinical Recommendations for Serving LGBTQ Individuals**
- **American Psychological Association (APA): *Best Practices for Mental Health Facilities Working with LGBT Clients*.**
<https://www.apa.org/pi/lgbt/resources/promoting-good-practices>
- **Center of Excellence for Transgender Health:** Located at the University of California, San Francisco, this center provides information and resources about comprehensive, effective, and affirming health care services for trans and gender diverse communities.
<https://prevention.ucsf.edu/transhealth>
 - Other CoE for Transgender Health Resources of note:
 - *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* (2016).
<https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf>
 - *Trans 101: Transgender People in Everyday Work and Life!* (Interactive modules covering core concepts related to transgender people and communities).
<https://prevention.ucsf.edu/transhealth/education/trans101>