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Mind
OUT

Suicidal distress & survival in LGBT Communities

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Existing research

- Growing consensus that LGBT people 'vulnerable' to suicide
- National study of LGB mental health in 2003 showed elevated rates of suicidal thoughts and attempts - (under 40s 3x more likely than heterosexuals)
- Count Me In, in 2001, 40% of LGBT people had seriously thought about suicide and 20% had attempted
- Literature also outlines suicide as a risk for transgendered people
- Suicidal distress associated with greater occurrences of discrimination (including verbal/physical abuse)

- Most of research is on young LGBT people & looks at identity construction linking suicidal distress to a range of psychosocial stressors
 - gender non-conformity, victimisation, lack of support, family problems, homelessness
- Some evidence of long-term impact of victimisation on mental health and suicidality of older LGBT people
- But, not all LGBT people experience suicidal distress or other mental health issues
 - Possibly mediated by protective factors
 - Family connectedness & work/school safety
 - Which promotes resilience

Research Aims

- To understand the way in which young LGBT people and LGBT mental health service users have experienced suicidal distress
- To understand how, if at all, their experience of LGBT identity development is linked to their experience of suicidal distress
- To collate accounts of survival techniques to better inform suicide prevention strategies.

Methodology

- Participatory-Action Research
 - lengthy collaboration between groups, participants and university researchers to create sense of ownership & empowerment
 - To facilitate social action and change at community level.
- Focus groups
 - what should we ask LGBT people who have been suicidal?
- Interviews
 - Open questions around experience of ‘coming out’, experience of suicide, strategies for survival and self in the future
- Participants
 - 12 interviews - 7 people from MindOut (3 male, 3 female, 1 transwoman) & 5 from Allsorts (3 males, 2 females)

Analysis & Findings

- Thematic analysis of each transcript before collating across group members.
- Analysis highlights categories, themes & contradictions within groups and similarities and differences across groups.
- Qualitative analyses are detailed and data rich but time heavy for presentation. 4 themes
 - The experience of suicidal distress
 - The experience of LGBT identity construction
 - Relationship between LGBT discrimination & suicide
 - Strategies for survival and suicide prevention

The experience of suicidal distress

- Similarities in qualitative experience of suicidal distress - 'worthlessness', 'hopelessness' 'depression' and acute 'isolation'

I got re-housed in bed & breakfast during which time my mental health declined terribly...insomnia, anxiety, depression, feelings of (no) self worth and self esteem. Um, hah, yes, I mean I was lucky to survive that year (MindOut, transwoman, int. 6)

...you've got to a point where everything feels so crap that you feel like talking to people isn't going to help - that what is there that they can actually do? You've got, you feel like you've got to this point now where there is no going back – it is too late to talk to people (Allsorts, male, Int.12).

- Differences in type of suicide related behaviours and length of experience across groups
- Self-harming and self-destructive behaviours reported at Allsorts and fewer members had been hospitalised after a suicide attempt at than MindOut
- Suicidal distress also constructed as ‘in the past’ at Allsorts & participants more positive about the future

I've still got some scars on my arm and it says "why" and it means why am I not dead, why have I kept myself alive. And it is because I have a guitar and drums whatever. I have some music life in my life and it just kept me from hurting myself more I suppose. I am glad that I have that on my arm because I can look at it now and think I don't need to do that anymore (Allsorts, female, Int. 3)

- MindOut narratives showed us that suicidal distress can disappear and then reappear at various junctures in response to particular stressful events, as well as being an ongoing everyday concern

I: Can you tell me about your suicidal thoughts and feelings?

P: Um, (...), um, I have been thinking about it for years really (MindOut, female, Int. 9).

The times I have felt suicidal are just that time in 1984 and the make or break time after my very close female friend did commit suicide...And about just under a year ago I felt suicidal (MindOut, male, Int. 2).

- We argue youth support services might help mediate the reoccurrence of suicidal distress later in life

Experience of LGBT identity construction

- Looked at the social context in which participants formed their identity and the psychosocial pressures they have to negotiate to develop a healthy sense of self
- Despite positive accounts of increased confidence since 'coming out' narratives of the process were peppered with references to shame, confusion and fears of rejection

..it sort of confused me and I didn't know at the time if it was right or wrong. And slightly afraid at the time...in the way that other people might judge me. Ah, fears of being bullied. Ah, basically people disowning me as well (Allsorts, male, int. 7)

- Young people were effected by the current trend to use ‘gay’ as a term of insult or reference to something ‘rubbish’ and denied as problematic by the BBC:

I knew I had those feelings and stuff but I didn't ever admit or label myself as gay because then I'd be, you know, admitting to what everyone was calling me and that was kind of, that disgusted me – I didn't want to become what they thought I was, that they'd made such a horrible thing out of (Allsorts, male, Int. 12)

- Similar sentiments were found with MindOut participants but they had taken much longer to ‘come out’ and find positive representations of LGBT lives.

- *I was brought up in a very strict religious family...this was the late 60s, early 70s. So I didn't have much of a sexual education in that regard. ...I thought there was something wrong with me which sort of led to the maybe a start of the mental health problems in the beginning...I became sort of self critical – I thought I was doing something wrong... Anyway I kept praying to God, nothing happened and the more I prayed, you know, I was still having these thoughts ...So for, I would say for most of my teenage years and (...) for most, I tell you I was about in my early 40s, I was a closet (..) gay person (MindOut, male, Int 4).*
- *...I won't introduce myself straight away as being gay. And, um, if they say something that makes me think they are not, um, (...) I mean I might be wrong but if I find these people quite judgemental and um, then I might start talking about some friends who are gay and see how they react to that. Um, and if I hear they are quite critical and not really accepting then, (...) I definitely will not talk about me (MindOut, female, Int. 9).*

- They also spoke more about the impact of sexual abuse on ability to construct a positive identity, particularly a non-normative sexuality identity

...I was quite entrenched in the mental health world in terms of living in residential places or having been in hospital or in centres or whatever, um, it was also something [being a lesbian] that I didn't feel able to talk about um in those settings because as soon as I did um, the times that I had kind of talked about it I'd been met with such sort of um hostility in a way I suppose and people kind of immediately saying oh well, that's a kind of reaction to the fact that you were abused as a child and doesn't mean anything and blah blah blah um, and that just made me angry because, you know, I don't know whether that's true or not but it didn't feel like that was relevant really. It's who I was for whatever reason and it almost felt that they were just adding it to my list of symptoms, do you know what I mean, it was something we would work through and deal with. That wasn't how I wanted it to be so they actually kept completely silent about um, any relationships that I had had, or things that were going on, which was quite hard because it was a big part of my life and it just didn't feel safe to discuss it because I wasn't up for people criticising yet another thing (MindOut, female, Int. 10)

- This shows how heterosexism still underpins some mental health practice and how LGBT identities are seen as an abnormal developmental responses.
- We argue that negative constructions of LGBT lives impact on people's ability to form a positive self-identity within a heterosexist, homophobic and transphobic climate.
- This can lead LGBT people to internalise feelings of low self-worth and shame, alongside fear of abuse and rejection, and these feelings are exacerbated by institutionalised forms of discrimination.

Relationship between LGBT discrimination & suicide

- This theme exposed the direct and indirect impact of institutionalised and everyday practices of discrimination on LGBT mental health, in particular suicidal distress.
- It is argued that suicidal distress is not simply the result of individualised problems but the response by some LGBT people to institutionalised discriminatory practices perpetuated through education, health, religion, media and the family.
- There were accounts in both groups of explicit events that pre-empted suicide attempts, often from a young age. These included homophobic bullying in school and transphobic physical abuse in temporary housing.

Basically year 11 was the year when people started calling me gay a lot, queer boy, batty boy all this stupid names... every class I was going to it happening and basically at this time, ah, we were having our mock exams and I just came out of an exam and went to the hall to find out when my next exam was going to be and ah, there was a group of people from my actual form who started with the name calling and that, and (...) some of them was slightly pushing and shoving, not great physical abuse or anything, mainly verbal abuse, but I was just trying to concentrate on my exams at the time and to have someone do that, it really got to me and (...) I felt, at the time, I felt I could stick up to them because so many of my friends said if someone does that to turn around and hit them and they'll go away and (...) I went to hit one of the lads but I just couldn't bring myself to do it and of course it just got even worse – they started more of the name calling, laughing at me and I kind of felt humiliated and ashamed... and I ended up running out of school and went home and I thought the only way of not having to go back was basically to kill myself and I basically took I think 56 tablets, mainly paracetamol but I was on anti-depressants at the time as well and I took of few of them and basically whatever tablets I could find in the house” (Allsorts, male, Int. 7)

- *Well the last time I did try to kill myself was after I moved to Brighton, which was three and a half years ago. You see I naively thought that now I had left London and the heart of darkness, I thought that I would be safe – now that I was in Brighton. You know, I thought well this is the pink capital and I had been here just about 10 days and I was walking along Western Road in daytime and these youths came up and they just snatched my wig off the top of my head and they just ran off with it. ...I was seriously upset, you know, and when I complained to the Police then there was the usual lack of interest in doing anything about it. You know. And then I realised I wasn't safe in Brighton and that I was never going to be safe again for the rest of my life. It might be much worse in London but the fact is that it wasn't safe in Brighton and that had been clearly demonstrated to me and therefore I was never again going to be safe so I thought well, I am absolutely worn out with all this and its never going to get any better, not in my lifetime, you know, and um (...) so yes, I decided to kill myself and I took a liberal amount of ah (...) one of the anti-depressants – I have forgotten which one it was – and but ah (...) somehow or other I was found and ah resuscitated (MindOut, transwoman, Int. 6).*

- For most it was a range of factors that led to suicidal feelings and actions
 - relationship breakdown, homelessness, verbal/physical abuse, parental shame/expectation, religion, ‘double stigma’/ongoing mental health issues
- but all related in some way to negative construction of LGBT lives.

I think part of why I felt suicidal is on the back of the fact that people don't really see gay relationships as significant (MindOut, male, int. 2)

- *I came out to my mum ... I think the first thing she said, oh I hope you don't move in with any men. I think that was the first thing she actually said. And, if I remember correctly I think she said, I don't mind but I don't want to have to hear about it basically. So she, she, she accepted in a sense but just didn't want to, you know, get into any details – she didn't want to know if I was going out with somebody or who I was going out with or what bars I went to – any details you know (Allsorts, male, Int. 8).*
- *I was brought up to believe that these things [same-sex relationships] were sinful, immoral (.....). So that was it, you know. Looking back on those years I think it has created a lot of (...) anxiety and, OK, it is easy to generalize and to paint all Christians with the one stick, or one brush, but my experience as I have found especially evangelical Christians as very narrow minded, bigoted (MindOut, male, Int. 4).*

- A central concern for participants at MindOut was ‘double stigma’
 - - being alienated from the LGBT community because of mental health issues was as problematic as being isolated, and sometimes pathologised, within mental health services because of their LGBT identification.
- *I think, um, it feels quite hard to know how to meet people and have a relationship that’s normal in some ways just because I’ve existed in the mental health system for so long and although I’m no longer um in it in lots of ways, um, I bear, you know, the scars of it and a big gap in my life is gone because of it and a lot of people, um, are really prejudiced about that, whether you like it or not, you know. Um, they think you’re great until you take your jumper off and they see your scars [from self-harming] and suddenly they don’t want to speak to you anymore and you’re not quite, you know, you realize it’s not um, you know, my mental health record it almost brings with it more prejudice in Brighton than my um sexuality would (MindOut, female, Int. 10)*

Strategies for survival and prevention

- self-attributes

- participants acknowledged that finding a part of themselves that wanted to live was important for surviving suicidal thoughts and intentions.

However, there are dangers in over-relying on personal strengths as evidenced by an Allsorts participant who misjudged his ability to cope with the homophobic bullying he was experiencing at school, and eventually attempted suicide to escape it.

I didn't (...) know of anyone I could tell at the time and I didn't want to tell anyone that I knew personally at the time basically I just (...) was, I was sort of worried that they if they thought I was being bullied because I was gay, they might think I was gay too. And, (...) I just sort of was trying to deal with it in my own way as well, I was trying to deal with it without dragging other people in. Because, at the time I think I saw it as a positive thing, whereas now I sort of realise that was a negative thing to do – to try and deal with it myself where really deep down I knew I couldn't. And, basically at the time I said I was seeing it as a positive thing, I thought I was being a big strong person – basically if I could sort it out, I didn't need anyone to help me sort of thing. And, when I look back at it now, I was like, it was a kind of stupid thing to do because by doing that, it just brought more weight on me and basically more pressure on myself. And, I think now, if I hadn't done that and kept it to myself then I might not have took an overdose – I might not have felt suicidal (Allsorts, male, Int. 7).

- interpersonal connections
 - KEY theme - reducing isolation and alienation through the formation of interpersonal connections – friendships, support structures, a sense of belonging.
 - Within this participants outlined the role of community based services in facilitating connections and development of friendships & pinpointed the importance of LGBT services for establishing relationships with other LGBT people (e.g. Allsorts & MindOut)
 - Yet also a need for LGBT sensitive services - for those who may not explicitly identify as LGB and/or T

- **Existing Service provision**

- Statutory services useful in terms of providing a routine (e.g. out-patients) or medication.
 - But, problems included heterosexist and sometimes homophobic or transphobic discrimination within educational and health services;
- MindOut participants identified
 - lack of a prompt referral system for expressions of suicidal distress;
 - inconsistent and fragmented system of care for suicidal individuals;
 - a focus on diagnosis of mental health issues rather than treatment;
- Allsorts identified
 - lack of mentoring or foster care for young homeless LGBT people – beneficial for the one young person who had been fostered
 - A fear of being ‘sectioned’ that silenced them and made it difficult to talk to about their suicidal distress until after they had recovered;
- Both groups noted limited access to crisis support when existing services are unavailable.

Outcomes

- Participant engagement – feedback from groups on the positive impact of taking part.
- Development of an effective relationship between the university and LGBT community groups that can be used for future research agendas.
- Set of specific set of recommendations (p. 6-8) that include strategies for intervention and prevention:
 - a thorough review and improvement in existing service provision - particular crisis support - is required.
 - Greater understanding of the way social norms operate to marginalise and alienate LGBT people, both inside and outside of the LGBT community – training recommendations for recognising these.
 - Development of strategies and campaigns for challenging stigma about LGBT lives within dominate institutions (such as education and the media) are required, as are strategies for challenging the stigma that surrounds people talking openly about mental health issues, both inside and outside the LGBT community
 - Research initiatives to engage with LGBT individuals that might experience suicidal distress but are not connected to established community groups