

A Focus Guide for Health and Behavioral Health Professionals

Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth

Background

The Suicide Prevention Resource Center partnered with NORC at the University of Chicago to develop a series of resource guides for professionals, families, communities, and technical assistance providers who regularly interact with Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and/or Two-Spirit (LGBTQIA2S+) youth. These guides were developed with input from LGBTQIA2S+ youth and their parents, professionals and advocates, and people who have experienced suicidal thoughts and behaviors. This focus guide is intended specifically for health and behavioral health professionals. The other guides – a comprehensive resource guide and three focus guides for schools, families and communities, and state agencies – can be accessed at <https://sprc.org/lgbtqia2s-youth-resources/>.

Introduction

The number of individuals who are openly Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and/or Two-Spirit (LGBTQIA2S+) is at an all-time high in the U.S., having doubled since 2012.¹ This increase may be driven by the younger population; one in five Gen Z adults (ages 18 to 26) are openly LGBTQIA2S+ compared to 7.1% of adults 18 and above. This increase is expected to continue as today's adolescents reach adulthood.¹

Even with greater openness around sexual orientation, gender identity, and expression (SOGIE)¹, LGBTQIA2S+ youth continue to face unique challenges that can contribute to poor mental health and increased risk of suicide, including trauma; lack of acceptance from family, peers, or school; discrimination; homophobia; transphobia; and violence.^{3,4} Research shows that approximately 46% of LGBTQIA2S+ adolescents seriously considered suicide in 2022.⁴ Efforts that help LGBTQIA2S+ youth feel more comfortable and safe in being their true selves are critical in supporting the well-being of this growing population.

Health and behavioral health professionals play an important role in promoting positive mental

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health and well-being among LGBTQIA2S+ youth and their families. This focus guide is intended to be a brief, high-level resource to help health and behavioral health professionals better support the mental well-being of LGBTQIA2S+ youth. It offers recommendations and strategies for creating inclusive, affirming, and protective environments for LGBTQIA2S+ youth and includes links to more in-depth resources and trainings.

Two-Spirit describes the presence of both male and female energy combined with the ability to connect with the spiritual world (ancestors, Creator, and higher power). In most Tribes, Two-Spirit people occupy a distinct, alternative gender status.² Not all Tribal communities agree that it is appropriate to include Two-Spirit in discussions of LGBTQIA2S+ identities. Please consult the communities you engage about their perspectives on this.

Create Inclusive and Protective Environments

Safe, supportive, and affirming environments allow LGBTQIA2S+ youth to thrive. Research findings show a link between supportive, affirming environments and the mental health and psychosocial development of LGBTQIA2S+ youth.³⁻⁷ This is particularly important in health and behavioral health care settings because the quality of care for LGBTQIA2S+ youth could be compromised without proper attention to policies, procedures, and interactions.⁸⁻¹² Below are some recommendations and resources to help health and behavioral health care providers create environments that are inclusive and protective of LGBTQIA2S+ youth.

Review your practice's policies, procedures, and approaches to ensure they are protective and inclusive of LGBTQIA2S+ youth.

An important step toward improving the well-being of LGBTQIA2S+ youth in your practice is ensuring that

your entire organization has policies and procedures in place that are inclusive of LGBTQIA2S+ youth. If an initiative related to SOGIE does not exist, consider convening a diverse team to **adopt an anti-discrimination policy and create a culture of respect, inclusivity, and equity**. The resources in the box below can be a helpful starting point as you review and enhance your organizational policies around the care of LGBTQIA2S+ youth.

Use LGBTQIA2S+-inclusive language in all communications, including direct patient communications, system-wide messaging, and patient information forms.

LGBTQIA2S+ people struggle to find supportive, inclusive, and affirming health care and often face negative encounters in health care settings. Taking simple steps to improve your language and the way your setting collects and uses information, like names and pronouns, will create a more welcoming environment for LGBTQIA2S+ youth and allow them to feel more comfortable discussing their needs. At a minimum, ask your patients what pronouns they use so you can begin developing rapport while ensuring you have the most current information. Then begin updating your patient information forms so that they ask for preferred names, pronouns, and SOGIE.

Implement evidence-based practices for mental health and suicide prevention for LGBTQIA2S+ youth, including screening, intervention, and follow-up.

Relevant Resources

- ✓ [Affirming Organizational and Human Resource Policies for an LGBTQIA+ Workforce](#)
- ✓ [Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People](#)
- ✓ [American Medical Association \(AMA\) recommendations for creating an LGBTQ-friendly practice](#)
- ✓ [Toolkit: Creating Safer Spaces for LGBTQ Youth](#)
- ✓ [Affirmative Care Tips and Checklist](#)

More specifically, consider implementing the following in your organization or practice:

- Universal screening for mental health and suicide risk in all practice settings. You can use evidence-based suicide screeners for youth populations such as the [Columbia-Suicide Severity Rating Scale](#) or the [Ask Suicide-Screening Questions \(ASQ\)](#) tool.
- When assessing risk, gather patient information on risk factors associated with LGBTQIA2S+ youth suicide, including substance use, family rejection, homelessness, and LGBTQIA2S+-based discrimination and victimization.^{13,15} [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#) is an evidence-based substance use prevention and early intervention model that can help your organization jointly address substance use and suicide.
- If suicide risk is identified, conduct a [Stanley-Brown Safety Planning Intervention](#) to help LGBTQIA2S+ youth develop an individualized set of strategies to use before or during an acute suicidal crisis to help reduce risk.

Resources

- ✓ [Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff](#) – Background information and tips and strategies to improve communication.
- ✓ [Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity \(SOGI\)](#) – Useful for updating patient information forms and electronic health records (EHR).



“Language is important when talking about queer and trans people. What might seem minor to you can mean a lot to queer people, including in the way you talk to them, treat them, and speak about them. Be mindful about language, and don’t brush it off. Really listen, because even one word makes all the difference.”

LGBTQIA2S+ young adult



Ensure that your practice and approach is affirming

“The power of affirmation is everything. If we can understand the simple ‘I accept you for who you are, and it is completely normal and amazing who you are,’ that right there can make a mental health crisis disappear.”

LGBTQIA2S+ professional and advocate

- Identify and address challenges related to social determinants of health (e.g., housing/ homelessness, food stability) and risk of HIV. Consider using a screening tool such as the [Health-Related Social Needs Screening Tool \(HRSN\)](#).
- Provide education and resources about [hotlines and support resources](#), including the [988 Suicide & Crisis Lifeline](#) and the [Trevor Project hotline](#) (1-866-488-7386), to all patients.
- Consider providing LGBTQIA2S+-specific, evidence-based treatment or referrals.
 - Ensure that all referral agencies provide culturally appropriate and affirming services for LGBTQIA2S+ youth, and follow up with all patient referrals using [caring contacts](#) to convey your genuine concern for each person.
- Assess your organization’s commitment to suicide prevention and consider implementing the seven elements of the [Zero Suicide](#) model.

Take a person-centered, developmental approach to supporting LGBTQIA2S+ youth.

It is important to recognize that the mental health of LGBTQIA2S+ youth can be affected by many factors, only a small portion of which are related to their SOGIE. Health and behavioral health professionals



Program Spotlight

Callen-Lorde Health Outreach to Teens

The Callen-Lorde [Health Outreach to Teens \(HOTT\)](#) program is designed to meet the medical and mental health needs of LGBTQIA2S+ youth ages 13-24, as well as other young people in need. HOTT brings free or low-cost services to the five boroughs of New York City through a youth-only medical suite and a mobile medical unit. Services include general primary care, transgender care, HIV and STI care, short term therapy, support groups, case management, and more. Their mobile clinic aims to be as available as possible by providing care directly in community areas where youth may feel more comfortable. They routinely visit specific locations each week while rotating around the city to parks, drop-in centers, health fairs, homeless shelters, and other locations.

After seeing the need for mental health services among their patients seeking medical care, HOTT incorporated mental health providers and social workers in their medical suite and mobile clinic and have seen positive results. As part of their protocol, HOTT conducts a psychosocial assessment with suicide screening every six months and provides intensive case management services that specialize in supporting trans and non-binary youth. Youth may be more comfortable talking with different types of staff, so HOTT trains all staff in mental health and suicide prevention, ranging from front desk staff to doctors. By cross-training medical and behavioral health providers, identifying and intervening with youth who may be at risk of suicide becomes a shared responsibility. HOTT has found success through social media marketing, local collaborations, and national partnerships with organizations such as [Crisis Text Line](#).

tend to focus narrowly on SOGIE rather than exploring other potential challenges, leaving LGBTQIA2S+ youth dissatisfied and hesitant to seek additional care. As a result, LGBTQIA2S+ youth experience higher levels of unmet health and mental health needs than their peers.¹⁶ Taking an **individualized, person-centered approach**,¹⁷ improving communication, and becoming an active partner in care can help providers more effectively identify the unique needs of each LGBTQIA2S+ person.

Care for LGBTQIA2S+ youth should be **developmentally appropriate**, just like care provided for their heterosexual and cisgender peers. For example, a youth's SOGIE may change over time as they move through adolescence; it is important to be flexible in the way you interact with and care for LGBTQIA2S+ youth to best address their current needs and concerns.

Health and behavioral health providers are also strategically positioned to provide advice and support to **parents and family members** of LGBTQIA2S+ youth who may be struggling with their loved one's SOGIE. This advice and support can go a long way in promoting the mental well-being of LGBTQIA2S+ youth. Studies have shown that a lack of family

acceptance is harmful to LGBTQIA2S+ youth and increases their risk of suicidal ideation and behavior.^{18,20} The resources listed in the Resources box on this page can help you work with parents and families while maintaining the autonomy and confidentiality of your youth patients.

Improve Competency and Diversity Among Staff

Though LGBTQIA2S+-related professional development for health and behavioral health professionals has improved over time, knowledge, trends, and best practices are constantly changing, and many professionals continue to report limited knowledge and comfort regarding the care of LGBTQIA2S+ youth.^{18,19} Consequently, it is important to offer **recurring education and training** to all staff in your practice setting. Trainings should cover topics such as:

- The power of affirmation and its impact on LGBTQIA2S+ health and well-being
- Training specific to LGBTQIA2S+ mental health, suicide prevention, substance use, and [trauma-informed care](#)
- [Sensitive and affirming communication](#)
- The critical role that health and behavioral health professionals play in suicide prevention and mental well-being for LGBTQIA2S+ youth

Adding **role plays** into education and training will give clinicians and staff an opportunity to practice

Resources

- ✓ [A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children](#) – Best practices for engaging and helping families support their LGBTQIA2S+ youth
- ✓ [Helping Diverse Families Learn to Support Their LGBTQ Children to Prevent Health and Mental Health Risks and Promote Well-Being](#) – Information about the Family Acceptance Project and their LGBTQ Family Intervention Model
- ✓ [Health Care Considerations for Two Spirit and LGBTQIA+ Indigenous Communities](#) – Key concepts and best practices for affirming care and services for Two-Spirit and LGBTQ+ American Indian/Alaska Native people

Organizations that offer training-related resources:

- ✓ [The Trevor Project](#)
- ✓ [National LGBTQIA+ Health Education Center](#)
- ✓ [Family Acceptance Project](#)
- ✓ [The Safe Zone Project](#)
- ✓ [Center of Excellence for LGBTQ+ Behavioral Health Equity](#)
- ✓ [Mental Health Technology Transfer Center Network](#)
- ✓ [Whitman-Walker Institute](#)

New Story Counseling Services

Founded in 2016, [New Story](#) is a group practice that provides accessible and tailored care to people of all origins and identities with a focus on providing LGBTQIA2S+-affirming care. In Fargo, North Dakota, where New Story is located, there was a major gap in LGBTQIA2S+-friendly services and many LGBTQIA2S+ youth struggled with minority stress and discrimination, particularly when seeking gender-affirming therapy. New Story aims to bridge the gap between the medical community and therapists and ensure that the providers in an LGBTQIA2S+ person's life are affirming, supportive, and thoroughly trained and educated to support their needs. To that end, New Story uses the [WPATH Standards of Care](#) to treat individuals with gender dysphoria and requires staff training in trauma-informed care and LGBTQIA2S+-specific topics.

New Story is actively involved in local community and advocacy efforts. They have found that by engaging with the local community and collaborating with other local organizations, they are able to increase awareness of their program and improve referrals to LGBTQIA2S+-friendly services in the area. New Story also understands the impact that local legislation has on LGBTQIA2S+ people, so they are regularly involved in local advocacy efforts to address these concerns. New Story has found success in LGBTQIA2S+ suicide prevention by prioritizing family and parent engagement and providing families and parents with education and resources. New Story also incorporates LGBTQIA2S+-specific factors into safety planning with youth. For example, New Story helps youth plan for safely coming out by helping them identify people who can support them and places where they can be safe.

their skills in a low-stress environment with immediate feedback. Organizations can also improve competency and diversity among staff using the following approaches:

- Routine promotion and distribution of policies, procedures, tools, and resources related to LGBTQIA2S+ youth and suicide prevention.
- Use a variety of communication modalities such as staff meetings, written procedure guidance, and email.
- Recruit and hire LGBTQIA2S+ health and behavioral health staff to ensure that your workforce is diverse and representative.

Conclusion

LGBTQIA2S+ youth deserve quality, unbiased care in safe, supportive, and welcoming environments. Health and behavioral health professionals are well positioned to reduce physical and behavioral health disparities, improve well-being, and reduce the likelihood of suicide among LGBTQIA2S+ youth by taking one or more of the recommended steps in this focus guide.

This focus guide was developed with the help and support of many individuals, including LGBTQIA2S+ youth and their parents. It serves as a starting point for the countless conversations that we can, and should, have as a society to better support, advocate for, and celebrate LGBTQIA2S+ youth. It is imperative that we come together in our communities to lead with love, compassion, and respect for one another rather than focusing on the things that make us different. We hope that this focus guide will help health and behavioral health professionals as they seek to create and maintain supportive, loving, and affirming environments in which LGBTQIA2S+ youth can thrive. By implementing the strategies outlined here and learning from the program spotlight, health and behavioral health professionals can take the next steps to assess and adapt their current practices to ensure they are meeting the needs of LGBTQIA2S+ youth. A multi-tiered approach will facilitate positive environments and outcomes for LGBTQIA2S+ youth. For more information about working with LGBTQIA2S+ youth, please access the accompanying resource guide at <https://sprc.org/lgbtqia2s-youth-resources/>.

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Produced in partnership with

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