

LGBTQ+ communities and suicide

Introduction

LGBTQ+ communities are at higher risk of suicidal thoughts, suicide attempts, and self-harm compared to people who don't identify as LGBTQ+, according to existing research¹. Suicide is complex and rarely down to one thing, and evidence suggests that the experiences of some people within LGBTQ+ communities may lead to an increased risk of suicidal behaviour¹.

In 2022, Samaritans responded to over 69,000 calls for help from people who expressed concerns about gender or sexuality. 10% of these calls discussed self-harm, and suicidal feelings or behaviours were expressed in 57% of the calls which explored suicide.

In February - March 2023, Samaritans commissioned the McPin Foundation to work with 11 LGBTQ+ Lived Experience Advisors² to better understand the suicide prevention support and services that LGBTQ+ communities need. Following the principles of co-production in a series of 6 workshops, together Samaritans and the Lived Experience Advisors developed recommendations to set out what Governments, health services and other public bodies across the UK and Ireland should do to prevent suicides within LGBTQ+ communities, as presented in this paper.

Terms

We use 'LGBTQ+' to recognise all identities which fall under this umbrella term, including lesbian, gay, bi, trans and people with a trans history, queer and/or questioning. The '+' represents minoritised sexual and gender identities not included in these initials, such as asexual, and also includes intersex. 'LGBTQ+' does not signify a homogenous group and involves diversity, fluidity and overlap of identities – everyone's experiences are different.

In this document, identities and experiences are referred to with as much specificity as possible, and terms like 'LGBQ' and 'LGBT' have been used deliberately at times to refer to

¹ 'Suicidal behaviour' refers to suicide, suicide attempts and suicidal thoughts/ideation. Self-harm is a strong risk factor for suicidal behaviour.

² The Lived Experience Advisors working on these recommendations have a diversity of lived experience of self-harm, suicide attempts and suicidal thoughts. Advisors identified with various sexual orientations including bi, gay, lesbian, queer, asexual and aromantic, while advisors identified with a range of gender identities including non-binary, genderqueer and transmasculine. Advisors also drew on other intersecting elements of their identities to inform discussions. While the group weren't representative of the UK LGBTQ+ population, they showed how LGBTQ+ lived experience can inform suicide prevention.

these particular identities. The term ‘cisgender’ is used to refer to individuals or groups whose gender identity is aligned with the sex they were assigned at birth. Lived Experience Advisors’ identities are described using their preferred terms.

What is the evidence on LGBTQ+ communities and suicide?

Suicide risk can be influenced by a combination of interacting social, psychological, biological, personal and cultural factorsⁱⁱ. ‘Thwarted belongingness’ and ‘perceived burdensomeness’³ are psychological factors associated with feelings of entrapment, defeat and humiliation, and can contribute to risk of suicidal ideationⁱⁱⁱ. Research focused on LGBTQ+ young people suggests that these feelings could be influenced by social experiences of stigma and victimisation^{iv,v}. And, US studies suggest that older members of LGBTQ+ communities may experience more social isolation and lack of belongingness than non-LGBTQ+ older people^{vi,vii}.

LGBTQ+ communities experience high rates of suicidal behaviour

National suicide rates aren’t available for LGBTQ+ communities as gender identity and sexual orientation are not currently recorded in death registrations in the UK and Ireland^{viii,ix,x,xi}, although there is a growing global academic evidence base which explores risk of suicidal behaviour and self-harm among LGBTQ+ people. Existing research clearly suggests that LGBTQ+ communities are at a higher risk of suicide, experiencing suicidal behaviour at a higher rate compared to non-LGBTQ+ populations. Evidence from different countries can help shed light on LGBTQ+ communities’ experiences of suicidal behaviour, however it’s important to note that experiences may be different across cultures and systems.

International studies suggest that LGBTQ+ people can be more than 4 times more likely to attempt suicide compared to heterosexual cisgender people^{xii}. In one UK survey, around 1 in 4 LGBTQ+ youth reported a past suicide attempt^{xiii}.

Across studies, gay, lesbian and bi people consistently report higher rates of suicidal ideation and suicide attempts compared with heterosexual people^{xiv,xv,xvi,xvii}, while one UK study estimated that trans and gender non-conforming individuals experience suicidal behaviour at a higher rate than cisgender people^{xviii}. The existing research also shows a variation in suicide risk within the LGBTQ+ umbrella. Higher rates of suicidal ideation and attempts have particularly been evidenced for bi people^{xix,xx}, and trans, non-binary and gender non-conforming youth have also shown higher rates in comparison with cisgender

³ ‘Thwarted belongingness’ refers to a feeling of being disconnected and alienated from others, while ‘perceived burdensomeness’ is defined as belief of being a burden on others.

LGBTQ+ youth^{xxi,xxii,xxiii}. LGBTQ+ women and LGBTQ+ people assigned female at birth have also been linked to increased experiences of suicidal behaviour compared to other LGBTQ+ individuals^{xxiv,xxv,xxvi,xxvii,xxviii}.

These higher rates of suicide risk can be better understood by exploring the wider life experiences of some LGBTQ+ people, which have been associated with risk factors for suicide.

Discrimination, victimisation and LGBTQ+ suicide

Discrimination and victimisation based on gender or sexuality can occur at a high rate for people in LGBTQ+ communities, according to studies on LGBTQ+ youth^{xxix,xxx}. In a UK study, up to 45% of LGBTQ+ adolescents reported experiencing homophobic, biphobic or transphobic bullying at school; these individuals were 20% more likely to have attempted suicide, and 17% more likely to have suicidal thoughts or self-harmed compared to adolescents who didn't experience these forms of bullying^{xxxi}.

Adverse childhood experiences are an established risk factor for suicide^{xxxii} and UK national data has found a high prevalence of experiences of childhood abuse and violence among LGBTQ+ people who have died by suicide^{xxxiii}. Some people in LGBTQ+ communities can also face rejection from parents and loved ones on the basis of their identity, and this rejection has been linked to suicidal behaviour in one study of UK LGBTQ+ youth^{xxxiv}.

Studies have demonstrated that negative social environments, an absence of social support and perceived stigma can contribute to suicidal behaviour for LGBTQ+ people^{xxxv,xxxvi}. Supportive environments have been correlated with lower rates of suicidal behaviour for some people in LGBTQ+ communities^{xxxvii}, particularly in schools^{xxxviii} and family relationships^{xxxix}. Forming relationships with the wider LGBTQ+ community has been linked to decreased levels of proximal stress⁴ and loneliness among LGBTQ+ people^{xl}.

Health and LGBTQ+ suicide

People who experience suicidal behaviour won't always experience mental illness, however mental ill-health is a key risk factor for suicidal behaviour^{xli,xlii,xliii}. Some studies have found that LGBTQ+ people are at higher risk of experiencing mental ill-health than non-LGBTQ+ people^{xliv,xlv,xlvi} and UK studies have found an association between mental ill-health and suicidal behaviour for LGBTQ+ youth^{xlvii}.

LGBTQ+ people can experience inequalities when it comes to healthcare treatment across services, as found by one Britain-based survey^{xlviii}. Some LGBTQ+ people have experienced stigmatisation and discrimination in healthcare settings^{xlix} at times when professionals lack

⁴ 'Proximal stress' refers to internal stressors. These could include the desire to conceal sexual orientation from others, adopting negative societal attitudes about your own LGBTQ+ identity, or a heightened feeling of sensitivity around other people's rejection of your identity.

the knowledge and skills to sensitively meet their needsⁱ. Negative experiences of healthcare can mean that people face barriers to accessing services or avoid seeking help altogether. Some LGBTQ+ people therefore may be missing out on support which could have helped to prevent or better manage their suicidal behaviour and self-harm.

Some US studies have found that gender-affirming hormone therapy may contribute to reduced suicidal behaviour in trans and non-binary young people; one US survey of almost 35,000 LGBTQ+ youth found that trans and non-binary young people receiving hormone therapy were less likely to have seriously thought about suicide in the previous year^{li}. Another US study of trans and non-binary youth reported that people receiving gender-affirming medication were 73% less likely to self-harm or have suicidal thoughts during their first year of gender identity care^{lii}. It is important to note that to our knowledge there is limited research exploring how gender-affirming care has impacted suicidal behaviour for people in the UK or Ireland.

The policy context

In the UK and Ireland, commitment to LGBTQ+ equality by governments has been unstable and variable. For example, as of October 2023, UK and Scottish Governments have disagreed on the progression of the Gender Recognition Reform Bill (Scotland), which Scottish Parliament passed in December 2022^{liii}.

Governments and health services in the UK and Ireland have, however, installed some policies which acknowledge social and public health inequalities faced by LGBTQ+ people, with varying degrees of implementation and effectiveness.

UK LGBT Action Plan

The UK Government has previously published plans to tackle health inequalities experienced by LGBTQ+ communities. Informed by a national survey of 108,000 LGBTQ+ people, the Government Equalities Office (GEO) published the LGBT Action Plan in 2018 which included commitments to improve healthcare provision for LGBTQ+ people in England^{liv}.

In the plan, the GEO promised to improve mental health care and partner with the Department of Health and Social Care (DHSC) to build a plan to prevent suicides for LGBTQ+ people, including addressing LGBTQ+ people's needs in the updated suicide prevention strategy for England^{lv}. The Action Plan became stagnant in 2019, and a new LGBT Advisory Panel established to work on government policy disbanded.

National suicide prevention strategies

National suicide prevention strategies across the UK and Ireland have highlighted that LGBT people are at higher risk of mental illness, suicidal ideation and self-harm^{lvi,lvii,lviii,liv}. The



suicide prevention strategy for England 2023 sets out the Government's ambition to improve data and evidence on LGBT people and suicide^{ix}.

Samaritans' work to support LGBTQ+ communities

Samaritans' work is underpinned by our commitment to equity, diversity, and inclusion (EDI). Samaritans is committed to becoming more diverse and inclusive, both through our people, but also in who we connect with and support, making sure that we are responding to people's needs in a way that is relevant and meaningful to them and their circumstances. There is more information about our commitment, including our five key EDI goals, on our website.

In 2022, Samaritans published a new five-year strategy, *Tackling suicide together*. A core priority of our strategy is to be more visible and relevant, including to communities at higher risk of suicide. Another priority commitment is to undertake targeted recruitment campaigns to attract a more diverse range of people so that our branches reflect their local communities.

Our work with people with lived experience to develop this policy position identified issues that need to be addressed across support and services, including in the VCSE sector. Samaritans is committed to learning from these findings in how we develop our own services.

What is Samaritans calling for?

With Lived Experience Advisors, we identified five key areas where changes could be made to improve suicide prevention for LGBTQ+ communities.

- Governments, local authorities, health services and the VCSE sector should prevent and address discrimination against LGBTQ+ people.
- Health service provision should be person-centred and recognise that LGBTQ+ identities intersect with other lived experiences.
- Mental health services and gender identity care waiting lists need to be shorter for everyone, and services should allow people to be on multiple waiting lists at one time.
- Health services should ensure that people can access services for an adequate length of time and improve continuity of mental health support for those who need it.
- More funding needs to be allocated for wellbeing and recreational organisations for and by LGBTQ+ people in health services and the VCSE sector.

Governments, local authorities, health services and the VCSE sector should prevent and address discrimination against LGBTQ+ people. This would prevent suicidal behaviour related to discrimination and victimisation and ensure that LGBTQ+ people continue to seek support.

Lived Experience Advisors explained how experiences and fear of discrimination have a significant impact on mental wellbeing and suicidal behaviour and can increase distress at times of crisis. Advisors felt that discrimination often begins in education settings and can cause people to disengage from school, damaging belongingness and life opportunities. While inclusive education in schools and communities on LGBTQ+ experiences could prevent against discrimination, violence and isolation, Advisors told us that discrimination should be addressed by organisations across the board too, including in primary and secondary healthcare, gender identity care, crisis support, charity and community services.

Advisors spoke about support services that were not inclusive or were discriminatory based on their LGBTQ+ identity, including experiences of having their identities questioned or invalidated, for example through misgendering. They had experienced this from clinicians, administrative staff and other service users. From discussions it was notable that some members of the LGBTQ+ community can be particularly at risk of discrimination, such as trans people, and LGBTQ+ people who are older, neurodivergent, disabled, or from racially minoritised backgrounds.

“I still hear many stories featuring a lack of understanding about different family structures. This can vary from direct discrimination, through to micro aggressions and inappropriate curiosity (...) I have many examples, but just recently, some colleagues were asked “which one of you is the real mother.”

“Have regularly been misgendered on the phone when calling Community Mental Health Teams. Not helpful when their apology includes ‘Oh sorry, you sound like a woman’.”

Discrimination in services can be a barrier to people accessing support for suicidal behaviour and cause people to discontinue accessing support. Lived Experience Advisors felt that services should be safe and responsive to LGBTQ+ needs, contribute to improved mental health and encourage LGBTQ+ people to feel confident in seeking support for suicidal behaviour when needed.

“If people experience discrimination and oppression, they don’t engage, they don’t go back to services and as a result they can become really unwell and don’t seek out the help they then need and people end up beyond crisis.”



- Health services and charities need to address discrimination against LGBTQ+ people in all areas of their services and ensure they are safe for people from LGBTQ+ communities. This includes addressing discriminatory language use, developing policies on how to manage discrimination, and processes for reporting experiences of discrimination safely.
- Health services and charities should prioritise meaningful LGBTQ+ lived experience collaboration in service design and review of mental health, crisis support, physical health and gender identity services and invest in paid LGBTQ+ lived experience roles in the mental health workforce. Lived experience involvement should include a diversity of LGBTQ+ people to make sure that services reflect people's whole identities.

Health service provision should be person-centred and recognise that LGBTQ+ identities intersect with other lived experiences.

Lived Experience Advisors noted that many LGBTQ+ people have had poor experiences with staff in mental health services, finding they lack knowledge about LGBTQ+ identities and different relationship and family structures.

“Even without direct discrimination or prejudice, it can be very uncomfortable, and even distressing, to feel ‘alone’ within a support group. I remember accessing a support group after being bereaved by suicide. By the very nature of the group, we all had something in common, but at such a vulnerable time, and experiencing thoughts of suicide myself, I needed a much better awareness of my suicide bereavement might intersect with my identity as a lesbian.”

Lived Experience Advisors said that mental health support should be person-centred. This means that professionals should not make assumptions about someone's support needs based on their LGBTQ+ identity alone but should work in partnership with people to deliver support that best suits them. Lived Experience Advisors said this would help people to feel empowered that they are in control of their own care.

“It's important to take holistic and patient centred care vs symptomatic care – when it comes to LGBTQ Muslims it is vital to ask open ended questions and to prompt a reply. You need to consider the whole person and not just the symptom they come in presenting (...) You may think a patient/client is there for one reason but upon further probing – they are there for another or a variety of issues.”

“Had a really positive conversation with a new psychiatrist and we decided that I'd change mood stabiliser. Once he realised I was trans he instantly said I couldn't have it due to a risk of pregnancy. There was no consideration of my individual circumstances - he didn't even ask if I'd had a hysterectomy which would have made a difference.”

Lived Experience Advisors said that one-size-fits-all models of healthcare can be re/traumatising and that this could be solved by improving joined up care processes and transparency around policies. Lived Experience Advisors described the trauma caused by being identified by their deadname, incorrect pronouns or identifiers and when having to re-explain their identity to different people and services. Lived Experience Advisors also expressed that generic safeguarding processes have resulted in accidentally outing LGBTQ+ identities, which can put some people at risk of harm.

“Continuity of care is so important because you have a person who knows your story and is on that journey and knows and understands your life and what is important to you. Having to always retell your story under all of those changes doesn’t make for a very good therapeutic process.”

Ensuring trauma-informed and person-centred care for LGBTQ+ people may help people feel safer in seeking and engaging with support, which in turn can improve mental wellbeing and reduce suicide risk.

“I have both mental and physical health conditions which are not ‘lived separately’ (...) I need health professionals to be trained sufficiently to understand my identity as a lesbian, whether I am receiving support for my mental or physical health. A poor experience or outcome in either (or difficulties with access) will have a significant impact, especially if I am experiencing suicidal thoughts.”

- Health services should invest in training healthcare professionals to have the confidence and skills to deliver person-centred care and work with LGBTQ+ people at risk of suicide in a compassionate, non-judgmental and inclusive way. This could involve collaborating with LGBTQ+ organisations with suicide prevention expertise to co-design and deliver training to staff about LGBTQ+ needs and experiences.
- Health services should demonstrably uphold their public sector equality duty with robust procedures in place that empower LGBTQ+ people to safely report any problems that arise. Health services could collaborate with trusted LGBTQ+ organisations to ensure that people’s needs can be met.
- Health services need to keep accurate records of personal details including LGBTQ+ identities, which are securely shared to avoid LGBTQ+ people having to re-explain their identity to different healthcare professionals. Confidentiality policies on information sharing should be transparently communicated to people using services, to ensure their identities are not accidentally outed.

Mental health services and gender identity care waiting lists need to be shorter for everyone, and services should allow people to be on multiple waiting lists at one time. This would ensure LGBTQ+ people can access the support they need, when they need it.



Lived Experience Advisors said that long waiting lists for mental health support and gender identity care can contribute to LGBTQ+ people experiencing poorer mental health and being more likely to reach crisis. A delay in receiving critical healthcare can lead to a loss of hope and feelings of despair. Advisors also expressed that local availability of both mental health services and gender identity care was poor, referring to it as a 'postcode lottery', which combined with long waiting times could seriously impact the accessibility of healthcare services.

"With longer waiting times, like 4-6 months, I think it's really hard to have the confidence that you're going to keep safe during that time, and that holding on the hope that a change is coming. So I think shortening that is really beneficial".

"When we consider the barriers sometimes faced by LGBTQ+ people in accessing services (both mental and physical), and that older LGBTQ+ people have worse experiences of accessing healthcare than their peers, it is easy to see how delaying treatment or not seeking help to manage long-term health conditions, might lead to worse health outcomes and a downward spiral of despair."

Lived Experience Advisors noted that many services do not allow people to be on multiple waiting lists, and some trans people are hesitant to seek mental health support when needed due to potential impacts on their access or waiting time for gender identity care.

"Longer waiting lists for gender care are particularly concerning as people can't be honest about their mental health as it may impact gender care. If this wasn't the case people could access other services while waiting and would be more supported."

- While there is a clear overall need to reduce all waiting lists for everyone, health services should move to a system that allows people to be on multiple waiting lists to ensure they have access to care when needed. Mental health support should be accessible in addition to gender identity care services. Health systems need to implement a 'no wrong door' approach so that anyone who presents with risk of suicide or poor mental health is taken seriously and gets support, no matter where they present in the system.

Health services should ensure that people can access services for an adequate length of time and improve continuity of mental health support for those who need it.

People should be able to access support for as long as they need it. Due to stigma and fear of prejudice, Lived Experience Advisors said it can take time for LGBTQ+ people to trust service providers before sharing their LGBTQ+ identity. This may take several sessions, and many mental health interventions are time limited. Lived Experience Advisors shared that this impacts LGBTQ+ people's ability to benefit from support and that although many

services allow re-referral, this is often with a new person which resets the relationship-building process and may deter people from seeking help.

“Biggest barrier ever for me has been the bureaucracy, wait times and short termism of NHS mental health care. Sometimes I was told I could only have 5 online counselling sessions, then would have to be reviewed and assessed again and request more sessions if I felt I needed it, and these sessions would not be with the same person. This is a horrible process for anybody regardless of being LGBTQ+ or not, but I think if you are LGBTQ+, it is often the case that you need more time to trust somebody, so I ended up not going through the review to get more sessions because I didn't want to have to build a fresh relationship with another counsellor, which was poor for my mental health.”

- Mental health services should review intervention guidelines to ensure they are flexible and allow for additional numbers of sessions or time where needed, so that LGBTQ+ people can build trust with service providers.

More funding needs be allocated for wellbeing and recreational organisations for and by LGBTQ+ people in health services and the VCSE sector.

Lived Experience Advisors shared that community-based services are often a first contact-point for people and provide safe and affirmative support while people are waiting for access to statutory health services. Advisors emphasised the importance of the VCSE sector for LGBTQ+ people in plugging gaps in support.

“Community services can often be more responsive when waiting for support and they’re based in the community so they’re not in a traumatising environment, they are where people need them to be... They help people connect and feel community and relationships which is so important”

Lived Experience Advisors identified that peer support and engaging with others with lived experience brings a sense of belongingness and prevents suicidal behaviour and poor mental health for LGBTQ+ people.

Lived Experience Advisors have engaged with a range of LGBTQ+ community-based wellbeing services and recreational groups including peer support, sober spaces, educational workshops, fitness groups, open mics and book clubs. Peer support enables LGBTQ+ people with lived experience of mental health issues and suicidal behaviour to connect with others and can support wellbeing, self-esteem and reduce isolation. Community groups focused on intersecting experiences (for example being LGBTQ+ and disabled or having a certain faith) can be particularly important in preventing a deterioration in mental health. A Lived Experience Advisor told us that being LGBTQ+ and Muslim means that their experiences might differ from other LGBTQ+ individuals, and therefore generic LGBTQ+ spaces aren't always appropriate.

“I don’t want to bother my friends and family with issues, there’s some safety of being alongside people who’ve had similar experiences.”

Lived Experience Advisors noted that community services are not always available to support LGBTQ+ people long term due to limited funding or reliance on community volunteers. Improving the sustainability of community organisations via dedicated funding and embedding LGBTQ+ peer support in statutory health services is key to preventing suicides in LGBTQ+ communities.

“There are fewer and it’s harder to find grassroots organisations that do work on LGBTQ+ suicide prevention and I think there’s a responsibility for those larger organisations that hold a lot of power to release and share resources, space and money to those organisations”

- Central and local governments should invest in making sure that LGBTQ+ peer support groups in mental health services are sustainable, long term and widely available. Peer support groups should consider people’s intersecting experiences, to avoid a one-size-fits-all approach to LGBTQ+ identities and suicide.
- Statutory, private and charitable funders should invest in local LGBTQ+-led community groups which help tackle the drivers of suicide, such as loneliness and isolation, as well as local LGBTQ+ programmes and organisations which support people experiencing suicidal behaviour and self-harm.

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