Supporting Mental Health of LGBTQ+ Youth: Using Affirming Care to Address Risk Factors and Promote Resilience

Amy Curtis, MD (She/her)
Acting Assistant Professor, UW School of Medicine
Department of Psychiatry and Behavioral Medicine
Seattle Children’s Hospital/ Seattle Children’s Autism Center

Jaclyn T. Aldrich, PhD (She/her)
Postdoctoral Fellow in Acute Psychiatric Care
Department of Psychiatry and Behavioral Medicine

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Learning Objectives

1) Review gender and sexuality terminology and definitions.
2) Explain the minority stress model and its application to understanding adverse health outcomes for LGBTQ+ teens.
3) Illustrate the provider’s role in promoting affirming care for LGBTQ+ youth and their families.
4) Identify prevalence of mental health challenges and risk factors for suicide among LGBTQ+ youth.
5) Summarize current best-practice approaches to understanding suicidality and risk assessment in adolescents.
6) Describe evidence-based treatment strategies for working with suicidal youth across varying healthcare settings.
Terminology 101: What is LGBTQ+?

• Many intersecting identities = many different terms
• Acceptable terms may change over time and by community
• LGBTQ+
• + = QIP2SAA: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Pansexual, 2-Spirit, Asexual, Ally
• It is important to listen to & mirror terms patients use to describe themselves
• Some do not like to use any terms to describe their sexual orientation or gender identity!
Across the Spectrum: Dimensions of Gender & Sex

Non-binary identities:
- Trans masculine
- Trans feminine
- Genderqueer
- Gender fluid
- Nonbinary
- Agender

Dimensions of Gender and Attraction
Names and Pronouns - Intros

- Introducing your own pronouns first:
  ○ “Hello, I am Dr. Curtis. I use she/her pronouns.”

- If you are unsure about a patient’s preferred name or pronouns:
  ○ “I would like to be respectful—what name and pronouns would you like me to use?”

- If a patient’s name doesn’t match insurance or medical records:
  ○ “Could your chart/insurance be under a different name? What is the name on your insurance?”

- If you accidentally use the wrong pronoun/name:
  ○ “I’m sorry. I didn’t mean to be disrespectful.” And move on!

- Asking about gender and sexuality:
  ○ “I am going to ask you some questions about yourself and I want you to tell me how you feel, not how you think others see you or how others think you should feel. These are questions I ask all my patients.”
  ○ Are you attracted to boys, girls, or both? Or neither?
  ○ What words do you use to describe your sexual identity?
  ○ What gender do you consider yourself to be?

Training modules: LGBTQ+ health!
https://www.lgbthealtheducation.org/resources/type/learning-module/

Gender & Sexuality Variations Are Normal!

- Many children experiment with gender expression and roles that are different from their gender assigned at birth
- Exploring gender & sexuality = normal development
- Gender identity and sexual orientation terms excluded and/or misused on forms, hidden identities: difficult to estimate population
- Best guess adolescent (13-17) LGBTQ+ population in U.S.
  - Transgender: ~0.7%
  - LGBTQ+: 9.5%
Minority Stress Model & Health Disparities

**Minority stress theory:**
- **Negative impacts** to health from **chronically high stress** experienced by members of a **stigmatized minority**
- Internal, interpersonal, and structural factors influence health + psychosocial outcomes

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**Minority Stress & LGBTQ+ Health: Predicting Outcomes**

**Question:** What is the biggest factor predicting if a gender diverse teen will have psychosocial resilience as an adult?

**Answer:** victimization/discrimination.

- **Discrimination and marginalization** of LGBTQ+ individuals create stressors, which can help to explain increased risk for adverse outcomes.
  - Internalized homophobia/transphobia + overt/covert discrimination + social stigma + --> psychological distress
  - Social stigma/bias/discrimination lead to shame, isolation, hiding
  - Transgender individuals face even higher rates of adverse health outcomes
  - **Rates normalize in more accepting environments!**
Intersectionality & Marginalization

- Young LGBTQ+ people of color face additional challenges with bias and discrimination
- Racial and ethnic minority + LGBTQ: similar and unique structural factors lead to multiple forms of inequality
- Higher rates of family rejection, homelessness, victimization, trauma, juvenile justice, financial and employment barriers, discrimination, legal & systemic bias - especially for BIPOC
- Transgender + BIPOC at especially high risk of adversity
- Less access to necessary and quality healthcare, less likely to seek care due to past negative experiences => poorer health outcomes

Health Disparities - LGBTQ Youth

Environmental factors

- Lack of peer or family support, parent rejection, homelessness
- Significant increase in care access barriers
- Higher victimization rates (verbal, physical, sexual, emotional)

Adverse outcomes

- HIV, STIs rates
- Anxiety, depression
- SI, attempts, self-harm
  - SI: 2-3x rate
  - Serious suicide attempts: 4x
  - 10x risk for 1-yr repeat attempts
- Neg. body image, eating disorders
- Substance use-alcohol, nicotine, illicit
Much higher rates of abuse and victimization for LGBTQ youth
  - 2x rate intimate partner violence (IPV).
  - 4x in LGBTQ+ youth of color
- Ask how things are going at home, school, relationships
- Have resources and referrals on hand

**Screening questions to ask patients:**
- How are things going at home? At school?
- Do you feel safe when you are at home?
- Do you feel safe in your neighborhood? At school?
- Has anyone ever picked on you? Can you tell me about it? Was this because you are LGBTQ?
- At any time, has anyone hit, kicked, choked, threatened, forced him or herself on you sexually, touched you in a sexual way that was unwanted, or otherwise hurt or frightened you?

**Family Support & Rejection**
- Family rejection -> highly negative outcomes
- ↑Suicide attempts, depression, substance use, unsafe sex
- Parental rejecting behaviors:
  - Forbidding LGBTQ peer contact
  - Blaming child for being victimized
  - Hiding child’s identity from others
  - Forcing into ‘conversion therapy’
  - Kicking out of home
Family Support & Positive Trajectories

- **Having a supportive adult = leading resilience factor**
- **High parent support -> ↓ psychological distress**
- **Higher family acceptance: ↑ self-esteem, social support, health**

For trans/NB youth:
- Using correct name/pronouns highly predictive of mental health outcomes
- Affirming gender identity -> lower suicide rates
  - ↓ SI (31% vs. 57%) + ↓ SA (19% vs. 38%)

Family Education & Support

- May be stressful adjustment for family
- Important to consider family background in how they process coming out: religion, ethnicity, culture, education, financial status.
- **Explain to family the harmful impact of rejecting words and behaviors, even if they mean well. Pronoun use is highly correlated with positive and negative health outcomes.**
- Offer resources: Family Acceptance Project
  - [http://familyproject.sfsu.edu/](http://familyproject.sfsu.edu/)
- Handout for parents on conversion disorder harms:
  - [AACAP policy statement](#)
Schools and LGBTQ+ supports

- School factors are hugely important in feeling safe/supported with gender and sexuality.
- Coming out & transitioning: who, when, where
- Pronouns, bathrooms, gym, sports, health class
- Prevent & address bullying, harassment
- Help school become gender-informed
- Culturally competent, affirming schools reduce risk factors:
  - Lower SI, drug use, academic issues

NASN policy statement LGBTQ youth

Supporting LGBTQ+ Youth:
The Healthcare Provider’s Role

- Use correct pronouns & gender-inclusive language
- Maintain confidentiality
- Assess for bullying, violence, family rejection
- Signs/symptoms of distress: somatic complaints, insomnia, school issues, depression, self-harm, disordered eating.
- Have appropriate screening AND next-step plans in place for suicidality
- Brief interventions- educate on prevention: stress management, exercise, sleep, social support
- Educate family
- Help find support - home, school, community
- Be prepared with referrals/resources - you may be their only adult confidante!
Clinician Interactions with LGBTQ+ Youth: 101

1) Supporting LGBTQ+ identities and concerns are important.

1) Do not assume everything going on is related to gender or sexuality.

Clinical interactions and power dynamics

- Acknowledging the power dynamic in the room is important
- “It’s not always easy to come to a health clinic and share details about the needs you have around your body and identity with a stranger.”
- “I imagine you have thought through/been through a lot to get to this point already.”
- “Please let me know if anything I say or do is making you uncomfortable.”
Safe Disclosure of Identity/Coming Out

**Patient factors:**
- Pt may not disclose gender/sexual identity to every provider or family member (that’s okay)
- May fear purposeful/accidental disclosure to family
- May reject labels, see identity as fluid and not behavior-defined

**Providers should:**
- Let patients use their own identity terms
- Ask who pt is “out” to
- If referring out, ask if pt wants you to disclose identity to new provider
- Train all staff to respect LGBTQ identity confidentiality

Fostering an Inclusive Clinical Space

1) Give patients space to self-identify
2) Post LGBTQ-affirming visual cues
3) Provide all-gender bathrooms with clear signage
4) Train all staff on LGBTQ health and competencies
5) Distribute info on confidentiality and minor consent
6) Use inclusive forms and measures, EMR
7) Advocate for youth in schools (i.e. 504, link to resources, etc.)
8) Share information about local and national resources that support LGBTQ+ youth

Take Home Points

• Terminology always growing; be patient, curious, and open to feedback.
• LGBTQ+ individuals have a long history of adversity & negative health care experiences
• Informed and affirming care is essential for promoting resilience and optimizing positive health trajectories for LGBTQ+ youth
• For transgender youth, gender affirming interventions are experienced as life saving & life-changing
• Healthcare providers have an opportunity to provide informed, evidence-based, compassionate care!

Celebrate Pride Month!!

Displays of inclusion:
• Pride flags/posters
• Safe space stickers
• Pronoun pins
• All-gender bathrooms
• Inclusive forms & signs
Suicide and Risk Assessment

Jaclyn T. Aldrich, PhD (She/her)

Epidemiology of Suicide

Retrieved from Business Insider
The Importance of Language

**Suicide Attempt**
- Deliberate action taken to end one's life

**Interrupted Attempt**
- Suicide attempt that is interrupted by another person

**Aborted Attempt**
- Individual takes steps to attempt suicide and stops

**Suicidal Ideation**
- Thoughts about suicide, broad range from passive (wishing to be dead) to active (planning suicide)

**Suicidal Intent**
- Individual's self-identified risk of following through on plan to attempt suicide

**Non-suicidal Self-Injury (NSSI)**
- Behavior with the potential for harm without intent to die (e.g., cutting, burning skin, head banging)

Understanding Suicide

Over the years, many theories of suicide have been explored:
- Dialectical Behavior Therapy Model (Linehan, 1993)
- Interpersonal Theory of Suicide (Joiner, 2005)
- Cognitive Model of Suicidal Behavior (Wenzel & Beck, 2008)
- Three Step Theory (Klonsky & May, 2015)

Despite these theories...
- Our ability to accurately predict suicidal ideation, behavior, and attempts is limited (Franklin et al., 2017)
Understanding Suicide

Interpersonal Distress
- Social Isolation
- Negative interpersonal states

Affective Distress
- Emotional dysregulation
- Maladaptive coping

Cognitive Inflexibility
- Rigid thinking
- Negative cognitions

Stress Exposure

Risk Factors of Suicidal Thoughts and Behaviors
(Cha et al, 2018)

Environmental
- Childhood maltreatment
- Bullying
- Peer & media influence

Psychological
- Affective
- Cognitive
- Social

Biological
- Neural circuits
- Neurotransmitters
- Genetics
LGBTQ+ Youth and Suicide Risk

LGBTQ+ youth are 3.5x more likely to attempt suicide.

- Trans youth: 5.9x more likely
- GLB youth: 3.7x more likely

di Giacomo et al., 2018

LGBTQ+ Youth and Suicide Risk

- 34% Considered Suicide
- 11% Attempted Suicide
- 21% Considered Suicide
- 52% Attempted Suicide

Trevor National Survey on LGBTQ Youth Mental Health 2020
Differences in Risk Factors

For LGBTQ+ youth:
- Discrimination, prejudice, societal attitudes
  - Internalization
- Peer victimization
  - Bullying, physical/sexual violence, lack of supportive climates
- Rejection & Isolation
  - Cultural/religious beliefs
  - Family rejection and homelessness
- Access to services and supportive environments

Types of Suicide Risk

Chronic Risk
- Likelihood of making a future suicide attempt
- Informed by historical data
- Strength & protective factors
- Long-term risk factors
- Impulsivity & self-control
- Past suicidal behavior

Acute Risk
- Dynamic, in the moment risk
  - Current suicidal ideation and behavior
  - Stressors, life changes, symptoms
  - Engagement in care

Gorse, 2020
Process of Care for Suicidal Youth

- **Screening**: Is the youth experiencing suicidal thoughts?
- **Assess Risk**: Is the youth at imminent risk of suicide?
- **Level of Care**: What level of care is appropriate given risk, functioning, and severity of symptoms?
Assessing Suicide Risk

Screening Tools
- Ask Suicide-Screening Questions (ASQ)
- Brief Suicide Safety Assessment (BSSA)

Essentials of Detailed Assessment
- **Ideation**: Frequency, intensity, duration
- **Plan**: Method, timing, location, availability of means, lethality
- **Behavior**: History of attempts, preparation, rehearsal
- **Intent**: Extent to which youth expects to carry out plan and believes the act to be lethal vs. injurious

A Note on Psychiatric Hospitalization

Psychiatric hospitalization is *not* the first-line approach to treating suicidal youth
- There is little evidence that hospitalization actually prevents suicide (Knesper, 2010)

There are important costs associated with hospitalization
- Stigma
- Financial costs

Many barriers to care or situational difficulties will still be present following discharge from hospitalization
Approaches to Treatment

Brief Interventions
• Safety Planning
• Care Coordination

Effective treatment programs:
• Dialectical Behavior Theory (DBT)
• SAFETY Program
• Integrated Cognitive-Behavioral Therapy (CBT)
• Attachment-Based Family Therapy (ABFT)
• Collaborative Assessment and Management of Suicidality (CAMS)

Approaches to Treatment

- Trauma, substance use
- Affective & cognitive factors
- Social support, reducing isolation
- Ability to cope and manage stress
- Family dynamics

• Safety planning
• Lethal means counseling
• Identifying treatment needs
**Working with Suicidal Youth**

**Do...**
- Take concerns of suicide seriously
- Maintain calm, concerned, curious demeanor
- Express empathy and reflect what you're hearing
- Thank the youth for discussing or sharing suicidal thoughts

**Avoid...**
- Apologizing for asking about suicidal thoughts
- Advice giving
- Avoiding strong emotions or asking necessary questions
- Judgmental or defensive language

**Protective Factors for LGBTQ+**

- Supportive environments
  - Family acceptance
  - School climate
  - Social connection
    - LGBTQ+ affirming groups and spaces
- Access to resources
  - Gender affirming clothing & supplies
  - Housing support
- Appropriate medical & mental health care
Crisis Support for Youth

- For LGBTQ+
  - Trevor Project: (866) 488-7386
  - The Gay, Lesbian, Bisexual and Transgender National Hotline: (888) 843-4564
  - The GLBT National Youth Talkline (youth serving youth through age 25): (800) 246-7743
  - Trans Lifeline: (877) 565-8860
  - The National Runaway Safeline: (800) 786-2929

- Other resources:
  - National Suicide Prevention Lifeline: (800) 273-8255 (online chat available)

Resources for LGBTQ Youth + Families

- Seattle Children’s: [https://www.seattlechildrens.org/clinics/gender-clinic/patient-family-resources/](https://www.seattlechildrens.org/clinics/gender-clinic/patient-family-resources/)
- Trans Families: [https://transfamilies.org/](https://transfamilies.org/)
- Family Acceptance Project: [familyproject.sfsu.edu](http://familyproject.sfsu.edu)
- Parents, Families, & Friends of Lesbians and Gays: [PFLAG.org](http://www.pflag.org)
- TransYouth Family Allies: [www.imatyfa.org](http://www.imatyfa.org)
- Youth Resource: Sexual health resource for LGBT youth: [www.youthresource.com](http://www.youthresource.com)
- Go Ask Alice: STI information for and by teens: [www.goaskalice.columbia.edu](http://www.goaskalice.columbia.edu)
- Bullying Violence Network: [www.stopbullying.gov](http://www.stopbullying.gov)
- It Gets Better Project: [www.itgetsbetter.org](http://www.itgetsbetter.org)
- Gay Straight Alliance Network: [gsanetwork.org](http://gsanetwork.org)
- Gay Lesbian & Straight Education Network: [www.glsen.org](http://www.glsen.org)
Resources to give to parents/families

**SUGGESTED BOOKS**
- *Gender Born, Gender Made* by Diane Ehrensaft
  - [http://genderborngendermade.com](http://genderborngendermade.com)
- *Raising My Rainbow: Adventures in Raising a Fabulous, Gender Creative Son* by Lori Duron
  - [http://raisingmyrainbow.com](http://raisingmyrainbow.com)
- *The Transgender Child* by Stephanie Brill & Rachel Pepper
  - [https://www.genderspectrum.org/store](https://www.genderspectrum.org/store)

**FOR YOUTH**
- *It Gets Better*
  - [www.itgetsbetter.org](http://www.itgetsbetter.org)
- *Gender Spectrum Lounge*
  - [www.genderspectrum.org/lounge](http://www.genderspectrum.org/lounge)
- *The Trevor Project*
  - [www.thetrevorproject.org](http://www.thetrevorproject.org)
- *Youth Pages*
  - [www.safe schoo lcoalition.org/you thindex.html](http://www.safeschoolcoalition.org/you thindex.html)
- *Youth Resource by Advocates for Youth*
  - [www.youthresource.com](http://www.youthresource.com)

**FOR PARENTS & FAMILY MEMBERS**
- *Children's National Medical Center Gender and Sexuality Psychosocial Programs*
  - [www.childrensnational.org](http://www.childrensnational.org)
- *Family Acceptance Project*
  - [http://familyproject.sfhs.edu/](http://familyproject.sfhs.edu/)
- *Gender Spectrum*
  - [www.genderspectrum.org](http://www.genderspectrum.org)
- *PFLAG's Transgender Network*
  - [http://community.pflag.org/ transgender](http://community.pflag.org/transgender)
- *Philadelphia Trans-Health Conference*
  - [www.trans-health.org](http://www.trans-health.org)
- *TransKids Purple Rainbow Foundation*
  - [www.transkidspurplerainbow.org](http://www.transkidspurplerainbow.org)
- *TransYouth Family Allies*
  - [www.imatya.org](http://www.imatya.org)

**FOR FRIENDS**
- *Advocates for Youth*
  - [www.advocatesforyouth.org](http://www.advocatesforyouth.org)
- *It Gets Better*
  - [www.itgetsbetter.org](http://www.itgetsbetter.org)

**FOR TEACHERS, SCHOOL OFFICIALS & COACHES**
- *Gender Spectrum*
  - [www.genderspectrum.org](http://www.genderspectrum.org)
- *GLSEN*
  - [www.glesn.org](http://www.glesn.org)
- *GSA Network*
  - [www.gsanetwork.org](http://www.gsanetwork.org)
- *HRC’s Welcoming Schools*
  - [www.welcomingschools.org](http://www.welcomingschools.org)
- *HRC’s Youth Well-Being Project and Annual Time to THRIVE Conference*
  - [www.time2thrive.org](http://www.time2thrive.org)
- *PFLAG’s Cultivating Respect: Safe Schools for All*
  - [http://community.pflag.org/safeschools](http://community.pflag.org/safeschools)
- *Safe Schools Coalition*
  - [www.safeschoolcoalition.org](http://www.safeschoolcoalition.org)

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**THANK YOU!**

**QUESTIONS?**