

Suicide in our LGBTQ youth

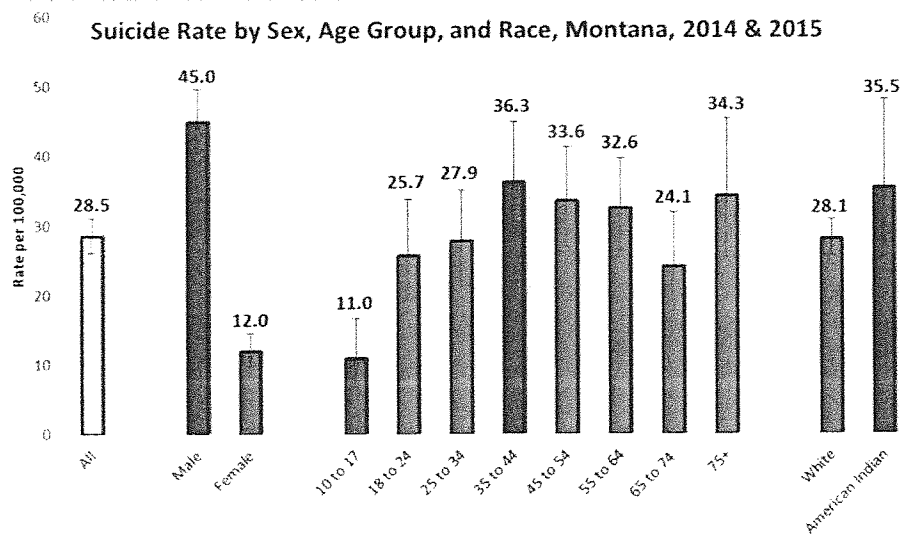
Source: The Trevor Project (www.thetrevorproject.org)

- ❖ LGBTQ youth are **4 times** more likely, and questioning youth are 3 times more likely, to attempt suicide as their straight peers.
- ❖ Nearly **half** of young transgender people have seriously thought about taking their lives, and one quarter report having made a suicide attempt.
- ❖ LGBTQ youth who come from **highly rejecting families** are **8.4 times** as likely to have attempted suicide as LGBTQ peers who reported no or low levels of family rejection.
- ❖ Each episode of LGBTQ victimization, such as physical or verbal harassment or abuse, **increases the likelihood of self-harming behavior by 2.5 times** on average.

Suicide in Montana

Data Source: 2015 National Vital Statistics Reports (January, 2017), Montana Office of Epidemiology and Scientific Support (January, 2017), Montana Youth Risk Behavior Survey (August, 2017) #3

- ❖ For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past thirty years. In a report for 2015 in the National Vital Statistics Report, **Montana has the third highest rate of suicide in the nation** (272 suicides for a crude rate of 26.3)
- ❖ In Montana, the highest rate of suicide is among American Indians (35.5 per 100,000) although they only constitute 6% of the state's population. Caucasians are second at 28.1 per 100,000.
- ❖ Firearms (63%), suffocation (19%), and poisoning (12%) are the most common means of suicide in Montana. Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.
- ❖ In Montana in 2014-15 the youth suicide (ages 10-17) rate is 11/100,000. This is almost triple the national rate for the same age group. Over the last two years, 63% of the youth suicides were completed by firearms.
- ❖ According to the 2017 Youth Risk Behavior Survey, during the 12 months before the survey, **9.5% of all Montanan students in grades 9 through 12 had made a suicide attempt and 14.8% of 7th and 8th graders. For American Indian students, 18.3% had attempted suicide one or more times in the twelve months before the survey.**
- ❖ Suicide is the number one cause of preventable death in Montana for children ages 10-14
- ❖ Over the past ten years suicide is the number two cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-44.
- ❖ Studies show that for every completed suicide, there are 6 survivors. Given there are more than 270 suicides in Montana every year, that means there are about 1,600 new survivors every year in Montana. A survivor of suicide is 3x the risk of completing suicide themselves.



THIS INFORMATION IS GIVEN AS A MEANS OF HELPING PEOPLE BETTER UNDERSTAND THE SUICIDAL YOUTH, NOT AS A MEANS OF TREATING THE YOUTH THEMSELVES. ALWAYS REFER THE YOUTH FOR PROFESSIONAL HELP. IT IS BETTER TO BE SAFE THEN SORRY.

Warning signs that people should be aware of concerning adolescent suicide:

- Abrupt change in personality
- Giving away prized possessions
- Previous suicide attempts
- Increase in drug or alcohol use
- Eating disturbance, either weight gain or loss
- Sleep disturbance, either too much or too little
- Inability to tolerate frustration
- Withdrawal and rebelliousness
- Isolating on the unit and choosing to spend time alone.
- Unwillingness or inability to communicate
- Sexual promiscuity
- Decline in personal hygiene
- Uncharacteristic theft or vandalism
- Flat affect or depressed mood
- Exaggerated or extended apathy
- Complaints of being bored
- Carelessness or increase in accidents
- Unusually long grief reaction (varies with different youth)
- Overall sense of sadness and hopelessness
- Increase in hostility
- Decrease in academic performance
- Difficulty concentrating
- Recent family disruption
- Recent history of running away
- Abrupt end to a romance

The key is that the youth is **acting out of character** and is exhibiting many of these cues. The only way to know if a youth is acting out of character is if you know the youth. If you work with kids, spend the time on developing a **RELATIONSHIP WITH THE YOUTH.**

Understand the role of **ambivalence** in suicide. Very few times is somebody 100% suicidal. Most of the time there is a part of them that wants to live and a part that wants to die. The part that makes a suicidal statement is the part that wants to live. It is a cry for help. Focus on building the part that wants to live.

VERY IMPORTANT - All suicidal ideations are serious and every precaution needs to be taken, even if you believe the action is purely to gain attention. NEVER PUT A YOUTH IN THE POSITION OF NEEDING TO PROVE THAT THEY ARE SERIOUS. Suicidal ideations are a cry for help. DON'T AVOID THE TOPIC, TALK ABOUT THE FEELINGS AND DON'T BE AFRAID TO MENTION THE WORD "SUICIDE." Most youth will respond honestly. Many people are hesitant to bring up the subject of suicide for fear that they will be planting the idea in the mind of the youth. This is a serious mistake! If the youth is suicidal, asking them might lead to a conversation that could prevent the suicide.

Assessing the Degree of Risk – Mental health professionals should be used whenever possible, but once you suspect potential suicide, the best procedure is to approach the youth in a **warm, accepting, non-judgmental manner** and ask a question similar to:

"Have you had thoughts of killing yourself?" or "Are you suicidal?"