Suicide in Lesbian, Gay & Bisexual Adults: Epidemiologic Trends & Strategies for Prevention

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In 2020, ~46,000 people died by suicide in the U.S.

Data from National Vital Statistics System
Since 1999, the suicide rate has been increasing, though in the past two years it has decreased.
The recent decrease in the suicide rate has coincided with a dramatic increase in “unintentional” drug poisonings.

Data from National Vital Statistics System
Trends in suicide rates by sex

Data from National Vital Statistics System
Trends in suicide rates by race/ethnicity

Data from National Vital Statistics System
Trends in suicide rates by sexual orientation
Trends in suicide rates by gender identity
In most death investigation jurisdictions across the United States, sexual orientation and gender identity are not included in death certificates.

Exceptions include:
- Los Angeles County (2019)
- California pilot (2021; AB1094)
Researchers have used novel techniques to examine suicide mortality risk among LGBTQ+ populations

**Linked Survey Data**

- **Sample:** Nationally representative sample of adults who reported at least one same-sex sexual partner between 1988 and 2002
- No evidence of differing rate among MSM and MSWO
- WSW had higher suicide rate than WSMO

**Diagnostic Codes**

- **Sample:** VA patients with one of four ICD-9 codes (Gender Identity Disorder (x2), transsexualism; and transvestic fetishism) between 2000 and 2009
- **Suicide rate:** 82 per 100,000

  Blosnich et al., 2014

**Natural Language Processing**

- **Sample:** VA patients with documentation of sexual orientation in clinical notes from 1999-2017
- **Suicide rate:** 82.5 per 100,000 (v. 37.7 per 100,000)

  Lynch et al., 2014
Other constructs are important markers of distress and suicidal behaviors:

- **Ideation**
  - Having serious thoughts about ending one’s life by suicide

- **Plan**
  - Having made a plan to end one’s own life

- **Attempt**
  - Having tried to end one’s own life

- **Death**
  - Died by suicide (self-inflicted injury with intent to die)
Since 2015, asks questions of those 18 and older about sexual orientation:

Which one of the following do you consider yourself to be?
- Heterosexual, that is, straight,
- Lesbian or gay
- Bisexual
- Don’t know.

Asks those 18 and older about suicide ideation, plans and attempts:

- **Ideation:** At any time in the past 12 months, that is from [DATEFILL] up to and including today, did you seriously think about trying to kill yourself?
- **Plans:** During the past 12 months, did you make any plans to kill yourself?
- **Attempts:** During the past 12 months, did you try to kill yourself?

Annual survey representative of the civilian, non-institutionalized U.S. population

~57,000 respondents annually
NSDUH Sample Characteristics: Current Study

Identify as LGB: 14,693

### Male

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Heterosexual</th>
<th>Gay</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–25</td>
<td>93.4%</td>
<td>2.9%</td>
<td>3.7%</td>
</tr>
<tr>
<td>26–34</td>
<td>94.4%</td>
<td>3.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>35–64</td>
<td>96.5%</td>
<td>2.2%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

### Female

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Heterosexual</th>
<th>Lesbian</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–25</td>
<td>84.3%</td>
<td>2.6%</td>
<td>13.1%</td>
</tr>
<tr>
<td>26–34</td>
<td>89.6%</td>
<td>2.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td>35–64</td>
<td>96.1%</td>
<td>1.5%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

### Demographic Breakdown

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Heterosexual</th>
<th>Lesbian</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, NH</td>
<td>95.6%</td>
<td>2.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Black, NH</td>
<td>95.8%</td>
<td>2.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other, NH</td>
<td>95.4%</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>94.8%</td>
<td>2.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>White, NH</td>
<td>92.8%</td>
<td>1.9%</td>
<td>5.3%</td>
</tr>
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Estimates provided are adjusted marginal means (average prevalence estimates after adjustment for sociodemographic covariates).

For suicide plans, Gay/Lesbian also includes those who identify as bisexual.
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Trends in suicide rates by race/ethnicity

Data from National Vital Statistics System
Trends in **Suicide** Rates by Age
Is prevalence of suicide thoughts, plans and attempts different between...

1. Lesbian/gay/bisexual adults across age groups?

2. Lesbian/gay/bisexual adults across race/ethnicity groups?

3. Age groups among lesbian/gay/bisexual adults?

4. Race/ethnicity groups among lesbian/gay/bisexual adults?
Past Year Suicide Thoughts, Females

Across all age groups, bisexual women have higher rates of suicidal thoughts than heterosexual women.

In the younger two age groups, gay/lesbian women have higher rates of suicidal thoughts than heterosexual women.

In the older age groups, bisexual women have higher rates of suicidal thoughts than gay/lesbian women.

In all sexual identity groups, younger women have higher rates of suicidal thoughts.

Estimates provided are adjusted marginal means (average prevalence estimates after adjustment for sociodemographic covariates).
Past Year Suicide Thoughts, Females

Across all age groups, bisexual women have higher rates of suicidal thoughts than heterosexual women.

Among White and Hispanic adults, gay/lesbian women have higher rates of suicidal thoughts than heterosexual women.

Among White and Black adults, bisexual women have higher rates of suicidal thoughts than gay/lesbian women.

Among lesbian/gay, and bisexual women, Black women have lower rates of suicidal thoughts.

Estimates provided are adjusted marginal means (average prevalence estimates after adjustment for sociodemographic covariates).
Across all age groups, lesbian/gay/bisexual women have higher rates of past suicide attempts.

In both sexual identity groups, younger women have highest rates of suicidal thoughts.

Estimates provided are adjusted marginal means (average prevalence estimates after adjustment for sociodemographic covariates).
Across all race/ethnicity groups, lesbian/gay/bisexual women have higher rates of past suicide attempts.

There are no differences by race/ethnicity in rates of past year suicide attempts among heterosexual or gay/lesbian/bisexual women.

Estimates provided are adjusted marginal means (average prevalence estimates after adjustment for sociodemographic covariates).
Bisexual men have higher rates of suicidal thoughts than heterosexual men across all age and race/ethnicity groups.

Gay men have higher rates of suicidal thoughts than heterosexual men across all age groups and all race/ethnicity groups EXCEPT mixed race.

No differences in suicidal thoughts between bisexual and gay men.

Suicidal thoughts are generally higher among younger gay and bisexual men and White gay and bisexual men.

Gay men have higher rates of suicide attempts in all age groups EXCEPT 26–34 and in all race/ethnicity groups EXCEPT mixed race.

Suicide attempts are higher among younger gay/bisexual men.
Key Implications

Mostly consistent results of elevated suicidal behaviors among LGB adults

Minority Stress theory
Stigma, prejudice, and discrimination experienced by LGB individuals may exacerbate the risk for mental health problems, thereby increasing suicide risk.
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Stigma, prejudice, and discrimination experienced by LGB individuals may exacerbate the risk for mental health problems, thereby increasing suicide risk.

**Intersectional theory**
Discrimination may manifest in complex ways for those with multiple marginalized identities.

** Mostly consistent results of elevated suicidal behaviors among LGB adults **

** Different associations between race/ethnicity and suicide outcomes among sexual minority adults relative to heterosexual adults **
Key Implications

Mostly consistent results of elevated suicidal behaviors among LGB adults

Different associations between race/ethnicity and suicide outcomes among sexual minority adults relative to heterosexual adults

In some instances, elevated rates of suicide thoughts among adults who identify as bisexual

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**Minority Stress theory**

- Stigma, prejudice, and discrimination experienced by LGB individuals may exacerbate the risk for mental health problems, thereby increasing suicide risk

**Intersectional theory**

- Discrimination may manifest in complex ways for those with multiple marginalized identities

**Biphobia:**

- Cultural invisibility of bisexual people may result in unique stressors and a lack of bisexual-specific resources

- Negative stereotypes about bisexual people
Strategies for Prevention
Nine Broad Categories of Suicide Prevention

- Training on coping skills and self-referral
- Screening programs
- Mental health interventions
- Marketing campaigns
- Crisis hotlines
- Social/policy interventions
- Gatekeeper training
- Provider training
- Appropriate response

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Health care settings provide opportunities to identify and mitigate suicide risk

Among 5,894 suicides enrolled in a health plan in a year before death…

- **50%** any health care visit
- **24%** mental health care visit
- **22%** emergency visit
- **83%** any health care visit
- **45%** mental health care visit
- **60%** emergency visit

Past Year Receipt of Mental Health Services Among Those Who Reported Attempting Suicide

Evidence-Supported Mental Health Strategies

- Screening for suicide risk
- Cognitive behavioral therapy
- Dialectical behavioral therapy
- Safety Planning
- Caring contacts
Screening for suicide risk

- There is no evidence for iatrogenic risk of asking people questions about suicide (i.e., worry about “putting ideas into their heads.”)

- Screening positive for suicide risk helps identify persons at risk for future suicide or other serious mental health concerns.

- Screening can be done by non-mental health clinicians.

- ASQ is a validated suicide screening tool with versions for youth and adults in various clinical settings (outpatient, clinics, emergency departments, etc).

- More information at: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asz-toolkit-materials
What is Cognitive Behavioral Therapy (CBT)?

• One of the best tested, proven therapies for anxiety and depression (and other problems including suicidal thoughts and behaviors)
• Generally short-term (e.g., 8-16 weekly sessions)
• Collaborative
• Symptom-focused
• Therapist usually acts like a coach, assigns homework
• Therapist needs training to deliver CBT
• Face-to-face (but not e-health) CBT effective in reducing suicidal thoughts and behaviors

What is Dialectical Behavioral Therapy (DBT)?

• Originally designed to treat chronic suicidal thoughts and borderline personality disorder, but tailored for many other conditions

• Effective for reducing suicidal behavior

• Targets emotion regulation, interpersonal effectiveness, distress tolerance

• Integrates CBT and mindfulness/acceptance-based skills

• Typically, one year of weekly treatment

• Key components:
  • Group therapy
  • Individual therapy
  • Phone coaching

Safety Planning is an evidence-based approach in which clinicians work with clients to identify strategies to cope with suicidal thoughts and reduce the risk of suicide.

Six components of safety planning

1. Recognizing individual warning signs
2. Identifying and employing internal coping strategies
3. Using social supports as distractions
4. Contacting trusted family or friends to help
5. Contacting specific mental health services
6. Reducing access to/use of lethal means


Safety Planning “differs significantly from the widely considered ineffective ‘no-suicide contract.’” Ferguson et al., 2021.
Across 26 studies, evidence supported improvements in:

- Suicidality (ideation, behavior, death)
- Depression, hopelessness
- Hospitalization, treatment engagement

From: Ferguson, M et al. (2021). The Effectiveness of the Safety Planning Intervention for Adults Experiencing Suicide-Related Distress: A Systematic Review,” Archives of Suicide Research, 1–24
Caring contacts

• Asynchronous, nonintrusive, low cost
• Targets patients recently discharged from psychiatric crisis care settings
• Send personalized text-based messages expressing interest and concern for the patient’s wellbeing without any demand for a response
• Can be sent via text message or snail mail (e.g., postcards)
• Approximately 8 contacts over one year
• A review of 13 RCTs suggested an overall protective effect for suicide attempts one-year post-randomization
In conclusion...
Suicide is preventable

LGB adults face increased suicide risk, but risk varies

Health care professionals can help prevent suicide

Evidence-supported strategies exist, and new evidence is emerging