

# Serving and Preventing Suicide Among LGBTQ and Minority LGBTQ Communities

Sept. 18, 2019 - New York State Suicide Prevention Conference

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# Agenda:

Introduction/Objectives

Risk Factors

Protective Factors

Into Action

Question & Answer



# Objectives:

- Identify and describe the unique challenges faced by LGBTQ communities and how they can influence suicidal ideation and behaviors
- Discuss existing programs, services, and resources available to LGBTQ persons struggling with mental health and suicidal ideation
- Describe the unique challenges faced by LGBTQ youth of color and the specific services that are available to address these challenges



## Risk Factors:

- 39% of LGBTQ youth seriously considered attempting suicide in the past twelve months, with more than half of transgender and non-binary youth having seriously considered
- 42% of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the last year
- LGBTQ youth who experienced discrimination related to their sexual orientation or gender identity were twice as likely to attempt suicide




# Protective Factors:

- Supportive Environments: One accepting adult lowers the likelihood of a suicide attempt by 40%
- Accessible services that support mental health and physical well being
- LGBTQ specific crisis intervention
- LGBTQ specific social networking



# Into Action:

## Policy:

- School Suicide Prevention Policy
    - Prevention - Teacher Education & Student Learning
    - Intervention - Protocols & Community Supports
    - Postvention - Contagion Management & Community Resiliency Building
    - High Risk Population Consideration
  - Banning Conversion Therapy
  - Supporting Mental Health Access
  - Collecting Sexual Orientation and Gender Identity Data
- 

# Into Action:

## Access to Crisis Services

- 24/7 Call, Chat, & Text: [thetrevorproject.org/1-866-488-7386](https://thetrevorproject.org/1-866-488-7386)

## Access to Community

- Trevor Space
- Community Spaces



# Into Action:

## Perspective from The LGBT Community Center in NYC

- Open since 1983
- *Mission: The Center fosters a welcoming environment where everyone is celebrated for who they are. We offer the LGBTQ communities of NYC advocacy, health and wellness programs; arts, entertainment and cultural events; recovery, parenthood and family support services.*
- We offer:
  - Behavioral services (adults and youth)
  - Youth program: drop in groups, short term counseling, leadership internships, Peer Coaching
  - Immigration support services
  - Meeting space for community groups/orgs (AA, legal clinics etc)





# Intake Assessments

- Ask about suicide directly
- Transparent about limits of confidentiality
- Assess level of risk
- Language and tone matter
- Remember, talking about suicide won't make someone more likely to act on it!



# Safety Plans

## THE YOUTH CENTER

### Safety & Prevention Plan

Complete this sheet with any youth experiencing crisis. This includes any situation in which a youth is potentially struggling with maintaining safety for themselves and/or others. Give a copy of the plan to the youth, put on in their chart and also share with any staff identified in the plan.

#### 1. The Situation/Behavior:

#### 2. Actions & Grounding Tools I Will Utilize:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**3. Resources & Supports:** (These include friends, family, providers, agencies and/or hotlines I feel comfortable calling in a crisis for support – see back for resources).

Name of a support:	_____	Email:	_____
Phone Number:	_____		
Name of a support:	_____	Email:	_____
Phone Number:	_____		
Name of a support:	_____	Email:	_____
Phone Number:	_____		

- I agree to use the above safety plan to help protect my safety and the safety of others. If I have utilized the above plan and cannot maintain safety, **I will call 911 or go to the nearest local emergency room immediately.**

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

*Copy plan to youth, chart and any staff person identified in plan.*

The Lesbian, Gay, Bisexual & Transgender Community Center  
208 W 13 St, New York, NY 10011 | 212.620.7310 | gaycenter.org

## THE YOUTH CENTER

### Resources & Hotlines

If you cannot maintain safety, call 911 immediately or go to the nearest local emergency room. If you can maintain safety, but need additional support & resources, contact any of the following:

- Trevor Hotline: 1.866.488.7386.** A 24-hour hotline for crisis & suicide prevention for LGBT youth. [thetrevorproject.org](http://thetrevorproject.org).
- National Suicide Prevention Lifeline: 1.800.273.TALK (8255).** A free 24-hour hotline for resources & support if you are in crisis, thinking of hurting yourself, or if you are concerned that someone else may be suicidal. [suicidepreventionlifeline.org/](http://suicidepreventionlifeline.org/).
- The Samaritans Hotline: 212.673.3000.** A 24-hour, NYC-based suicide prevention hotline. [samaritansnyc.org/](http://samaritansnyc.org/).
- LifeNet: 1.800.543.3638.** A free, NYC-based, 24-hour hotline that offers telephone crisis support/counseling, information and referrals to treatment for mental health and substance use concerns. [www.mhaofnyc.org/lifenet](http://www.mhaofnyc.org/lifenet).
- Anti-Violence Project (AVP): 212.714.1141.** NYC-based, 24-hour bilingual hotline offering support for LGBT people in crisis regarding domestic violence, rape/sexual assault, bias & pick-up crimes, or HIV related violence. [avp.org](http://avp.org).
- Mobile Crisis:** Mobile Crisis Team staff provides a range of services including assessment, crisis intervention, supportive counseling, information and referrals, linkage with appropriate community-based mental health services for ongoing treatment, and follow up. Referrals to Mobile Crisis can be made by calling **1.800.LIFE.NET (543.3638)** or by contacting the team closest to your location. Teams generally respond within 48 hours. [nyc.gov/html/doh/html/mental/mobile-crisis.shtml](http://nyc.gov/html/doh/html/mental/mobile-crisis.shtml).
- Day One: 800.214.4150.** Free & confidential individual and group support, legal assistance, advocacy around relationship violence, for youth ages 13-24. [dayoneny.org/](http://dayoneny.org/)

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# Training Peers

- Equip youth with the skills to support each other in crisis
- Mental Health First Aid trainings



# Creating a safer space for LGBTQ folks

- Know the language
  - Gender identity, gender expression, sex assigned at birth, sexual orientation
- Reflect back language that client uses with you
- Pronouns matter
- Use gender neutral language when talking about relationships
- Work to avoid assumptions
- Revise forms to be inclusive of all genders and sexualities
- Create behavioral guidelines/code of conduct that encourages respect for all
- Ensure that client can either use the restrooms that correspond with their gender identity or provide access to ones that are gender neutral.
- Indicate that space is LGBTQ inclusive through signage



# Welcome Form

## Internal Use Only

Collaborate ID# \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Staff Person \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to be on our email list?  Yes  No

Phone Number \_\_\_\_\_ Ok to leave a message?  Yes  No

Insurance:  Yes  No

If yes, what type:  Medicaid  Medicare  Private \_\_\_\_\_

### Demographics

Race	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> More than one race <input type="checkbox"/> Other _____
Ethnicity	<input type="checkbox"/> Hispanic or Latino/Latina/Latinx <input type="checkbox"/> Non-Hispanic
Sex Assigned at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Decline to Answer
Gender	<input type="checkbox"/> Male/Man <input type="checkbox"/> Female/Woman <input type="checkbox"/> Transmale/Transman <input type="checkbox"/> Transfemale/Transwoman <input type="checkbox"/> Genderqueer/Gender Nonconforming <input type="checkbox"/> Intersex <input type="checkbox"/> Other _____
Person Gender Pronoun (PGP)	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They <input type="checkbox"/> Other _____
Sexual Orientation	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Asexual <input type="checkbox"/> Other _____

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# Supporting Immigrants and People of Color

- Accessible services
- Options of services for specific communities
- Intersectional lens
- Commitment to racial equity
- Diverse staff
- On going staff trainings
- Code of conduct for all people in the space





Questions?

# Thank you!

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