Introduction to Special Issue on Suicide, Mental Health, and Youth Development

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Introduction to Special Issue on Suicide, Mental Health, and Youth Development

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In early September 2010, when the Journal of Homosexuality’s editorial staff received a submission of a comprehensive review of research on lesbian, gay, bisexual, and transgender (LGBT) suicide risk that was generated by an expert consensus panel, we decided to feature this document in a special issue by packaging it with articles on mental health. We shifted through the submissions and found a concentration of articles related to LGBT/sexual minority youth mental health and began to prepare the introduction for this special issue. During that time, several events made the national news, highlighting the timeliness of this special issue:

- On September 9, Billy Lucas, a 15 year old from Greensburg, Indiana, hanged himself after months of bullying at school, including bullies telling him to “go kill himself” because he was gay.
- On September 19, Seth Walsh, a 13 year old from Kern County, California, hanged himself after months of bullying at school.
- On September 23, 18-year-old Rutgers University freshman Tyler Clementi, jumped off the George Washington Bridge after peers posted a video of him engaging in same-sex activities in the privacy of his dorm room.
- September 25, Harrison Chase Brown, a 15-year-old gay youth from Colorado took his life.
- On September 29, Asher Brown, a 13 year old who had suffered bullying and physical abuse at his Texas school, shot himself.
- The next day, September 30, Caleb Nolt, age 14, from Indiana took his life.
- On October 1, openly gay college sophomore, Raymond Chase, hanged himself in his dorm room at Johnson and Wales University in Rhode Island.
These events should serve as a call to action for LGBT communities, and in memory of these gay teens as well as the countless others who saw no other option but to take their own lives, we dedicate this special issue.

In this volume of the *Journal of Homosexuality*, we feature the document on the elevated rate for suicide and suicide risk among sexual minority individuals prepared by a consensus panel of LGBT mental health and suicide researchers convened by the American Foundation on Suicide Prevention. In 1989, a controversial report from The Secretary's Task Force on Youth Suicide (Gibson, 1989) was among the first to raise a national awareness of the high rate of lesbian, gay, and bisexual (LGB) youth suicide. The report had been suppressed by the first Bush administration because of the report's insistence that youth needed better education about LGBT issues in secondary school. Although the report was widely criticized because the studies reviewed were not representative samples and Gibson extrapolated from data on suicide ideation to make conclusions about completed suicide, his general conclusions are largely supported by the subsequent population-based studies. As Haas and colleagues on the consensus panel summarize in this special issue of *JH*, many studies over the past 30 years have reported a higher risk for suicidal behaviors of all types among various subsets of sexual minority populations. They note that it continues to be difficult to compare and contrast these studies as they often use different measures of sexuality and gender, if gender is included at all, and ask questions about suicide behavior using different time frames or wording. Despite the differences in methodologies, the overall results of population-based and convenience sample studies consistently find sexual and gender minority individuals to have higher risk for mental health and suicide-related behaviors.

The value of the current report is the critical eye that the consensus panel brings to the analysis of current research, and their broadening of the focus from individual risk factors such as depression, to the larger social forces that create minority stress. Beyond just another review of prevalence of suicide attempts or ideation, this report offers an action blueprint to the field by identifying the gaps in knowledge and making recommendations for a research agenda for LGBT mental health researchers as well as mainstream suicide researchers. The report also reviews the very little we know about interventions to reduce suicidal behaviors related to stigma of sexual and gender minority status, both in broader mental health practice and specific suicide prevention activities. Finally, the article addresses public policy issues that are needed to reduce stigma, the underlying factor that creates minority stress and the excess in suicide risk in LGBT individuals compared to the general population. Spearheaded by Ann Haas at the American Foundation for Suicide Prevention and including some of the world's premiere suicide and/or LGBT mental health researchers and advocates, this article is sure to become a classic in LGBT health research and advocacy.
Following the suicide consensus article, we have added five empirical data articles that address issues of minority stress in sexual minority youth worldwide, and further build the evidence-base from which to create public policy and mental health interventions. The consensus document points out that many studies have linked the highest rates of suicidal behaviors to the early years of sexual or gender identity formation, typically in the adolescent and early adult years. This is the time when the majority of individuals begin to “come out” first to themselves and then to others, and experience a wide variety of reactions to their disclosures. Therefore, the rest of the articles in this special issue address some of those factors that have been found or hypothesized to affect suicide, including minority stress, the stresses of the coming out process, depression, hopelessness, sense of belonging, and social support. The final article examines whether mental health resources are available for one subset of the LGBT population: college students. These articles come from the United States, Australia, Israel, and Belgium, illustrating how similar the processes of stigmatization are, even across diverse political, cultural, and geographic regions.

Langhinrichsen-Rohling, Lamis, and Malone studied adolescents recruited from three sites in one U.S. city: an urban high school, a truancy center, and a juvenile justice center to obtain a cross-section of “at-risk” youth, as defined by most mainstream researchers (not specifically suicide risk). They used a more robust measure of suicide behaviors than most studies, a scale with 24 items, and found that the highest rates of suicidal behavior were among youth who reported attractions to both sexes, followed by those with only same-sex attractions, and finally, the lowest rates of suicide proneness among those with only other-sex attractions. Symptoms of depression and hopelessness were found to mediate the relationship between sexual attraction status and suicide behaviors while social support moderated depressive symptoms.

The next article deals with the relationships between depression and sense of belonging in a convenience sample of LGB adolescents in Australia (McCollum and McLaren). These youth were associated with an LGB youth organization and completed online surveys about sense of belongingness to the general community and their LGBT community, as well as the Center for Epidemiologic Studies Depression scale. Sadly, only sense of belonging to the general community significantly predicted depression. LGBT communities have created safe havens of support within our communities, but it appears that they are not sufficient to offset the damage done by rejection from the general community for a significant subset of youth. This article highlights the need to continue advocacy work related to LGBT issues, particularly toward a goal of reducing societal stigma and increasing the general sense of belongingness for sexual minority youth in their families, schools, and communities.
The next contribution comes from Israel (Shenkman and Shmotkin), drawing a convenience sample of 219 individuals from a gay youth organization and comparing them to a sample from the general population matched on gender, age, place of birth, educational level, and family status. The measures included assessment of happiness, life satisfaction, balance between positive and negative affect in the past week, and depression. Like many other studies, the LGB youth in this sample reported higher scores on the depression and negative affect measures, however, they did not differ from heterosexual youth on life satisfaction or happiness, and actually reported higher positive affect. Of course, this study design cannot determine whether being in a support group was the “cause” of the higher positive affect scores, but many students in the group reported a feeling of joy associated with coming out and feeling “true to oneself.” The authors discuss the need for more studies to measure both negative and positive affect as an important developmental issue for sexual minority youth, and note that coming out is terrifying and exhilarating, frightful and hopeful, for many individuals.

The suicide consensus article called for more studies of resiliency and/or protective factors against suicide and other mental health problems. The next article addresses how some LGB youth may interpret the stresses of coming out as personal growth experiences rather than as traumas to be internalized. Cox and colleagues collected data via online surveys of youth aged 14–30 in northern Belgium. They used a 24-item scale about coming out experiences to determine if these were interpreted as personal growth; a nine item scale of internalized homonegativity; and five indicators of coming out (number of years out, how many people they were out to, how difficult coming out was, how accepted they felt by important people in their lives when they came out, and the strength of their bond with an LGB community). LGB respondents were more likely to interpret their coming out experiences as personal growth if they had a bond with an LGB community and if family and friends accepted them when they came out. This finding supports McCallum and McLaren’s contention that support from mainstream others is as important or perhaps even more important than support from an LGB community in creating LGB youth well being. As LGBT communities, we need to devote time and energy to education of those important others as well as building safe community spaces for youth. When those very important persons are rejecting, this study, and many others, have found that the likelihood of internalized homonegativity, depression, and suicidal behaviors is demonstrably increased.

The final article in this special issue explores access to mental health resources for LGBT individuals in college. If any institution in the U.S. is likely to offer education and resources to LGBT youth, it is likely to be higher education that is not so apt to feel an obligation to yield to the loud minority voices of right-wing politics that have limited sexuality education in K–12
schools and led to a near erasure of LGBT issues from the school curriculum and climate. Wright and McKinley selected a sample of 203 colleges and universities from national databases to represent all states in the U.S. as well as proportionate sampling of private and public schools. They reviewed the Web sites of the counseling centers for each institution, finding that only 30% mentioned having individual counseling services for LGBT individuals and 11% offered group counseling. Only 10% offered educational outreach to the university, such as providing classroom presentations, and only 5% had a pamphlet or fact sheet about LGBT issues on their website. Nonreligious schools were more likely to offer LGBT resources, as were schools that were larger and had a greater number of counseling staff. How disappointing is this? How could social institutions devoted to education, promotion of personal growth, and preparation of citizens of the nation be so likely to ignore a large and high-risk subset of their population? The authors noted that in contrast, 60–80% of the surveyed counseling centers advertised resources for students with eating disorders, depression, and substance abuse.

In conclusion, the articles in this special issue reveal problems that we as a community have struggled with for more than 30 years. Virtually every study that compares LGBT (or people who are questioning, use other labels, or resist labels) to exclusively heterosexual and cisgender individuals, finds higher rates of depression, substance abuse, and suicidal behaviors. The focus is still on sexual orientation, with very few studies examining the transgender experience. There is also growing evidence that bisexual individuals and those who are questioning or exploring their sexuality or gender without using a label, may be at even higher risk than those who identify as lesbian or gay.

There are far too few studies of resiliency to offer theories that would guide prevention programs, but a body of research is emerging that shows that stigma created by the negative reactions of important others such as parents, classmates, teachers, and siblings, must be addressed. We have created some isolated safe spots—Gay Straight Alliances (GSAs) in some schools, LGBT community centers and support groups, but they are not yet sufficient to overcome the significant stress created when those important others are rejecting. The suicide consensus article (Haas et al., this issue) lays out the blueprint for building a mental health infrastructure that includes LGBT individuals and communities and offers suggestions about the broader social forces that must be addressed to prevent mental health problems from developing. These societal level forces such as marriage and anti-discrimination laws and policies, cannot be ignored. The study of college counseling center resources showed that the focus was on the individual (individual and group counseling and educational pamphlets) with only 10% reporting that they offered any education to the general student population about LGBT issues. We need to demand that social institutions change. Educational systems (K–12 and higher education) have a responsibility to teach LGBT history and
contemporary social justice issues, or members of each subsequent generation will continue to take their place in a social hierarchy that sustains heteronormativity and anti-LGBT sentiment. Mental health systems need to be more open about their commitment to supporting LGBT communities and individuals, work to reduce rejection within families and bullying in schools, and place the blame on the discriminatory social systems rather than the individuals who suffer from oppression. We need to do this for Billy, Seth, Tyler, Harrison, Asher, Caleb, Raymond, and all the other LGBT youth we have lost to stigma.

REFERENCE