Aims, objectives and methodology

The aim of this dissertation is to explore suicide, suicidal ideation, and interventions within the LGBT community in the 20th and early 21st century. The research will also focus on the effect of the COVID-19 pandemic on suicidality within the gay community.

The objective will be a systematic literature review which will provide a balanced appraisal of the literature including research published since the beginning of the COVID-19 pandemic. The thesis will address the following objectives: describe the content of any seminal articles or books; look for themes (recurring conclusions, ideas, and questions); identify patterns and trends; draw attention to any gaps in the existing literature and explore interventions and their efficacy.

The intention will be to use extant literature to create new knowledge (Torraco, 2016, p. 404). Indeed, an analysis of the literature may allow the author to build on the strengths and weakness of the existing literature to create a better understanding of the topic through synthesis (Torraco, 2016, p. 417).

Moreover, the research will investigate the higher incidence of suicide and suicidal ideation in gay communities primarily in the UK and the US whilst including research from other countries where relevant. The research will mainly be carried out through accessing databases through the University library and sourcing books, journals and other materials through the University library and Google Scholar. It is intended to use a mixed-method approach drawing on both quantitative and qualitative existing literature. For the sake of clarity, however, there will be no data collection with participants or discussion of suicide and/ or suicidal ideation between this author and any individuals.

Inclusion and exclusion criteria

Inclusion criteria were that the literature analysed suicidality, its causes and prevention in lesbian, gay, bisexual and transgender women and men, irrespective of age, although some studies that examined literature covering the entire spectrum of LGBTQI+ were also included. The study also examined suicidality, its causes and prevention in the general population for comparison purposes which enabled the current author to research the topic more widely given the paucity of research relating specifically to LGBT suicidality. The review was confined to published books, peer-reviewed articles in respected journals and the websites of highly regarded organisations. Quantitative, qualitative and mixed-method research was evaluated. Much of the literature was published in the UK and the US population although literature from other countries was also included where appropriate. More recent research was given priority wherever possible. Exclusion criteria included low quality papers that had not been peer-reviewed (with limited exceptions). Unfortunately, given the umbrella terms, "LGBT" and "LGBTQI+" the inclusion criteria for the study population were not consistent and uniform.

The research will include the use of following databases:

PsycARTICLES and PsycINFO: articles in the field of psychology from the American Psychological Association (APA).

EBSCO/CINHAL COMPLETE is a leading resource for scholarly research providing journals, periodicals, reports and books.

Science Direct - provides access to almost 2,500 journals, books, encyclopaedias, and other reference works.

The research is significant as it will evaluate extant research and current psychological and psychotherapeutic preventative approaches and interventions. However, given that sexual orientation is not stated on death certificates there will be a cross over with suicide and suicidal ideation prevention generally. This researcher's modality is humanistic and specifically person-centred therapy. Interestingly, LGB Youth Suicide Prevention (Public Health England, 2022) suggests building rapport, listening actively, and using empathy which dovetails well with this author's modality.

The research design will utilise the following ontological and epistemological approaches. As Hart, 2018 pp.163-164 states the constructivist approach is based on how an individual's knowledge and language are used to categorise, frame and construct understanding and meaning. Additionally, epistemologically – the knowledge of reality is mediated by our beliefs and perception (ibid., p.97). It is worth noting that for the purposes of this dissertation the author is focussing on LGBT people but will include reference to intersex, queer/questioning and asexual/allies where these form part of a significant research paper.

The structure of the literature review will be a thematic analysis comprising the following topics: summarising the empirical evidence in respect of suicide and suicidal ideation within LGBT communities; exploring the causes of suicide and suicidal ideation of LGBT individuals in comparison with the general population; examining preventative interventions; and a conclusion which will include main findings and discussion.

The literature review will comprise of summarising and synthesising, creating synopses of the main points and weaving them into a meaningful narrative and analysis and interpretation. Data will be coded through applying labels to text/content which will enable identification of themes and support the thematic analysis (Braun and Clarke, 2013 pp. 202-207) which will allow a

systematic analysis of the data. Inductive coding will be adopted, that is, developing codes as the research progresses (ibid., 2013 pp. 174-180).

This dissertation's research question is: "What is the incidence of suicidality in the LGBT community and an exploration of the risks and preventative measures."

Chapter 2: The incidence of suicidality in the LGBT community

Research into prevalence of suicidality in the LGBT community

There were approximately 6,000 deaths a year by suicide in the UK prior to COVID-19 (Appleby, 2021) and 700,000 globally (ONS, 2019). Additionally, suicide amongst 25–29-year-olds is the fourth leading cause of death globally (WHO, 2021a). These are not dry statistics; each unit of data constitute lives lost and families devastated. Indeed, The World Health Organisation (WHO) acknowledged that LGBTI persons are discriminated against and therefore are at greater risk of suicide. More people die each year from suicide than malaria, HIV, or breast cancer or homicide or war (WHO, 2021b). Tellingly, 78% of all completed suicides were in low-income and middle-income countries. 1.4% or approximately 1 million of all global annual premature deaths are by suicide (Bachmann, 2018) a figure which conflicts with the ONS, 2019 figures above. Clearly the methodology used by the WHO and Bachman, 2018 differ. The most significant hurdle to accurate research and analysis of LGBT suicide is that sexual orientation is not stated on death certificates and therefore there is no exact data available for LGBT completed suicide research.

As stated above an estimated 2.7% of the UK population aged 16 years and over identified as LGB in 2019, an increase from 2.2% in 2018. Consequently, the UK heterosexual or straight population decreased from 94.6% in 2018 to 93.7% in 2019 a reduction of almost 1% (ONS, 2021). This figure may be lower than the actual incidence of minority sexuality individuals in the UK given that some respondents are likely to be unwilling to reveal their sexual orientation in the Census and other surveys (Fish, 2006).

This chapter will examine evidence from a wide variety of sources which conclude that suicidal behaviours are higher in the LGBT community than in the population in general. Studies that question this research finding will also be examined. Although younger LGBT people are more

likely to attempt suicide, completed suicide is more common in older LGBT people (Xavier et al., 2009). Research has demonstrated that LGBT individuals have a greater risk of psychological distress as well as a higher risk of suicidal ideation and suicide (Marshall et al., 2011). This meta-analytic review concluded that sexual minority youth had a substantially higher rate of suicidality with an odds ratio of 2.92, that is, LGB youth were almost 3 times more likely to experience suicidal ideation or suicide. The odds ratio in respect of intending or planning to take their lives was 2.2, suicide attempts had odds of 3.18 and suicide attempts requiring medical attention was 4.17. LGBT youth suicide is a growing public health problem of great concern. The meta review analysed 20 suicidality studies with 122 corresponding effect size estimates and the meta-analysis methodology conformed to the guidelines of the US Centers for Disease Control and Prevention. The research concluded that average absolute suicidality rate was 28% for sexual minority youths and 12% for heterosexuals – a significant difference of 16%.

The Bachmann and Gooch, 2018 health report was commissioned by Stonewall a well-known lobbying organisation on behalf of LGBTQ+ people and more generally human rights (Stonewall, 2022). The report determined that 42% or 2 in 5 LGBT people stated that they had felt that life was not worth living at some time during the preceding year. Moreover, seven out of ten of 18–24-year-olds had felt the same. Transgender and non-binary people (a gender identity that is neither exclusively female or male) had even higher instances of thinking that they did not want to continue to live, that is, 60% and 63% respectively. It is worth noting that there may have been some bias in this report. Advocacy organizations' funding is related to profile, remit, and the perceived magnitude of the issues they are lobbying in respect of. During the survey, 5,375 LGBT people living in the UK completed an online questionnaire in spring 2017 which was administered by YouGov on behalf of Stonewall. Recruitment was through numerous organisations, community groups and individuals. This may have caused bias. The

at least occasion did not link their suicide attempt to their sexual orientation and gender identity. The researchers therefore questioned the link between suicidality and sexual and gender orientation. According to the Samaritans, 2020, the Republic of Ireland had 340 recorded suicides in 2018. The suicide rate was 10.3 per 100,000 compared to 12.2 per 100,000 in 2019. The overall suicide rate in England was 10.0 per 100,000 compared to 10.8 per 100,000 in 2019. The incidence of suicide in Ireland in the early part of the 21st century decreased. However, as Bryan and Maycock, 2017 themselves state the rates of youth suicide and suicide in men continue to be a source of great concern as rates of youth suicide are persistently remarkably high in Ireland in comparison with other EU countries. The correlation between suicide and being LGBT, or not as this research suggests, needs a far larger sample and more detailed research.

COVID-19

COVID-19 has severely affected the lives of and infected hundreds of millions of people globally. Historically, there was a substantial increase in suicide in individuals over the age of 65 when the SARS outbreak occurred in Hong Kong in 2003 and the Spanish Flu pandemic in 1918-19 infected 500 million and left a legacy of higher suicide rates (Sher, 2020). The COVID-19 pandemic has caused a flurry of articles in newspapers and coverage on social media asserting that the pandemic has led to dramatic increase in suicide rates. Numerous tweets claimed that the suicide rate has increased by 200%. There is no evidence to support this statistic (Full Fact, 2020). One such tweet was reposted 31,000 times before being removed from Twitter.

McGowan et al., 2021 undertook the first systematic review of the COVID-19 pandemic on the health of LGBT community. The review concluded that there was no peer-reviewed research published in academic journals other than eleven grey literature reports which were

statistics on suicide in the latter months of 2021 (Appleby, 2022) This recent research suggested that the suicide rate across the general population of the UK was beginning to increase. Moreover, it may be that COVID-19 survivors have an elevated risk of taking their own lives due to the psychological problems caused by 'long COVID' or 'post-acute COVID-19'and 'post-COVID syndrome' (Sher, 2021). Evidence has also emerged of significant mental health issues including an increase in suicidal ideation (O'Connor et al., 2021).

Previous pandemics indicate that complacency must be avoided (Zortea et al., 2021). A comprehensive mental health monitoring and reporting system is vital given the prolonged stress, isolation, loneliness, financial worries, long COVID, depression and anxiety and significant recovery time. Even in countries where the suicide rate has not increased there is increasing concern about young people, women, and ethnic minorities (Mitchell and Li, 2021). Moreover, such monitoring is vitally important in developing countries given the lack of data and vaccinations.

Chapter 3: Exploration of causation of suicidality in the LGBT population

Identifying the aetiology of suicidality is critical for creating and structuring of preventative measures, training for the medical profession, social workers and specifically counsellors and therapists (see Chapter 4). Most of the research has focused on elevated risks of suicidality by means of a quantitative approach in the LGBT population, particularly the younger cohort of LGBT individuals. Significantly less research, however, has been dedicated to the causes and interaction of factors that increase the risk of suicidality.

Minority Stress Theory

Haas et al., 2010 published a landmark research study which identified LGBTQ+ discrimination, social stigma, familial rejection, and mental health problems as risk factors for suicidality. Gorse, 2020 was inspired by Haas et al., 2010 to complete a literature review of the risk factors affecting LGBTQ+ youth specifically internal, external, and interpersonal stressors as well the protective factors (see Chapter 4). He completed a search of the University of Southern California search facility commencing in 2009 and identified 50 articles across various disciplines and additionally included a further 9 peer-reviewed journal articles by social workers to emphasize the importance of LGBTQ+ suicidality in social work. The research focused on individuals who were 25 years old or younger and explored multiple theories which attempted to explain the LGBTQ+ risk factors including Meyer's, 2003 adapted General Stress Theory to formulate Minority Stress Theory . This theory incorporates distal (external, for example discrimination and prejudice) and proximal stressors (internal, for example internalised anti LGBTQ feelings and fear of rejection which can lead to concealment of sexual orientation and gender identity). Meyer's work was a significant contribution to LGBTQ research. However, the theory did not analyse the effect of other actors in the model or the different environments LGBTQ+ people occupy, specifically the workplace (Holman, 2018).

Meyer's (2003) Minority Stress Theory , a cornerstone of LGBT research for two decades, has been widely praised, cited, and referred to regularly in this dissertation. The theory, however, was subject to limitations (Tan et al., 2019). Firstly, it did not focus on a person's subjective perception of stress (Riggs and Treharne, 2017). Secondly, the theory could have emphasized institutional ideologies (the belief system that underpins a political or economic theory) and social norms (ibid p.1484). Thirdly, Hatzenbuehler, 2009 argues that the model includes inadequate explanations of psychological outcomes. Finally, the theory lacks exploration and analysis of the precise consequences of multiple intersecting identities, for example, Black and gay (Meyer et al., 2010). Williams et al., 2020, also acknowledged the complexity of using an intersectional analytical approach.

Interpersonal Psychological Theory of Suicide

Joiner, 2005 devised The Interpersonal-Psychological Theory of Suicidal Behavior. Joiner's original research was extended by Van Orden et al., 2010 whose aim was to create testable hypotheses and reasons for suicide though The Interpersonal Theory of Suicide. These concepts have formed the basis for much of the research on LGBT suicidality in the last 12 years. The Interpersonal-Psychological Theory of Suicidal Behaviour model is based on "thwarted belonginess" (feeling isolated and lacking support) and "perceived burdensomeness" (considering oneself to be a problem and an inconvenience to others) which may contribute to an individual's propensity to take their own life (ibid.) In accordance with the theory, the capacity for suicidality develops as a result of recurrent exposure to physical pain and/or fear-inducing incidents. Thwarted belonginess may manifest itself in homelessness, rejection, and lack of familial and friends' support. Burdensomeness may arise through feeling unwanted because of sexual orientation or gender identity (McKay et al., 2019) and being stigmatised. Becker et al., 2020 conducted research with 1,886 college students aged 19-29 years testing

the interaction between burdensomeness, thwarted belongingness and suicide. They concluded that significant "burdensomeness" and "low belongingness" only related to suicidal behaviour at elevated levels of fearlessness about death. The research was limited by being cross-sectional. The theory has been regarded as a "theory of everything" (Paniagua et al., 2010) which allegedly explains all forms of suicide whereas Hjelmeland and Knizek, 2020 went as far as to say that its reductionist and decontextualised natures make it questionable whether it can explain any suicide. They describe the theory as simplistic, and express astonishment that it has been uncritically accepted for three decades. They focused on the therapeutic relationship as a critical tool in combatting suicide (ibid., p.176). The Interpersonal Psychological Theory of Suicide standardisation detracts from the therapist/client relationship (Hagen et al., 2017); the "one size fits all" approach is in their view inappropriate in dealing with multifaceted suicidality. Therapists should listen attentively to their clients and be aware that the client's suicidality may be caused by factors other than, or in addition to "perceived burdensomeness" and "thwarted belongingness". In a field where explanatory theories are scarce The Interpersonal- Psychological Theory of Suicide has progressed research and debate in respect of the causation of suicide, albeit with limitations.

A recent study confirmed Meyer's, 2003 finding that elevated levels of minority stress were associated with higher levels of suicide attempts (Fulginiti, et al., 2020). However, despite the popularity of the Minority Stress Theory there are recent studies which have challenged the theory or found inconsistencies in the model. Hatchel et al., 2021, completed a secondary analysis of a California state-wide data set that sampled 4,778 transgender students and concluded that a number of minority statuses did not evidence differences between white transgender youth and minority ethnic transgender youth. They had hypothesised that young people with a racial and gender minority identity would have elevated stress levels, but the evidence did not confirm this.

Discrimination

LGBT youth were identified as a group at greater risk of suicidality (Suicide Prevention Strategy, 2012). Queer Futures (McDermott et al., 2016) commissioned by the Department of Health examined self-harm, suicide and help-seeking experience of LGBT youth. The report consisted of two stages. Firstly, 15 online and 14 in-person interviews with 15–25-year-olds and secondly an online questionnaire completed by 789 participants and an additional online questionnaire submitted by 113 mental health staff. McDermott et al., 2016, identified 5 areas that contribute towards self-harm and suicide. Firstly, transphobia, biphobia and homophobia. Secondly, gender and sexual norms where minority sexual people felt 'other' and therefore self-critical. Thirdly, young people found it difficult to manage and discuss their sexual orientation in various areas of their lives including school, home, online and in public. Fourthly, inability to discuss intimate matters: 74.1% were unable to discuss their sexuality which itself led to increased thoughts of suicide. Finally, other life crises, unrelated to their sexual orientation or gender identity such as financial problems, academic pressure, friendship problems, illness and relationships ending also increases suicidality. Much of the abuse was school based although the participants experienced abuse in all areas of their lives (from public areas to online interactions). The research highlighted that bi-sexual participants experienced less abuse whilst transgender and the disabled were twice as likely to be abused and they were the most likely to feel suicidal and to self-harm. Those who experienced homophobia were also more than twice as likely to plan or attempt suicide. Many participants who were not heterosexual or cisgender (describing or connected with people whose sense of personal identity and gender is the same as their birth sex) felt 'other' and that there was something wrong with them even if they were not directly abused. The report concluded that 70.5% (n=527) had experienced abuse in respect of their sexual orientation or gender identity when they were self-harming or feeling suicidal which in turn increased their thoughts of suicidality

and self-harm (ibid., p.8). Chapter 4 will explore how the negative behaviours referred to above can be prevented or diminished.

Key risk factors relating to suicide

Skerrett et al., 2016 also attempted to identify the key issues relating to suicide in the LGBT community and concluded that the following were risk factors: rejection by family and lack of self-acceptance; internalized homophobia; not being happy with own appearance and shame and discomfort with one's own sexuality/gender. These conclusions were very similar to other studies reviewed including McDermott et al., 2016. LGBT people who took their own lives also tended to come out 2 years earlier than the average age of "coming out". The current author questions whether a relative lack of maturity, less economic independence, a lack of emotional support and vulnerability generally may contribute to the higher levels of suicide in individuals who "come out" earlier. Further risks include mental health issues, aggression, physical and sexual abuse, alcohol and substance misuse also elevate the risk of suicidality.

Williams et al., 2021 carried out the first systematic review and meta-analysis to analyse the incidence of the risks for LGBTIQA+ young people who had experienced self-harm, suicidal ideation, and suicidal behaviour. The data sources searched were MEDLINE, Scopus, EMBASE, PsycINFO, and Web of Science and the research was complied with PRISMA guidelines (Shamseer et al., 2015). Articles were limited to quantitative studies comprising young people aged 12-25 years. Two independent reviewers screened 2,457 studies of which 104 met the inclusion criteria. Forty (40) were considered appropriate for inclusion. Mental health and victimisation were critical risk factors in respect of suicidality and self-harm in all the research. Odds ratios relating to suicidality were significantly higher where participants had experienced victimisation (3.74) or mental health difficulties (2.67) in comparison with heterosexuals who had similar experiences. Suicidal thoughts were deemed to be three times

as prevalent for LGBTQ+ youth compared with heterosexual youth. The main findings of the meta-analysis confirmed previous findings that victimisation including cyber bullying, homophobic bullying, and peer bullying generated a high incidence of suicidality and self-harm. The methodology is set out in detail in the research which demonstrates its strong meta-analytic processes. The authors of the review acknowledged that there were very few studies of high quality and found significant heterogeneity in the studies examined.

Miranda-Mendizábal et al., 2017 also conducted a systematic review and meta-analysis of sexual orientation and suicidal behaviour in young adults. Although this analysis focused on the incidence of LGBT suicidal behaviour compared with suicidal behaviours in heterosexual young adults, they did arrive at several conclusions regarding risk factors. They analysed 11 studies that assessed sexual orientation as a risk factor for suicide. The articles, published between 1995 and 2014, comprised 6 articles from the US, three from New Zealand, one study from Norway and one from the UK. Data were spread across 1,634 LGB people and 22,117 heterosexuals although they were only able to identify a few studies that analysed risk factors for LGB individuals which again suggests that there is a gap in the literature. Indeed, the results should be used carefully given that only 11 studies were deemed suitable for inclusion. Contrary to other research, the authors were of the opinion that depression was not related to suicide attempts in the LGB population. The authors concluded, however, that Minority Stress Theory may explain the variance in prevalence between suicidality in LGB and heterosexual populations. Thus victimisation, stigma, discrimination, rejection, acts of violence and verbal assaults may be contributory factors. Furthermore, internalised homophobia, that is the adoption by LGB people of negative societal attitudes towards minority sexual orientation is an additional risk (Meyer, 1995 and 2003). Negative “coming out” experiences with family and friends and previous substance and alcohol misuse possibly to self-medicate and treat psychological stress were additional risks. Parental rejection has specific risks: homelessness,

depression, suicidal ideation; isolation; unsafe sex, and sexually transmitted disease. Internalised homophobia caused psychological distress; guilt; suicidality and stress. Several limitations apply to the definition of the various sexual identities which vary between surveys, not all studies differentiated between sexual orientation and sexual behaviour and some studies did not adjust confounding variables which can create heterogeneity. Most studies did not follow up the cohort studies for more than five years (Large et al., 2016). Another of the limitations of this research was that it did not include transgender populations and additionally it was unable to identify the different risks specifically relevant to lesbian, gay and transgender people. Generalising from the findings of this study should be considered carefully.

Skerrett et al., 2016 also analysed suicide in lesbian and gay individuals in Australia. Data collection was through 24 interviews with the next-of-kin of a gay or lesbian person who had taken their own lives. The main issue with this research was that family and friends were answering the questions on behalf of the deceased and it is impossible to know how accurate the answers were. Female (n=5) and male (n=19) individuals were clustered into young and old cohorts. The key determinant of younger suicides was rejection by family and to lack of acceptance of self. The older suicides were linked to conflict in romantic relationships (which was also relevant in younger suicides). There were also several varying factors which may have contributed to suicide, for example problems in work and health issues. The study found that reducing stigma surrounding sexuality and supporting those affected by the "coming out" process was the most effective measure in mitigating the risks presented (Chapter 4 will focus on prevention and intervention).

Surace et al., 2021 conducted a recent meta-analysis examining the suicidal ideation and suicidal behaviours in gender non-conforming children, adolescents and young adults. Gender non-conforming is a person whose appearance and/or behaviour does not conform to cultural norms and expectations regarding what is appropriate for their gender. Transgender and gender

non-conforming individuals had a suicidal ideation rate of 28% and suicide attempt prevalence of 14.8%. Several other studies confirm the conclusions set out above, for example, family problems, difficulty with academic work and social exclusion contribute to the risk of suicidality (Hernández Bello et al., 2020). Moreover, studies have concluded that depression and anxiety prevent LGBT youth from sharing their sexual orientation which can cause psychological stress (Hides et al., 2020) which inter alia increases the risk of suicidality (Hatzenbuehler, 2011). The conclusion that depression did contribute to LGB suicidality seems logical although it contradicts the views of Miranda-Mendizábal et al., 2017 set out above.

According to Plener et al., 2011 experience of traumatic events has been linked to suicidality in adolescent German school students although their sexual orientation and gender identity was not recorded. The connection between suicidality and prior trauma was analysed in 665 German school students with an average age of almost 15 years. Forty-three or 6.5% had attempted suicide and 239 or 35.9% reported suicidal ideation. Those who had attempted suicide confirmed sexual abuse within 6 months prior to their attempted suicide. Screening students at risk should include an assessment of prior traumatic events as there appears to be a clear link between sexual abuse and suicidality.

There has been significant quantitative research focussing on the prevalence of LGBT suicidality and not enough emphasis on the underlying causes and how to eradicate or diminish such causation. Similarly, focus on the most effective form of counselling for at risk LGBT individuals seems to have been lost in preponderance of the numerical detail of the quantitative studies (see Chapter 4). Current research has shown that there appears to be a gap in the literature in that there is little research which analyses the most appropriate and effective therapeutic modalities. In the general population, LGBT young people who are part of smaller racial minority groups (e.g. Native American) may be especially at risk (Fried et al., 2013).

Indeed, Wilson et al., 2016 suggests that racism increases the risk of suicidality amongst gender minority youth (contrary to Hatchel et al.'s, 2021findings above).

A considerable proportion of the literature examining risks of self-harm and suicide in LGBT youth did not always distinguish between the different subgroups within the wider LGBT umbrella. A more granular, sexual orientation and gender identity specific study could compare and contrast the subgroups and provide a far more detailed and informed understanding of the issues faced by each subgroup. Moreover, such a study may be able to explore the vulnerabilities and resilience of the subgroups. Critically researching and understanding correlates of suicidal thoughts and behaviour among LGBT individuals is a key step toward enhancing prevention, intervention, training, and research. Indeed, the synthesis of the research may have direct consequences for counselling practice (see Chapter 4 and 5).

The LGBT foundation, 2020 report on the impact of COVID-19 on the LGBT community has been quoted in several journal articles. Whilst it is a particularly useful survey of the effects of pandemic in early 2020 it should be noted that this report was produced by an LGBT organisation and may therefore contain bias and that it has not been comprehensively peer-reviewed. 555 survey responses were received and analysed. The report produced a number of thought-provoking findings: 42% of respondents would have liked to access mental health support - this increases to 66% of Black, Asian and minority ethnic people, 48% of disabled people, 57% of transgender and 60% of non-binary people; 30% were living alone – this increased to 40% of LGB people over 50 years of age; 25% wanted support with isolation, for example a befriending service; 18% were concerned that the pandemic would lead to alcohol or drug misuse relapse as boredom and loneliness are primary triggers; 8% did not feel safe in the place they were living and 64% confirmed that they would prefer to receive support from an LGBT specific organisation. LGBT people are disproportionally likelier to be homeless compared with their heterosexual peers with 24% of 16-25-year-olds experiencing

homelessness. The LGBT foundation helpline saw increases of 450% in calls regarding biphobia, 100% increase about transphobia and calls relating to homophobia increased by 52% (ibid.).

The past 12 years, since Haas et al's., 2010 seminal work, has seen significant advancement in the exploration of risk factors for minority sexual orientation/gender identity populations. Despite this, there are limitations which apply to one or more of the recent studies: age ranges vary from study to study, some stipulate ages but others refer to adolescents or young people or youth or young adults which makes detailed comparison of results difficult; research undertaken in different countries may also be difficult to compare and contrast given cultural differences and there is a paucity of literature relating to some groups such as older individuals, transgender and minority ethnic populations. Moreover, there are few studies on the socioeconomic status and demographics of LGBT populations. As Hatchel et al., 2021 p. 1 point out in their meta-analyses and systematic review of suicidal thoughts and behaviours there was "a heterogeneity of effect sizes, a lack of novel correlates, insufficient focus on risk, a dearth of theoretically driven designs, moderate publication bias, a scarcity of developmentally driven analyses and a dearth of research regarding transgender youth."

Moreover, although studies regarding suicide risk factors specific to sexual and gender minority youth is emerging, a consolidated understanding of the aetiology of suicide that accounts for both commonalities and differences between sexual and gender minority youth and their heterosexual counterparts is lacking (McKay et al., 2019, p.79).

Chapter 4: Prevention and intervention

Having established the increased prevalence of suicidality in the LGBT community in Chapter 2 and explored suicidality risks in Chapter 3, this chapter will look at treatment, prevention and intervention including: general practitioner; psychotherapeutic modalities: LGBT specific crisis services; LGBT affirmation training; families and home (belongingness); victimisation and bullying; school environments; trauma; gay conversion therapy; healthcare; general preventative guidelines; homelessness, substance and alcohol misuse and recommendations for clinical practice.

General practitioners are often the first healthcare professional contacted by suicidal individuals. General practitioners can prescribe psychiatric medication and refer individuals to specialists such as psychiatrists, counsellors, and psychotherapists for talk therapy (MIND, 2022). As this dissertation is rooted in counselling the focus will be on talking therapies and the social environmental topics listed above and not the medical and pharmacological treatment of suicidality.

Despite extensive research there is a dearth of research which encompasses all the risk factors and proposed integrated recommendations to prevent suicide among LGBTQ+ people (Madireddy and Madireddy, 2022; Di Giacomo et al., 2018; Miranda-Mendizábal et al., 2017). The Trevor project in the USA 2021 National Survey on LGBTQ Youth Mental Health, analysed data in respect of 13-24-year-olds. The survey confirmed that these young people suffered from a variety of mental health conditions including depression and anxiety and confirmed that there was a strong relationship between poor mental health and suicide attempts. Ideation and suicide rates are very high among LGBTQ youth (see Chapter 2). The Trevor project is a global leader in respect of prevention of suicidality amongst LGBTQ young people. The collection of online surveys analysed was limited to 3 months only, participants ranged

from 13-24 – a wide representative age group and the ultimate sample size was a statistically significant 34,759.

Whilst there has been an increasing amount of research in respect of the prevalence of suicidality and attendant risk factors, there is less published research in respect of the treatment of LGBTQIA+ suicidality. There appears to be insufficient research identifying the most appropriate and effective therapeutic modalities for dealing with suicide (Jobes, D. and Chalker, S. (2019) et al., 2019; Pompili et al., 2012). This chapter will begin with an examination of the most popular forms of existing treatment. It should be borne in mind that complex intersectionalities occur between the various sexual and gender identities within the LGBTQIA+ group categorization. Furthermore, more identities are covered by the LGBTQIA+, than those listed in the acronym, for example, non-binary individuals. Even less research on these groups exists and it would be a fruitful area for further research. Indeed, researchers have often treated those specified in the acronym as one group without differentiating between the different risks and resiliencies within the sub-groups. Researchers also need to differentiate between sexual identity and gender identity. The former refers to attraction and the latter refers to one's sense of self-identity (Russon et al., 2021). Research has confirmed risk and protective factors that correspond to the Minority Stress Theory and the Interpersonal-Psychological Theory of Suicide (Yildiz, 2018).

Practice guidelines are not a substitute for a clinician's judgement and decision making. They can, however, function as a checklist and structure for the clinician's exploration and treatment. Key areas include the formation of a strong therapeutic alliance, safety planning and monitoring. Each client is unique, and suicidality will often vary from client to client which emphasises the necessity of assessing the actual personal risks of any specific client. Practice Guidelines for the assessment and treatment of suicidal clients include American Psychological Institute (APA, 2010) and Clinical Practice Guideline for Assessing and Managing the Suicidal

Patient (Magellan Healthcare, 2018). The British Association for Counselling and Psychotherapy has a Good Practice in Action fact sheet on suicide which details how to work with suicidal clients (BACP, 2021). Similarly, the National Counselling Society has a section on its website which deals with the basics of helping suicidal clients (National Counselling Society, 2021).

Psychotherapeutic modalities and other interventions

Méndez-Bustos et al., 2019 meta-analysed 40 studies exploring the outcomes of psychotherapeutic interventions in respect of suicidality. They also assessed the quality of the literature, reported on innovative approaches, and proposed recommendations for future observational research in this field. The research included mainly observational studies and did not include any recent systematic reviews or meta-analyses of randomized controlled trails. Observational studies assess the effectiveness of psychoanalytic practice. Results from randomized controlled trials and observational studies can illuminate the efficacy and effectiveness and support the development of clinical practice. There is a scarcity of randomized controlled trials in this field and therefore a lack of robust evidence regarding the efficacy of interventions (Miller et al., 2017). Nevertheless, dialectical behavioural therapy in adolescents was deemed effective in two independent randomized controlled trials (Busby et al., 2020). Other interventions indicated effectiveness in only one trial and are require further research. Few treatments other than dialectical behavioural therapy in adolescents have undergone more than one randomized controlled trial.

Randomized controlled trials and observational studies may both, however, lack essential information, such as quantity and regularity of sessions, the length of follow up sessions, or the clinical features of the clients (Méndez-Bustos et al., 2019). Clinical decision-making in respect of a client's treatment is based on clinicians' and other health care professionals' experience as

opposed to national or international guidelines. The most used psychotherapeutic modalities were dialectical behavioural therapy (27.5%) and cognitive behavioural therapy (15%). These interventions reduced suicidal ideation by 55% and suicide attempts by 37.5% (Busby et al., 2020). It should be noted that the content and the research quality varied considerably from study to study and that suicidal clients often have difficulty adhering to therapy schedules and taking prescribed medication.

The key suicidality risks and protective factors were identified by the WHO in 2014, but it is significant that suicide rates have remained reasonably constant despite the identification of such risk factors. Intensive outpatient support is regarded as effective although, as with other therapies, evidence of efficacy and application of these interventions is limited. Online and group therapies may be attractive in terms of resources and costs, but there is little robust evidence to measure their success. Further studies may enable clinicians to analyse the efficacy and effectiveness of different interventions and promote the most appropriate approaches. The need for evidence-based psychotherapy guidelines is essential to improve outcomes. Calati et al., 2018 however, concluded that whatever the modalities, the role of the therapist in creating a holding frame or ensuring the client felt 'held', was critical. Calati et al., 2018 reformulated Sledge et al.'s, 2014 three indications of effectiveness: firstly, reduction in attempted suicide or self-harm; secondly, continuity of care and thirdly, general psychological state (feelings of hopelessness, anxiety and depression scores were a good indicator of a patient's then current view that life was or was not worth living).

Dialectical behavioural therapy is a multi-element "third wave cognitive behavioural treatment" that teaches clients the skills to regulate emotions, improve resilience and distress tolerance and creating a "worthwhile" life (Wolfe et al., 2018).

A randomized controlled clinical trial of 173 adolescents indicated that dialectical behaviour therapy delivered better results than group or individual therapy and reduced repeat suicide attempts, non-suicidal self-injury, and total self-harm after treatment (McCauley et al., 2018). When compared with 'enhanced training as usual' both randomized controlled trials decreased suicidal ideation.

Attachment and family therapy emphasises developing the adolescent and caregiver relationship and has a manual which includes a series of tasks for the family and individuals to complete. Attachment and family focused therapy did not perform better than family-enhanced supportive therapy. Both treatments, however, produced decreases in suicidal ideation (Diamond et al., 2018). Esposito-Smythers et al., 2011 compared integrated cognitive behavioural therapy (a composite of family cognitive behavioural therapy and training for parents) to an enhanced 'treatment as usual' among 40 youth aged 13–17 years over 18 months. The 'treatment as usual plan' was determined by the local community provider. Both approaches reduced suicidal ideation and fewer individuals in the integrated cognitive behavioural therapy group attempted suicide during the following year and a half. However, a recent replication study by Esposito-Smythers at al., in 2019 with some family centred modifications returned contradictory results. The later research found a decrease in suicide attempts in both cohorts but there was no significant difference between both groups in rates of suicidal attempts or suicidal ideation, at 6, 12, or 18 months.

There is growing evidence for the effectiveness of psychoanalytic and psychodynamic interventions. Briggs et al., 2019 systematically reviewed their effectiveness in reducing suicidal and self-harming behaviour. The search covered PubMed, PsycINFO, Psycharticles, CINHAL, EMBASE and the Cochrane Central Register of Controlled Trials and psychotherapy for reducing self-harm and attempted suicide. Twelve trials (comprising 17 articles) were meta-analysed, and it was concluded that both psychotherapies were effective in

reducing suicidal behaviours and improving psychosocial wellbeing, with a pooled odds ratio of 0.469. The relatively small number and average quality of trials, however, indicates that a better quality and larger study are needed to confirm the findings.

LGBT-specific services

Although LGBT-specific crisis services have been established, very little is understood about the need and effectiveness of these services. Goldbach et al., 2019 set out to explore the primary cause for calling LGBT specific lines as opposed to general services. Data from 657 youths who contacted LGBT-specific service in the US were analysed. Most of the participants confirmed that they either would not contact a general helpline (26%) or were not sure what they would do (48%). Almost half (42%) responded that they called specifically because of LGBT-affirmative counsellors. LGBT-specific crisis services are important in suicide prevention.

Training

It is vital to ensure that health care, social care professionals and teachers can deliver appropriate care and support to the LGBTQIA+ community. As Higgins et al., 2019 pointed out, LGBT people seek out counselling and therapy at a high rate and the appropriateness of LGBT-affirmative therapy is widely accepted. However, there is very little research focusing on LGBT-affirmative training. Pepping et al., 2018 analysed the effectiveness of LGBT-affirmative training with 96 mental health professionals with an average career span of almost 7 years. The training consisted of a day's education and most attendees were female and heterosexual but disappointingly there was no control group. Consistent with their hypothesis, therapists reported improved LGBT-affirmative attitudes, improved transgender affirmative attitudes and importantly therapists confirmed that the training increased their awareness and proficiency in working with LGBT individuals. The research suggests that further research

with a control group is recommended. Furthermore, one day of training seems rather short and the training should include the lived experience of LGBT individuals who have accessed health care.

The effect of disclosure of sexual orientation to families

Sexual and gender minorities' mental health is profoundly affected by their how they relate to their families. In the UK less than half of LGB people (46%) and transgender people (47%) feel able to disclose their sexual orientation or gender identity to everyone in their family (Stonewall, 2022). McDermott et al., 2021 was of the opinion that "coming out" regarding gender identity or sexuality was critical for good mental health. This, however, seems illogical if the family are hostile to the disclosure. The participants often had to conform with a plethora of family rules and expectations relating to religion, culture, education, employment, and ethnicity. The concept of youth was central to the research. Power dynamics within family groups have been ignored in most studies into LGBTQ+ and mental health (ibid.) It was concluded that young people have difficulty negotiating family life because of their economic dependency on the family as well as their sexual and gender identity issues. Developing into their true adult selves was an intense emotional journey and could be overwhelming. Exploring their identity while in a safe environment of positive family relationships supported good mental health (Gabb et al., 2020). The central theme of the McDermott et al.'s, 2021 study was that it was difficult and emotionally draining to manage family relationships. Indeed, the intensity of the emotion the participants displayed surprised the researchers. The complexities and interaction of these different factors can adversely affect young people's mental health although many worked hard to nurture their family relationship because they felt loved and cared for. In addition to the power dynamic, heteronormativity may make family relationships hostile and controlling which often led to young people leaving home. They were mostly trying

to become their sexual gendered adult selves as opposed to rebelling against their families. This study involved 12 16–25-year-olds with 7 family member/mentor interviews followed up by journaling and interviews with 9 individuals. The size of the sample was very small. However, it is the current author's view that the researchers' sensitive and nuanced approach to LGBTQ+ young people and their complex familial relationships and power dynamics was both unusual and refreshing.

Bullying

Bullying of sexual and gender minorities, both verbal and physical violence, has been shown to create numerous negative outcomes for children and adolescents. Two thirds (64%) have experienced violence or abuse and, of these 9 in 10 (92%) have experienced verbal abuse. 3 in 10 (29%) have experienced physical violence (Hubbard, 2021; Stonewall, 2018). The Stonewall Report, conducted in February to April 2017, comprised 5,375 LGBT people across the UK (excluding Northern Ireland) who completed an online questionnaire about their lives. The research was administered by YouGov on behalf of Stonewall. It should be noted that both Hubbard and Stonewall organisations campaign for LGBT rights and may be subject to bias. The Hubbard report comprised 523 complete responses and 15 qualitative interviews.

The prevalence of homophobic bullying in the US, for example, is significant. Among 722 high school students almost 67% had seen or heard at least one incidence of homophobic behaviour in the prior 30 days (Espelage et al., 2019). Additionally, almost 96% of students reported hearing negative remarks regarding not being masculine enough or feminine enough. Almost one in 5 had been homeless. There are, however, very few quality studies which examine the protective factors. Schools are introducing programmes to attempt to prevent this type of bullying. Research in Andalucía involving 2,139 adolescents found that sexual minorities with

other intersecting minority status, Romany in this case, had the highest risk of bullying (Llorent et al., 2016). Homophobia is global.

The role of schools

In schools, inclusive climates, official policies, and school wide programmes can help to protect LGBT students from victimisation through promoting and even enforcing, where necessary, an anti-discrimination policy is vital. An affirmative climate can reduce damaging behaviour and help students deal with the effects of homophobia. Birkett et al., 2009 found that an affirmative school environment decreases mental health issues and suicidal ideation. Indeed, a positive environment was also helpful to heterosexual cisgender students with regard to their mental health. Two studies illustrate the importance of an inclusive school climate: firstly, training teachers on LGB marginalisation improved the school environment for LGB students (Szalacha, 2003) and secondly positivity created greater willingness to have gay friends (Poteat et al., 2009). The current author is of the opinion that further research into what creates a positive school environment for LGB students would be helpful. Policies surrounding the use of discriminatory language, intolerance of 'difference', condemnation of anti LGBT behaviour, discussion included in the curricula, gay/straight alliance clubs and measures to discourage and deal effectively with violence all contribute towards a healthier, safer environment. Critically, empathic staff who have been trained in LGBT victimisation and associated LGBT issues could make a real difference. Baams et al., 2017 found that comprehensive sex education classes reduced homophobic bullying. In the UK, the Train the Trainer programme teaches teachers to intervene in cases of homophobic aggression as well as training others has helped decrease homophobia in schools (Guasp, 2012). 74% of UK teachers reported that they had not received training on how to approach LGBTQ topics in the classrooms (Taylor et al., 2016). Including LGBTQ literature in lessons can appreciably reduce homophobia and can create an

encouraging space to discuss LGBTQ issues (Goldstein, 2021). Students report that they perceive that teachers ignore homophobia and gender-based incidents (Snapp et al., 2015) which if correct is unacceptable. The situation is worsened by the fact that teachers and peers are unwilling to support victims due to insecurity or fear (Page, 2017).

Trauma and sexual assault

Tossone et al.'s, 2018 study established a link between sexual assault (overwhelmingly of women) and increased odds of suicidality, psychological trauma, suicidal behaviour, and substance abuse. Childhood sexual abuse is associated with increased suicidal ideation (Yoon et al., 2018). Hatchel et al., 2021 recommended further and better-quality research into this subject. Specifically, analysing the type of perpetrator (stranger or caregiver) should be studied and further analysis should also focus on how to prevent and treat the sexual abuse and explore resilience following sexual abuse. Adverse childhood experiences generally increase suicidality (Clements- Nolle et al, 2018). Suicidal behaviours may continue into adulthood (Wareham and Dembo, 2007). Angelakis et al., 2020 systematically reviewed and undertook a meta-analysis of 79 individual studies (ranging from 1989 to 2019) with a total of 337,185 children and young adults and concluded that policy should focus on providing suicide prevention therapies for those who have experienced abuse and/or neglect in childhood and adolescence.

Conversion therapy

In April 2022 the UK government, finally confirmed that it would ban gay conversion therapy for gay and bisexual men but not for transgender individuals (BBC, 2022). The Welsh Government, however, described the exclusion of gender conversion therapy as "unacceptable" and said it was seeking legal advice on banning gender conversion therapy. A government LGBT survey (2017) found that transgender people were twice as likely to have been offered

conversion therapy than their gay and bisexual counterparts (Gallagher and Parry, 2022). Sexual orientation and gender identity conversion therapy is a discredited practice attempting to change LGBTQ to heterosexual/cisgender persons (Forsythe et al., 2022). Conversion therapy has a number of damaging effects including suicidality. 27% of LGBTQ youth in the USA who had been subjected to conversion therapy had attempted suicide within the previous 12 months as of 2020, compared to 12% of LGBTQ young people who had not undergone conversion therapy (Statista, 2021). Green et al., 2020 reported that those who reported undergoing conversion therapy were more than twice as likely to report having attempted suicide together with multiple suicide attempts in the preceding year.

Healthcare

There were few studies which examine the range of LGBT health outcomes. LGBT populations require healthcare to meet their needs. An US online study, Goldhammer et al., 2018, looked at 18 healthcare locations, with a total of 5,980 staff and 638 leaders. The majority of clinicians never or rarely talked to their patients about their sexual orientation (55.4%) or gender identity (71.9%). Nevertheless, almost 82% of the clinicians believed that they understood LGB healthcare needs although this fell to 68.3% is respect of transgender healthcare needs. It was concluded that although clinicians self-report that they are familiar with LGBT health issues the study indicated a clear need for more training. Furthermore, training is also needed to create inclusive environments and making staff and leaders aware of non-discrimination policies. Surprisingly, nearly a third of staff were unaware if sexual orientation or gender identity formed part of patient non-discrimination policies (ibid.) In the UK 23%, almost one in four, have heard negative remarks about LGBT people by healthcare staff. Indeed, 14% have avoided treatment for fear of discrimination because of their sexual orientation or gender identity (Stonewall, 2018).

Homelessness

Homelessness further increases the risk of LGBTQ+ suicidality (McCann and Brown, 2018). Many homeless LGBT children and young adults have been through the care or welfare system (Carr and Pinkerton, 2015). Transitional living arrangements and ultimately living independently makes continuity of care and building long lasting relationships with health care workers difficult (Ream and Peters, 2021). Rhoades et al., 2018 conducted a survey with 524 participants recruited through LGBTQ Youth Accessing Crisis Services and their methodology appeared robust and comprehensive. Participants were 17.6 years of age on average and were mostly cisgender women (34%), followed by cisgender men (22%), trans youth (23%), and youth who reported another gender identity (21%). The majority identified as White (63%) and sexual orientation endorsed was gay or lesbian (36%), bisexual (17%), pansexual (18%), questioning (8%), and other sexual orientations (21%). 32% had experienced homelessness. 59% of participants reported that their parents were aware of their sexual orientation and gender identity, and 49% of all respondents had experienced parental rejection because of their LGBTQ+ identity. However, although it is difficult to access this cohort, a study which works with a more representative sample of young men and women should be undertaken.

Substance abuse

Substance abuse is an associated cause of homelessness. Indeed, substance misuse can get worse once a person becomes homeless. Fraser et al., 2019 emphasises the importance of examining the intersectionalities between homelessness and mental health, lack of support, ethnicity etc. These elements are often treated as sperate siloes. Homeless people use significantly more drugs and alcohol than the general population with studies finding 40–70% of people who are homeless reporting alcohol dependency and substance misuse (Frederik et al., 2012). Moreover, LGBTIQ+ homeless individuals use more drugs and alcohol compared

to non-LGBTIQ+ homeless people (Durso and Gates, 2012). LGB young people are also almost twice as likely to misuse drugs and alcohol compared to their straight peers and are also more liable to inject drugs, use harder drugs for example cocaine and other Class A drugs (Public Health England, 2022). Alcohol and substance misuse are also important precursors for suicidal behaviour (Chang et al., 2019). It is the current author's opinion that the so-called war on drugs which has been waged for decade after decade has clearly not worked. By way of example there was no change in overall Class A drug use in 2020 (ONS, 2020). Those dependent on alcohol and drugs need supportive, nurturing care not criminalisation.

The next chapter will focus on findings, analysis, limitations, and implications for clinical practice.

Chapter 5: Conclusion

The current author contends that the research question, "What is the incidence of suicidality in the LGBT community and an exploration of the associated risks and preventative measures" has been answered comprehensively in this research paper which evidences that the risk of suicidality to LGBT individuals is significantly higher. Moreover, preventative measures and interventions have been identified and explored. This research paper author has reviewed and interpreted the results in respect of the research question and has made appropriate recommendations for further research or other activity. This concluding chapter, therefore, will set out: the main findings (which are summarized in Appendix A (pp. 77-80); limitations; gaps in the extant literature; recommendations for clinical practice; COVID-19; risks and contributory factors; LGBT-specific crisis organisations; creating safe and affirmative environments; the therapeutic alliance; older sexual minorities; conversion therapy and discussion.

There is no accurate estimate of the number of LGB people. Alfred Charles Kinsey's methodically flawed 10% is still widely cited. In the UK it was estimated that 1.4 million individuals aged 16 and over were gay or bisexual (ONS, 2019). Historically, being gay was a crime, deviant, a mental illness and a blackmail risk.

Main findings: data

Marshall et al., 2011 concluded that the average absolute suicidality rate in the US was 28% for sexual minority youths and 12% for heterosexuals – a worrying difference of 16%. Moreover, this meta-analytic review concluded that sexual minority young people were almost three times likelier to experience suicide and suicide ideation. Rimes et al., 2018 surveyed a cohort of 3,275 16-25-year-olds and concluded that 13.6% of participants had attempted

suicide and 45.2% reported suicidal thoughts during the preceding year. Interestingly, the latter figure is close to the Bachmann and Gooch, 2018 research for Stonewall of suicidal ideation of 42%. Importantly, the Rimes et al., 2018 survey enquired about the frequency of suicidal thoughts in the preceding year. Similarly, they asked the respondents about the likelihood of future attempted suicides and almost one in 10 (9.5%) confirmed that they were likely to do attempt suicide again. Another meta-analysis concluded that almost 12% of minority sexual individuals had attempted suicide during their lifetime which is 2.5 times more than suicide attempts amongst heterosexuals (Hottes et al., 2016). The 12% is close to the 13.6% determined by Rimes et al., 2018 and is remarkably close to the 11.6% concluded by King, 2015 which suggests an attempted suicidality rate in the 11.6% to 13.6% range. The general population incidence of attempted suicide in the US in 2020 is 0.36% (Substance Abuse and Mental Health Services Administration, 2021). Plöderl and Tremblay, 2016, concluded that LGBT people were a higher risk group for attempted and completed suicide for both genders, age groups and regions. However, as the WHO states the quality and amount of earlier data is deficient (WHO, 2021c). More recently, 21st century research, however, is of an acceptable quality. Indeed, di Giacomo et al., 2018 reviewed 35 studies involving 113,000 minority sexual individuals and concluded that gay and lesbian youth were 3.71 likelier to attempt suicide which is 48.5% higher that the Hottes et al., 2016 figure. Further research is sorely needed to confirm a more accurate attempted suicide rate. Research by Guz et al., 2021 determined that young transgender individuals were more likely to attempt suicide by a factor of 6. To summarise, therefore, numerous studies over the last 40 years have determined that the incidence of suicidality is higher in the LGBT community than suicidality in the general population.

Meyer et al., 2021 adopted a more inventive approach by analysing three cohorts born during 1956-1963: 1974-1981 and 1990-1997. They concluded that, despite fundamental societal change in the 20th and 21st century, psychological distress, and suicide rates in the LGB

community remained elevated. Contrary to the researchers' hypothesis and counterintuitively, the younger cohort had an attempted suicide rate of 30%, compared to 24% in the middle cohort and 21% in the older cohort. The magnitude of this conclusion suggests that further detailed research is vital. By way of comparison, in 2015 in the US, 1.6% of all 18–25-year-olds attempted suicide (Piscopo et al., 2016) which was a considerably higher percentage than the 0.36% across all age groups of the general population in 2020 (Substance Abuse and Mental Health Services Administration, 2021). The current author believes that pressure on younger people to look good, be popular, excel academically, general consumerism and living faster, more connected and pressurised, often urban lives, may contribute to the higher suicide rate amongst the younger cohort (Sandford, and Quarmby, 2018).

Evidence regarding gender identity, sexuality and suicidality in the UK, is sparse. Various reviews were only able to identify a few studies that analysed risk factors for LGB individuals which, again, suggests that there is a knowledge gap. Haas et al., 2010 published a landmark research study which identified LGBTQ+ discrimination, social stigma, familial rejection, and mental health disorders as risk factors for suicidality. Several other studies came to similar conclusions, for example, family problems, difficulty with academic work and social exclusion contribute to the risk of suicidality (Hernández Bello et al., 2020). There appears to be a gap in the literature in that there is little research which compares the suicidality risk profile of LGBT and heterosexual populations or analyses the most appropriate and effective therapeutic modalities. Researching and understanding correlates of suicidal thoughts and behaviour among LGBT individuals is a crucial step toward enhancing prevention and intervention and improving training and research. Indeed, the synthesis of the research should have direct consequences for counselling practice.

There is academic consensus that suicidality is higher in the LGBT community (Marshall et al., 2011; di Giacomo et al., 2018; Rimes et al., 2018). There are, however, some dissenting

voices. Bryan and Maycock, 2017 contend that academic literature portrays LGBT people as vulnerable people prone to self-harm and suicide. The authors also explore the 'post gay' perspective which challenges the veracity of the victim stereotype. Their ideas are thought-provoking and an important counter-narrative. The research study was small (n=92 and determined that lifetime suicidality amongst LGBT individuals was 18%. The data collected revealed, however, that only 46.7%, less than half, believed that their suicide attempts were linked to their LGBT status or sexual orientation. The current author is of the opinion that a larger research study is required to explore this important correlate.

Méndez-Bustos et al., 2019 meta-analysed 40 trials exploring the outcomes of psychotherapeutic modalities in treating suicide. The quality of the research varied considerably between the different trials. Dialectical behavioural therapy and cognitive behavioural therapy were reviewed. These talk therapies reduced suicidal ideation by 55% and suicide attempts by 37.5% which is encouraging. Diamond et al., 2018 also confirmed that both modalities reduced suicidal ideation. The lack of quality randomized controlled trials has, however, led to insufficient robust evidence regarding the efficacy of interventions (Miller et al., 2017) and needs to be addressed urgently. Evidence suggests that psychoanalytic and psychodynamic approaches are also efficient when working with suicidal clients (Briggs et al., 2019).

Deconstructing suicidality is critical for the development of preventative measures and training for professional healthcare workers. Meyer, 2003 adapted General Stress theory and formulated Minority Stress Theory. Meyer's seminal landmark research has made a significant contribution to LGBT studies. Fulginiti al., 2020 concurred that minority stress led to higher levels of suicide attempts. Nevertheless, as Tan et al., 2019 conclude there are some concerns: firstly, the theory did not explore the effect of other actors and the environments the LGBTQ population inhabits specifically the workplace (Holman, 2018); secondly, the research did not

look closely at the subjective stressors (Riggs and Treharne, 2017); thirdly, the theory could have focused more on institutional ideologies and social norms (ibid., pp. 1484); fourthly, the model may not adequately explain psychological outcomes (Hatzenbuehler, 2009) and finally the theory did not explore the consequences of multiple intersecting identities, for example Black and gay (Meyer, 2010; 2015). A more thorough and structured approach to research in this field could provide a far more detailed explanation of the risks and challenges of the subgroups comprised in the LGBTQIA+ overall group.

The other seminal work in respect of suicidality was The Interpersonal-Psychological Theory of Suicidal Behavior (Joiner, 2005) which was developed by Van Orden et al., 2010. The theories contend that suicidality is caused by thwarted belongingness (isolation and the absence of social support) and perceived burdensomeness (an individual regarding themselves as being a problem and inconvenience). Both factors may contribute towards an individual taking their own life. Thwarted belongingness can be caused by rejection by family and others and burdensomeness may cause feelings of being unwanted due to sexual orientation and or gender identity (McKay et al., 2019). The Interpersonal Psychological Theory of Suicide has some limitations due to the research being cross-sectional and using a composite number of suicidal behaviours (Becker et al., 2020). Moreover, its reductionist and decontextualised nature, standardised methodology and the dearth of evidence supporting the theory, raises questions regarding the theory's validity (Hjelmeland and Knizek, 2020).

Limitations

Firstly, as sexual orientation is not detailed on death certificates, it is not possible to analyse large accurate datasets. Secondly, as noted in Chapters 2 to 4, the quality and methodological accuracy varies between the studies analysed. Thirdly, as each of the studies categorises the participants in different ways, LGBTQIA+, LGBT, or LGB, it is difficult to precisely compare

the different research as it was not always possible to compare and contrast accurately. Fourthly, the intersectionality of minority status, for example, gay and minority ethnic, complicates and sometimes obscures the actual underlying reasons causing suicidality (Williams, et al., 2020). Additionally, there was insufficient space in this paper: to include a to analyse religiosity; explore minority ethnic status fully and the effect of social media. Finally, the author is a gay man and may therefore be liable to bias although this author was careful to remain vigilant of conscious bias. More importantly, perhaps, is that the constructivist approach adopted herein allows reality to exist in accordance with how an individual uses knowledge and language and construct understanding and meaning. Individuals use their existing knowledge to create new knowledge (Hart, 2018).

Further limitations are age ranges that vary from study to study, some stipulate ages whilst others refer to adolescents or young people or youth or young adults which makes comparison of results difficult. Moreover, research undertaken in different countries may also be difficult to compare given cultural differences. There is a paucity of literature relating to some groups such as transgender individuals and there is a significant variation in study sizes, corresponding outcomes, insufficient emphasis on risk, a lack theory driven research and some publication bias. Suicidality in young people is a "complex issue influenced by a myriad of novel correlates" (Hatchel et al., 2019 p.23).

Gaps in the extant literature

The author has noted the gaps in literature in the appropriate sections, including but not limited to: there is little research into determining the frequency of suicidal thoughts – whether they are casual, passing thoughts or are frequent and overwhelming (Rimes et al., 2018); the paucity of research into older LGBTQIA+ individuals which given the ageing global population is an important area for further research (Xavier et al., 2009); there is insufficient literature which

compares the risk profile of LGBTQIA+ and heterosexual populations (Cochran et al., 2002); there is insufficient analyses of the most appropriate and efficacious therapeutic modalities for dealing with suicide (Jobes, D. and Chalker, S. (2019) et al., 2019; Pompili et al., 2012) and research indicates that although clinicians are of the opinion they are conversant with LGBT health issues, gaps in knowledge clearly indicate the need for more training (Pepping et al., 2018). Miranda-Mendizábal, et al., 2017 in a systematic review and meta-analysis were only able to use 11 studies of acceptable quality that explored suicidality risks for LGB populations which again suggests an important gap in the literature. Furthermore, most studies did not follow up cohort studies after 63 months (Large et al., 2016) and the small samples in several studies may have led to bias.

Recommendations for clinical practice

Although guidelines are useful, they are no substitutes for building an excellent "therapeutic alliance". Each client should be treated as the unique person they are. Ensuring that the client feels 'held' is vitally significant (Calati et al., 2018). Psychoanalytic and psychodynamic approaches may be efficient when working with suicidal clients (Briggs et al., 2019). However, the two most popular modalities are cognitive behavioural therapy and dialectical behavioural therapy which both reduced suicidal ideation and suicide attempts significantly in respect of individuals (Méndez-Bustos et al., 2019).

There is a significant need for training to understand the challenges and accessibility of current healthcare for the LGBT population amongst clinicians and educators (Goldhammer, et al., 2018; Bachmann and Gooch, 2017; Pepping et al., 2018).

COVID-19

COVID-19 has severely affected the lives and infected hundreds of millions of people globally. Appleby, 2021, stated, however, that there was an insignificant effect on suicide in the general population. When statistics began to appear, it became clear that suicide rates were not increasing (John et al., 2020) and were falling in most countries including England and the US (Pirkis et al., 2021). However, the above studies were published early in the pandemic and the situation may change. Even in some countries where the suicide rate was not falling there was increasing concern about young people and ethnic minorities (Mitchell and Li, 2021).

Risks and contributory factors

Queer Futures (McDermott et al., 2016), commissioned by the Department of Health, acknowledged five areas that impact self-harm and suicide: transphobia, biphobia and homophobia; societal norms which caused individuals to feel 'other' which engendered self-criticism; disclosing and talking about sexual orientation is extremely taxing for most young people particularly in different areas of their lives (school, home, online and in public); inability to discuss intimate matters: 74.1%, were unable to discuss their sexuality which increased suicidal ideation. Finally, additional crises, unrelated to sexual orientation also contribute towards suicidality.

Furthermore, internalised homophobia was identified as a risk (Meyer, 1995; 2003). Younger suicides were linked to familial and other rejection (including to some extent rejection of self) whilst suicide by older people were often linked to romantic relationship issues. Trauma and suicide are causally linked (Plener et al., 2011). For example, in a study of students who had attempted suicide, more students with a history of suicide attempts reported sexual abuse in comparison with students with suicidal ideation, 23.3% compared with 8.9% (ibid.). Tossone et al., 2018 also recognised the causal connection between sexual abuse and suicidality.

Clinicians should, if they are not already doing so, sensitively attempt to discover whether their clients have suffered trauma. Indeed, adverse childhood experiences generally increase suicidality (Wareham and Dembo, 2007).

"Coming out" to family members can be problematic as young people are often economically dependent on their families. Indeed, if the rejection is severe, young people may leave home and some will become homeless. LGBT young adults who experienced family rejection during adolescence were 8.4% likelier to attempt suicide (Ryan et al., 2009).

The therapeutic alliance

Good practice guidelines can be extremely useful (BACP, 2022). However, each client is unique, and suicidality will vary from client to client and clinicians need to acknowledge this and conduct treatment accordingly. Calati et al., 2018 concluded that whatever the modality employed the role of the therapist creating a holding frame, ensuring that the client felt 'held' was critical.

LGBT-specific crisis organisations

LGBT-specific crisis organisations are popular although there is little research into their effectiveness. Goldbach et al., 2019 research discovered that 42% specifically called an LGBT helpline because they knew they would be speaking to LGBT affirmative counsellors. As Higgins et el., 2019 confirmed LGBT individuals seek out counselling at a high rate, although there is a shortage of research regarding LGBT affirmative training which needs to be addressed. McDermott et al., 2021 concluded that disclosure of sexual or gender identity was critical for good mental health, although this will not be the case, if disclosure leads to rejection and isolation.

Creating safe and inclusive environments

Bullying is a major problem for sexual minorities; in one study 67% had seen or heard of at least one incidence of homophobic behaviour in the preceding 30 days (Espelage et al., 2019). Inclusive environments and official policies can help diminish homophobia and transphobia in schools and colleges. Empathic staff trained in LGBT victimisation and comprehensive sex education lessons can also reduce homophobia (Baams et al., 2017). 74% of UK teachers confirmed they had not had any official training regarding dealing with LGBTQ issues in schools (Taylor et al., 2016). Furthermore, students report that they perceive teachers as ignoring homophobic and gender-based incidents (Snapp et al., 2015). Unfortunately, teachers and peers are unwilling to support victims due to a lack of confidence or anxiety (Page, 2017). Unsafe school environments are unacceptable. Staff need to be trained to deal with homophobia and be better informed about the challenges LGBT students face. Similarly, healthcare professionals also need training. In the US 82% of clinicians believed that they were aware of LGB health issues and 68% thought they were familiar with transgender healthcare matters. However, 55.4% never or rarely spoke to their clients about their sexual orientation. This increased to 71.9% in the case of transgender clients (Goldhammer, et al., 2018). In the UK 23% of respondents had overheard bigoted or harmful remarks about LGBT people in healthcare environments and 14% avoided treatment due to the fear of discrimination (Bachmann and Gooch, 2018).

Older sexual minorities

Older gay individuals are invisible and isolated (Hash, 2001). Older people are more likely to complete suicide rather than attempt suicide which is prevalent amongst younger persons (Xavier et al., 2009). Unfortunately, there is little research in respect of older minority sexuality people.

Conversion therapy

Conversion therapy for gay and bisexual men is to be banned by the UK Government – it is a discredited practice with harmful outcomes (Forsythe et al., 2022). 27% of LGBTQ youth in the US who had been subjected to conversion therapy had attempted suicide in the previous 12 months (Statista, 2021). It was unacceptable that transgender individuals were removed from the conversion therapy ban. Conversion therapy for sexual orientation and gender identity, specifically transgender individuals, should be banned (Busby et al., 2020). NHS England and other stakeholders have warned that all forms of conversion therapy are "unethical and potentially harmful" (BBC, 2022).

Discussion

The key suicidality risks and protective factors were identified by the WHO in 2014 but suicide rates have remained relatively constant overall since then (WHO, 2019). In 2019 there were approximately 700,000 deaths by suicide globally (ibid) and roughly 6,000 deaths in the UK (ONS, 2019) which emphasizes the importance and relevance of quality research, identifying risk factors and the development of successful interventions.

The current author respectfully submits that this dissertation has comprehensively analysed and demonstrated higher suicidality in the LGBT population and furthermore has explored prevention and interventions thoroughly. This dissertation adds to existing scholarship through synthesis and recommendations for further research and clinical practice as well as identifying similarities and contradictions across different studies. The results produce new insights into how the assorted studies compare and contrast and help gain a better understanding of the issues surrounding suicidality. Although a number of weaknesses and gaps were identified these are by no means insurmountable and the quality of research in this field has increased substantially since the beginning of the century.

This dissertation has followed the suicide pathway from incidence to prevention which appears to be an unusual, novel and informative approach as well as comparing and contrasting a large number of extant studies. Thus, the dissertation has fulfilled the objective stated in the first chapter and has answered the research question: "What is the incidence of suicidality in the LGBT community and an exploration of the risks and preventative measures".

In conclusion, the facts above are not arid statistics: each item of data is a precious life lost and families, friends and loved ones devastated. However, as Helen Keller wrote:

"What we have once enjoyed we can never lose. All that we love deeply becomes a part of us."

('We bereaved' p.2, 1929).

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Appendix A: Summary of main findings

Main findings	Citation examples
Suicidality was experienced by 28% of sexual minority youths and 12% of heterosexuals.	Marshall et al., 2011
In a study of 16-25-year-olds it was concluded that 13.6% of participants had attempted suicide and 45.2% reported suicidal thoughts during the preceding year.	Rimes et al., 2018
The 42.5% is very similar to the 42% reported by the Stonewall survey.	Bachmann and Gooch, 2018
12% of sexual minorities had attempted suicide during their lifetime which is 2.5 times more than heterosexuals.	Hottes et al., 2016
The 12% is close to the 13.6% and 11.6% determined by two other studies.	Rimes et al., 2018 and King, 2015 respectively
1.6% of heterosexual 18-25 of year olds attempted suicide in the US.	Piscopo et al., 2016
Transgender youth were almost 6 times more likely to attempt suicide.	Guz et al., 2021

Safe, affirmative and supportive environments in educational establishments and healthcare are essential in tackling suicidality.	Baams et al., 2017; Taylor et al., 2016
The analysis of three cohorts of LGB individuals born during: 1956-1963; 1974-1981 and 1990-1997 established that the younger cohort had an attempted suicide rate of 30%, compared with the middle cohort at 24% and the older cohort at 21%. These counterintuitive findings indicate that further research is required.	Meyer et al., 2021
Discrimination, social stigma, familial rejection, and mental health issues are risk factors for suicidality.	Haas et al., 2010
There is a correlation between trauma and suicide.	Tossone et al., 2018; Wareham and Dembo, 2007
There is academic consensus that suicidality is higher in the LGBT community.	Marshall et al., 2011; Rimes et al., 2018; di Giacomo et al., 2018

There is no evidence yet to suggest that COVID-19 has increased suicides through this may change.	Appleby et al., 2022
There is a scarcity of research into older sexual minority people.	Hash, 2001; Kamiya et al., 2020
Dialectical behavioural therapy and cognitive behavioural therapy are effective in combatting suicidality. These talk therapies reduced suicidal ideation by 55% and suicide attempts by 37.5% although a lack of robust evidence suggests further research is necessary.	Méndez-Bustos et al., 2019; Diamond et al., 2018 Miller et al., 2017
Evidence suggests that psychoanalytic and psychodynamic approaches also both work when working with suicidal clients.	Briggs et al., 2019
Minority Stress Theory has been widely utilised in LGBTQIA+ studies although weaknesses in the theory have been identified.	Meyer et al., 2003; Fulginiti al., 2020 Tan et al., 2019

The Interpersonal Psychological Theory of Suicidal Behavior and The Interpersonal Theory of Suicide have also made a substantial contribution to LGBTQIA+ research although the theories have limitations.	Joiner et al., 2005; Van Orden et al., 2010; Becker et al., 2020 Hatzenbuehler, 2009
Conversion therapy is damaging, unacceptable and should be banned in accordance with the recent governmental announcement.	BBC, 2022
Recommendations for clinical practice include better understanding the differing needs of sexual/gender minority clients/patients to treating each client as unique.	Goldhammer et al., 2018
The current author concluded that there are many gaps in the extant literature. Numerous areas requiring further, and better research have been highlighted from training of clinicians to identifying the most efficacious therapeutic modalities for treating suicidality.	Pepping et al., 2018 Jobes, D. and Chalker, S. (2019) et al., 2019 Pompili et al., 2012

An effective therapeutic alliance is critical to successful therapy.	Calati et al., 2018