

A Focus Guide for State Agencies

Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth

Background

The Suicide Prevention Resource Center partnered with NORC at the University of Chicago to develop a series of resource guides for professionals, families, communities, and technical assistance (TA) providers who regularly interact with youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and/or Two-Spirit (LGBTQIA2S+). All the guides in this series were developed with input from LGBTQIA2S+ youth and their parents, professionals and advocates, and people who have experienced suicidal thoughts and behaviors. This focus guide is intended specifically for state agency professionals. The other guides—including a comprehensive resource guide and three focus guides for schools, families and communities, and health and behavioral health care providers—can be accessed at <https://sprc.org/lgbtqia2s-youth-resources/>.

Introduction

The number of individuals who are openly Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and/or Two-Spirit (LGBTQIA2S+) is at an all-time high in the U.S., having doubled since 2012. This increase may be driven by the younger population; one in five Gen Z adults (ages 18 to 26)

are openly LGBTQIA2S+ compared to 7.1% of adults 18 and above.¹ This increase is expected to continue as today's adolescents reach adulthood.

Even with greater openness around sexual orientation, gender identity, and expression (SOGIE)¹ in the U.S., LGBTQIA2S+ youth continue to face unique challenges that can contribute to poor mental health and increased risk of suicide. These challenges can include trauma; lack of acceptance from family, peers, or at school; discrimination; homophobia; transphobia; and violence.^{3,4} Research shows that approximately 46% of LGBTQIA2S+ adolescents seriously considered suicide in 2022.⁴ Efforts that help LGBTQIA2S+ youth feel more comfortable and safe in being their true selves are critical in supporting the well-being of this growing population.

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Professionals who work in state agencies play an important role in promoting positive mental health and well-being among LGBTQIA2S+ youth and their families. They have a unique opportunity to make a significant difference due to their role in the design, funding, and implementation of statewide programs and initiatives. This focus guide is intended to be a brief, high-level resource to help state agencies better support the mental well-being of LGBTQIA2S+ youth. It offers recommendations and strategies for creating inclusive, affirming, and protective environments for LGBTQIA2S+ youth; provides program spotlights; and includes links to in-depth resources and trainings.

Two-Spirit describes the presence of both male and female energy combined with the ability to connect with the spiritual world (ancestors, Creator, and higher power). In most Tribes, Two-Spirit people occupy a distinct, alternative gender status.² Not all Tribal communities agree that it is appropriate to include Two-Spirit in discussions of LGBTQIA2S+ identities. Please consult the communities you engage about their perspectives on this.

Implementation Strategies

State agencies should consider the following implementation strategies to promote mental well-being among LGBTQIA2S+ youth.

Strategy 1: Set the expectation that policies, procedures, programs, services, and resources be affirming for LGBTQIA2S+ youth.

All state agencies—including health, behavioral health, social services, transportation, education, labor, Medicaid, corrections, and others—should set the expectation that policies, procedures, programs, services, and resources be friendly and affirming for LGBTQIA2S+ youth. States should set and enforce minimum standards for LGBTQIA2S+ inclusivity in all state-funded and/or certified programs and services, including staff onboarding and training,



“It’s about figuring out how we, as adults in the systems in which we work, develop institutional accountability for providing best practice care. It can’t be luck whether or not a young person at school or in the hospital or with any kind of health care provider is going to be asked about their pronouns, validated, or called by their preferred name.”

Advocate and professional



program requirements, funding allocations, and language on forms. The state should conduct routine assessments of programs and services and provide corrective action plans if needed.

Specific areas for development, improvement, and regulation tailored to LGBTQIA2S+ communities should be identified through conversations with agency staff, state-funded program directors and line staff, and youth who participate in state programs. This can be accomplished through staff surveys and periodic listening sessions with program staff and LGBTQIA2S+ youth and their parents, either virtually or in-person. Finally, states should set a tone that strengthens inclusion in all settings, including schools, after-school programs, health care settings, and social service agencies. This can include developing and distributing materials, providing

guidance tailored to various settings, celebrating LGBTQIA2S+ people and identities, and protecting LGBTQIA2S+ youth from bullying.

Strategy 2: Facilitate connections to local resources.

State agencies have a responsibility to ensure that residents accessing programs and services are connected to local agencies as needed. All agencies, especially social service agencies, should screen for social determinants of health (e.g., housing, food security, transportation, racism, education, and pollution) using a brief, validated screening tool such as the [Health-Related Social Needs \(HRSN\)](#) tool. Agencies should be prepared with information and referrals for programs, services, and resources that are specific to LGBTQIA2S+ youth; these should include resources that provide assistance with meeting basic needs that may be unmet due to the discrimination and economic hardship often

experienced by LGBTQIA2S+ youth, especially those who are Black, Indigenous, or people of color (BIPOC). Additional state funds should be allocated for housing, food, transportation, and medical care for LGBTQIA2S+ youth. States should seek federal funding when state funds are not available.

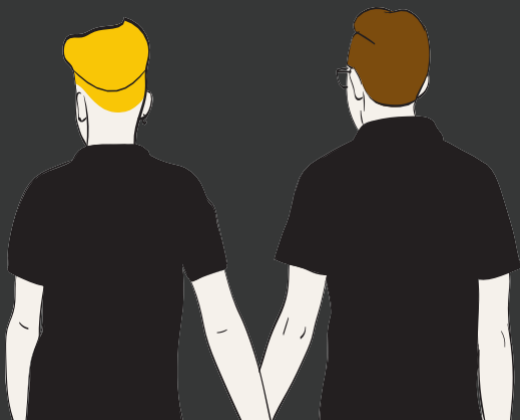
Strategy 3: Improve data collection and reporting for LGBTQIA2S+ communities.

Data on LGBTQIA2S+ populations is incomplete, unreliable, and often nonexistent due to inexact data collection processes, stigma, and political climate. Questions about SOGIE are often not included in data collection forms; when they are included, individuals may not feel comfortable indicating their SOGIE on the forms (or when asked in person) due to stigma or fear of discrimination. State agencies are uniquely positioned to improve the data that is collected about LGBTQIA2S+ communities. For example, agencies can revise participant information forms for all state-funded, regulated, and certified programs and services. This can include reviewing forms created for social service agencies, schools, health care settings, after-school programs,



“Lacking in data, it is all too easy to dismiss us... I have heard it too many times: lawmakers and public witnesses in hearings suggest that the LGBTQ community is crying wolf on suicide because we don’t have this data to point to.”

Advocate and professional



The important role of medical examiners and coroners

In recent years, medical examiners and coroners have begun collecting SOGIE data at the scenes of deaths by suicide or overdose. Multiple states currently collect SOGIE data and some states have passed laws mandating the collection of this information. By including the collection of SOGIE data in death scene investigations, medical examiners and coroners are in a better position to determine how many LGBTQIA2S+ youth are dying by suicide in their states and communities. This supports efforts to advocate for funding and programming to address the needs of these youth. Some states have added questions about SOGIE to death investigation forms, integrated these forms into statewide platforms, and provided training to death investigators on how to sensitively ask about SOGIE during an investigation.

departments of motor vehicles, and state-funded university systems to ensure information on SOGIE is collected. Data should be collected at the state level and made available to school, program, and service administrators for use in making strategic decisions. Data should also be used by state agencies to inform funding opportunity announcements and funding decisions.

The [Trevor Project National Survey](#) is an excellent example of a project that captures, reports, and disseminates critical data on LGBTQIA2S+ youth. The Trevor Project reports can be used by organizations to make programmatic and policy decisions and attract funding. States should use the Trevor Project as a model when assessing their local needs and identifying questions that will inform the work needed to support LGBTQIA2S+ youth in their state and local communities.

Improving data collection and reporting on LGBTQIA2S+ communities will help states and communities advocate for more funding for LGBTQIA2S+ programming from the federal government. Funding streams for mental health

Statewide Suicide Prevention Office and Coordinator

Many states have designated suicide prevention offices that coordinate suicide prevention programs, activities, and trainings statewide. These offices are typically led or supported by a statewide coordinator. It is essential that the state coordinator or other office representative be trained on the unique needs of LGBTQIA2S+ youth and exercise their authority to guide programs, services, and coalitions in affirming, supportive, and culturally responsive activities. State agencies that oversee suicide prevention should consider recommending that all regional and state suicide prevention positions have LGBTQIA2S+ representation. Creating a commission on LGBTQIA2S+ youth, such as the one in [Massachusetts](#), can be an important step that state agencies can take to include the voices of LGBTQIA2S+ people in programmatic and policy decisions.

For Child Welfare Agencies

- ✓ [Toolkit to Support Child Welfare Agencies in Serving LGBTQ Children, Youth, and Families](#) – Provides links to knowledge and skill-building resources to help state and territorial child welfare agencies meet the needs of LGBTQ children, youth, and families.
- ✓ [Advancing Healthy Outcomes](#) – Details eight ways to promote the health and well-being of LGBTQ+ youth involved with child welfare through the Family First Prevention Services Act (FFPSA).
- ✓ [Helping LGBTQ Families Navigate the Child Welfare System](#) – Provides information about creating an agency organizational culture that is inclusive and knowledgeable about the unique needs of LGBTQ children, youth, and families involved in the child welfare system.



“All of our programming is LGBTQ+ inclusive, and that’s where we really focus our efforts. And so, the contracts that we have, the way that we release funding opportunities, the way people apply for it, what goes into the statement of work, what goes into the deliverables, all those pieces ask that people are LGBTQ+-affirming.”

Advocate and professional



and suicide prevention are competitive and limited, and federal funding is often critical to efforts to appropriately support and eventually sustain programs that serve LGBTQIA2S+ youth. This funding is particularly important for states that are under-resourced and unable to support these programs without federal funding.

Program Spotlight

Colorado Office of Suicide Prevention

- Identifies LGBTQIA2S+ people as a priority population across all work and programming.
- Considers the intersectional identities of LGBTQIA2S+ people, such as race, ethnicity, geographic location, and ability status.
- Takes a comprehensive, upstream, and public health approach to suicide prevention by improving school climate, connectedness, and access to trusted peers and adults.
- Uses data sources like Healthy Kids Colorado to select strategies to support LGBTQIA2S+ youth and to apply for further funding.
- Works with partners and grantees to ensure all efforts are LGBTQIA2S+-affirming, even programming not specifically focused on LGBTQIA2S+ youth.
- Creates contracts with grantees to ensure programs practice equity, including affirming LGBTQIA2S+ people.
- Creates and conveys universal messaging about how external, modifiable factors (like transphobia, homophobia, or biphobia) are responsible for heightened risk among LGBTQIA2S+ youth.
- Works with local community organizations that serve large numbers of LGBTQIA2S+ youth, including schools, libraries, youth-serving nonprofits, and behavioral healthcare agencies.

Strategy 4: Incorporate youth voices in program planning.

It is important to include the diverse voices of LGBTQIA2S+ people in the design of all policies and programs, not just those that are specific to LGBTQIA2S+ individuals. This helps to ensure that policies and programs are inclusive and affirming of LGBTQIA2S+ communities. Inviting youth to hold positions of leadership, or at least including youth on advisory committees, shows respect for their experiences. This approach can also serve as a model for other state and local agencies and youth-serving organizations as they work to create supportive and affirming environments for LGBTQIA2S+ youth.

Conclusion

This focus guide was developed with the help and support of many individuals, including LGBTQIA2S+ youth. It serves as a starting point for the countless conversations that we can and should be having as a society to better support, advocate for, and celebrate LGBTQIA2S+ youth. As a community, it is imperative that we come together to lead with love, compassion, and respect for one another rather than focusing on the things that make us different. We hope this focus guide will help state leaders and professionals as they seek to create and maintain supportive, loving, and affirming environments in which LGBTQIA2S+ youth can thrive. By implementing the strategies outlined here and learning from the program spotlight, state leaders and professionals can take the next steps to assess and adapt their current approach to ensure that state administered, funded, regulated, and certified programs and services are meeting the needs of LGBTQIA2S+ youth. A multi-tiered approach such as this can facilitate positive environments and outcomes for LGBTQIA2S+ youth. For more information about working with LGBTQIA2S+ youth, please access the accompanying Resource Guide at <https://sprc.org/lgbtqia2s-youth-resources/>.

References

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