

THE PROBLEM
From the teenage years on, suicide affects all age groups although it is believed to have its heaviest impact on marginalized people, such as **gay, lesbian, and transgender population**, seniors facing economic hardship and depression, those with mental illnesses and portions of the Aboriginal population living in hardship.

Hammelman (1993) reported that 1/3 of a sample of GLB (transgender youth not included in study) had attempted suicide before the age of 17 and approximately 75% of those who attempted suicide cited sexual orientation as the most significant factor in the decision to end their life. Remafedi, Farrow and Deisher (1991) found similar results.

Data suggest that GLB youth acting in gender-conforming ways are at a higher risk for suicidal behaviour. The sexual orientation itself does not cause suicide, but rather it is the oppressive and hostile environment and the youths limited resources to deal with these environments that contribute to the increased risk (McFarland, 1998).

A National Gay Task Force (NGTF) survey of 2,100 gay men and lesbians found that more than 90% had been victims of verbal and physical assaults, 33% of reported abuse from relatives because of their orientation, and 7% reported physical abuse (NGTF, 1984).

Risk Factors for Gay and Lesbian Youth include:

- Awareness/identification of homosexual orientation at an early age
- Problems in homosexual relationships
- Society's discrimination against homosexuals, and its portrayal of homosexuality as a self-destructive lifestyle
- Rejection and/or abuse by family

- Internalization of image of homosexuals as sick and bad
- Lack of accurate information in schools
- Inability to develop relationship skills like those of heterosexual youth
- Absence of positive adult gay/lesbian role models
- Despair of life at present

(US Dept of Health and Human Services, 1989)

SUICIDE PREVENTION IN GLBT YOUTH EFFORTS AT ALL THREE LEVELS ARE NEEDED		
INDIVIDUAL	MICROENVIRONMENT (individual's environment)	MACROENVIRONMENT
<ul style="list-style-type: none"> • psychiatric history • family history of suicide • substance abuse • availability of a lethal method • acknowledgement of sexual orientation • abuse history • coming-out issues • gender non-conformity • sexual orientation conflict 	<ul style="list-style-type: none"> • teachers • parents • counsellors • friends • religious communities • neighbourhoods • youth serving agencies • mental health and youth care providers 	<ul style="list-style-type: none"> • human rights law & legislation • professional ethical guidelines for psychologists • counsellors and teachers • mass media • schools • provincial and federal policies • prevalent cultural values

Adapted from: An ecological model of suicide risk assessment for GLBT youth (Morrison & L'Heureux, 2001)

PREVENTION
School based Programs
Suicide skills training programs facilitate the development of problem solving and coping and cognitive. Skills training programs have demonstrated evidence of reductions in completed and attempted suicides (Gould et al., 2003). Training in the areas of sexuality and sexuality is an essential component of Gatekeeper Training.

Non-discrimination Policies in Schools
Policies that include sexual orientation are an important safeguard for students who may feel unsafe and/or harassed. GLBT teachers should be sought as positive role models (Morrow, 1993). Sanctions enforced for students, teachers and administrative personnel need to be implemented to end GLBT discrimination, harassment and violence in schools.

Education and Awareness Programs
Education regarding suicide prevention is among the most effective means to promote awareness of suicide as a preventable public health problem (SAMHSA, 2004). Health Canada advises that program activities should aim to promote awareness of suicide with education to improve coping and life skills, media relations and public education programs.

Physician Training on Risk Assessment
Educational and training programs on suicide risk assessment for primary care physicians and paediatricians have been suggested as a means to identify suicidal youth (HIPRC, 2004; Gould et al, 2003). Rigorous evaluation needs to be conducted to examine program impacts.

Mental Health Promotion among Youth
Primary prevention strategies suggest treatment of mental health disorders may be the most effective at addressing youth at risk of committing suicide (Cavanagh et al., 2003; Gould & Kramer, 2001). Providing mental health services is essential for GLBT youth (Noell & Ochs, 2000; Morrison & L'Heureux, 2001).

Support Groups
Cognitive behavioural therapy and support groups have demonstrated to be likely to reduce youth suicidal behaviour (Guo et al, 2003; Hawton et al, 1999). Agencies such as Project 10 in California, the Boston Alliance of Gay, Lesbian, Bisexual & Transgender Youth, the Hetrick-Martin Institute in New York City, and Out-right in North Carolina have been successful in establishing supportive group environments for youth.

INTRODUCTION:
A Planning Framework for the Interior Health (IH) region of British Columbia was developed for Gay, Lesbian, Bisexual and Transgender (GLBT) Youth Suicide and Abuse Prevention.

Through the Strategic Implementation Plan for Youth Suicide and Abuse Prevention, six areas were identified to meet this goal including a GLBT Youth Strategy:

- 1) A primary prevention approach to develop education and awareness campaigns regarding abuse and suicide prevention
- 2) Gatekeeper training and skills training programs to prevent suicides among youth
- 3) A strategic implementation planning framework for abuse and suicide prevention targeting Aboriginal youth
- 4) A clear set of start-up activities for the Youth Abuse and Suicide Prevention initiative that includes strategies for and/or targeted specifically for GLBT Youth**
- 5) Development of a holistic approach to addressing mental health promotion specifically related to abuse and suicide
- 6) Development of a surveillance program targeting environmental modifications

OBJECTIVES:
To develop a strategic implementation plan targeted at GLBT Youth for the prevention of suicide and abuse.
To review evidence-based best practices for the prevention of suicide and abuse among GLBT youth in the IH.

METHODS:
The planning process merged best practices (from systematic reviews and gray area literature) with suicide and abuse prevention programming activities.
Programs demonstrating efficacy through evaluation and consistency with best practices will be reported to the IH.

RESULTS:
The outcomes of this Planning Framework for Suicide and Abuse Prevention among GLBT youth will entail:

- The development of a framework for planning and implementing a population health approach
 - Building capacity and networking
 - Increasing awareness of existing youth injury prevention activities, contacts and partners in the IH
 - Recommending initial pilot projects
 - Creating a strategic implementation plan to include GLBT youth suicide and abuse prevention initiatives
- The deliverables for the Planning Framework for Suicide and Abuse Prevention among GLBT Youth are:
- A written planning and implementation framework for GLBT youth that includes a review of existing youth suicide and abuse prevention activities, evidence and best practices
 - Targets for improving health outcomes and indicators of improvement
 - Implementation of evidence-based pilot project(s), aimed at GLBT youth
 - A strategic implementation plan for inclusion in the 2005-2008 Interior Health Population Health Plan

CONCLUSIONS:
The amalgamation of evidence-based practices for GLBT youth suicide and abuse prevention programming and stakeholder input will help ensure:

1. Success at reducing the burden of suicide and abuse related injuries
2. Resources are allocated effectively for prevention activities that best fit current needs of the IH region

