

MARCH 2023

EQUALITY
MENTAL HEALTH
TOOLKIT

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INTRODUCTION

NOTE: This toolkit is not intended to replace professional mental health services, but it can serve as one of many tools. If you or someone you know are experiencing an emergency or have immediate safety concerns, contact emergency services at 988 or 911.

WHO IS THIS FOR?

This toolkit was developed to help the parents and caretakers of LGBTQIA2S+ youth—especially transgender youth—recognize the risk factors for and symptoms of mental health challenges in young people.

In an ideal world, each person facing mental health challenges would have access to mental health professionals like counselors, social workers, psychologists, and psychiatrists. Unfortunately, that isn't our reality. In the real world, therapy is not accessible to everyone, counselors have long wait lists, and there are an infinite number of barriers to getting professional help. For all these reasons, and for the caretakers who just want more information, we've compiled resources on suicide prevention, responding to self-injury, having difficult conversations, and more.

BACKGROUND

Young queer people across the U.S. are struggling. Over the past decade, the CDC has reported steadily worsening mental health among all young people and an increase in suicidal thoughts, plans, and attempts.¹ On top of that, the past few years have seen an exponential rise in attacks on the LGBTQIA2S+ community with violent rhetoric, anti-LGBTQIA2S+ propaganda, and political violence.² These factors, combined with the isolation of the COVID-19 pandemic, can trigger feelings and thoughts of not belonging, despair, and depression in LGBTQIA2S+ young people.

¹ [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 \(cdc.gov\)](https://www.cdc.gov/behavioral-data/youth-risk-behavior-survey-data-summary-trends-report-2011-2021)

² [UPDATE | Fact Sheet: Anti-LGBT+ Mobilization on the Rise in the United States \(acleddata.com\)](https://www.aclldata.com/updates/fact-sheet-anti-lgbt-mobilization-on-the-rise-in-the-united-states)

INTRODUCTION

A Note on Language:

The words we use to describe ourselves are important—*dyke, trans, queer, enby, stud, pansexual, ace, greysexual, demi, fluid, person of trans experience*—all of us have personal and intimate definitions for the terms used to describe our diverse community. Throughout this toolkit, we use *queer* synonymously with *LGBTQIA2S+*, as an umbrella term for all the letters in the rainbow.

It's a word that has been weaponized against us in the past and may still sting for some. But we believe in the reclamation of words for our own purposes. For us, *queer* is not a stand-in for *strange, out of place, bad, castoff*, or whatever other ugly thing it may have meant in the past. For us, *queer* is a word that unites everyone in our community. (It's also one syllable, which saves a lot of time.)

TOOLKIT PREVIEW

Here is what you can expect to find in this toolkit:

1. Strategies for taking care of yourself in order to care for others
2. Difficulties young queer people are up against and the impact it may have on them
3. Warning signs that a child may be suicidal and what steps you can take to care for them
4. Warning signs that a child may be self-injuring and what steps you can take to care for them
5. Advice for navigating difficult conversations and where to begin
6. Worksheets and other resources you can use

The topics we will cover are heavy, complicated, and can be upsetting for many people. We recommend you read this do so on your own time, at your own pace, and check in with yourself throughout.

SELF-CARE

Before plunging into the circumstances that put a child at risk of mental health challenges, we are going to address your own challenges.

As a caregiver, you may be tempted to put your own needs on the back burner so you can focus on supporting your child. But if you do not take care of yourself and your emotional wellbeing, you may be less equipped to help your child through a rough time. What's more, when adults don't manage their own stress and anxiety, they risk passing it along to their kids.

If you have been struggling with anxiety and notice your child exhibiting some anxious behaviors, the Child Mind Institute recommends, first, not beating yourself up over it. Anxiety on its own is hard enough. Secondly, you can learn strategies to manage your own stress and help your child manage theirs.³

These strategies include:

- **Manage stress with mindfulness**, keeping your focus on the present moment. Muscle relaxation and belly breathing are two common mindfulness techniques.

Progressive Muscle Relaxation: Starting at your toes, pick one muscle and squeeze it tight. Count to five. Release, and notice how your body feels—does it feel warm? Tingly? Relaxed? Repeat this exercise moving up your body with different muscles, noticing how your body feels as you tense and relax each time.

Belly Breathing: Put one hand on your stomach and one hand on your chest. Slowly breathe in, feeling the air fill your stomach (expand like a balloon). Then slowly breathe out until the air feels like it's out of your stomach (deflating the balloon). The hand on your chest should stay relatively still. When we breathe deeply, our lungs expand fully, which means you feel it more in your stomach.

³ [Parents Passing Anxiety to Children](#) | [Anxious Parents](#) | [Child Mind Institute](#)

SELF-CARE

- **Learn what triggers your anxiety** and what seems to make it worse. With that knowledge, you can set boundaries for how you will engage with the triggers. For example, if checking Twitter throughout the day sends you on a downward spiral, changing the way you engage with Twitter could help ease some of your anxiety. Consider capping your Twitter logins to once or twice a day, and limit the amount of time you spend on it when you do log in.
- **Model stress tolerance for your child.** You can teach them techniques that have been helpful for your own anxiety, like belly breathing. Try to keep a calm, neutral demeanor in front of your child, even in times of stress.
- **Explain your anxiety**, so your child can understand your behavior and see how you cope with stress. They don't need a breakdown of every anxious moment, but occasionally letting them in on your own challenges teaches them that it's okay to feel anxious AND there are ways to manage anxiety.
- **Make a plan ahead of time** for how you can manage stressful situations.
- **Know when to disengage.** If you know that a situation will be really stressful for you, it could be good to remove yourself from the situation so your child doesn't interpret it as unsafe. Take breaks as needed to prevent yourself from being overwhelmed by your anxiety.
- **Find a support system.** This can include social media and online forums as well as the people in your life—therapists, co-parents, friends—whoever can offer support.

For more examples of modeling stress tolerance, visit the [Child Mind Institute](#).

Another model for managing stress comes from the National Child Traumatic Stress Network (NCTSN). The **Pause – Reset – Nourish** model helps you gauge your level of distress in the present moment and take steps to feel replenished.

SELF-CARE

1 PAUSE

Check in with your internal experiences or how your body is feeling at the present moment.



RESET 2

Actively do something to help you feel steadier, more calm, confident or focused on your next task. Be kind to yourself and remember that these are difficult times.

3 NOURISH

Soak in something positive that replenishes your mind-body-heart-soul-or spirit. Turn your focus towards something that helps you remember your own strength and resilience, or reminds you to take time to tend to yourself. You may ask yourself, “What do I need to nourish myself right now?”



Detailed instructions can be found in [this article](#) on the NCTSN’s site. We’ve also included well-being practices from NCTSN on the following page.⁴

⁴ [Well-being Practices: Gentle Reminders for Times of Stress | The National Child Traumatic Stress Network \(nctsn.org\)](#).

Well-Being Practices

Gentle Reminders for Times of Stress

WELCOME THE STRESS RESPONSE



Remember that the body's natural stress response is helpful. Your body is "rising to meet a challenge" and is/was doing exactly what it is supposed to do. Not only is cortisol increased during times of stress, but so is oxytocin, the love/bonding hormone which helps us to seek support from others and offer support.

McGonigal, K. (2013)

COMPLETE THE STRESS CYCLE



Helping your body complete its stress cycle is critical, even when you are still being exposed to the stressor. Ways to do this include:

- Move your body/physical activity
- Express yourself creatively (art/imagination)
- Laugh
- Cry
- Be Social
- Take deep breaths
- Share affection
 - 20 second hug
 - 6 second kiss

Nagoski, E. & Nagoski, A. (2020)

CONNECTION & RELATIONSHIP



We are not meant to struggle alone. Relationships with safe, supportive people enhance our well-being and resilience and help us recover from times of stress and trauma. Talk to someone you trust and share how you are feeling and what you need. We benefit from not only seeking support but giving it. Connect with someone who might need you, too. Connect with your "why" in the world, your purpose and values that help you feel grounded.

EMOTION SKILLS & PRACTICES



Science tells us that we benefit from becoming aware of and welcoming our feelings. All of them. Gentle physical touch, like putting your hand on your heart, tuning into your heartbeat, and labeling your feelings may be helpful. Try to do this with acceptance and non-judgement. Feelings are like helpful guides, giving us important information about what we need. Remember they are temporary, always changing.

MINDFULNESS & ATTENTION



There is plenty of research documenting the benefits of mindfulness and attention related to practices to reduce stress. These practices are accessible no matter where you are. Be gentle with yourself and keep it simple.

- Present moment awareness
- 12-minute meditation
- Focused-attention practice
- Draw, color, doodle
- Mindful eating
- Compassion practice

LOVINGKINDNESS PRACTICE

May I/We/They
Be safe and free from harm
Be happy and healthy
Love and be loved
Feel peace and ease

Jha, A. (2021)

CURRENT ENVIRONMENT

Even with a supportive and affirming family, queer youth face a lot of challenges. Texas' schools and politics are hostile to the LGBTQIA2S+ community, hate groups are growing increasingly involved in anti-LGBTQIA2S+ mobilization, and all of this weighs heavily on the mental health of queer children.

TEXAS

Based on data collected in 2022, the Trevor Project⁵ reported that:

- **47%** of LGBTQIA2S+ youth in Texas seriously considered suicide in the past year, including **56%** of trans and nonbinary youth.
- **6%** of LGBTQIA2S+ youth in Texas attempted suicide in the past year, including **20%** of trans and nonbinary youth.
- **22%** of LGBTQIA2S+ youth in Texas reported experiencing symptoms of anxiety, including **78%** of trans and nonbinary youth.
- **59%** of LGBTQIA2S+ youth in Texas reported experiencing symptoms of depression, including **66%** of trans and nonbinary youth.
- Notably, **86%** of LGBTQIA2S+ students said recent politics negatively impacted their well-being "sometimes" or "a lot", and only **14%** answered "never."

**Even though this was not included in the Trevor Project's Texas report, we must acknowledge the fact that Black, Indigenous, and other queer youth of color consistently report poorer mental health than their white counterparts. We discuss this further on page 19.*

Just over a year ago, Gov. Abbott issued a directive to the Department of Family and Protective Services (DFPS), that they should investigate gender-affirming care as child abuse. For the past year, a coalition of organizations has been fighting tooth and nail to prevent these investigations and the harm they inflict on Texas families.

⁵ [The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Texas.pdf](https://www.thetrevorproject.org/wp-content/uploads/2022/07/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Texas.pdf)
([thetrevorproject.org](https://www.thetrevorproject.org))

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At our last count, fifteen families had been investigated by Child Protective Services (CPS) because they loved their trans children and did the work to support their transition.

Other families live under a persistent fear of investigation. Their stories have been shared in the [Texas Tribune](#), [NPR](#), [Time Magazine](#), [USA Today](#), [Mother Jones](#), and the [Washington Post](#). Despite the surge of attention in media sources like these and others, Texas DFPS refuses to back down. Visit [Texas Trans Kids](#) for resources and more information on the legal battle.

Legislative sessions bring new waves of violent rhetoric and attacks from the far-right and hate groups. As of today, Texas legislators have filed **108 anti-LGBTQIA2S+ bills**, breaking the previous record set in 2021. In a few months, we've surpassed 2021's 76 anti-LGBTQIA2S+ bills filed over the span of one legislative session and three special sessions. In 2021, we blocked 75 of the 76 bills. We're hopeful that we can have similar success this time around but, regardless of the outcome, the process of bill hearings and floor debates inflicts its own kind of damage to the queer community. Equality Texas has a [bill tracker](#) on our site where you can learn more about bills impacting the community.

The things that make Texas a hostile place for queer people are not unique to Texas. Hate groups protest drag brunches across the U.S. and state legislatures are on track to file a record-breaking number of anti-LGBTQIA2S+ bills in 2023. And research tells us that queer children suffer more mental health challenges than their peers, no matter which state they're in.

ANTI-LGBTQ+ MOBILIZATION

According to the Armed Conflict Location & Event Data Project (ACLED), the number of anti-LGBTQIA2S+ incidents in 2022 showed an increase of three times compared to 2021 and 12 times compared to 2020. Incidents include acts of political violence, anti-LGBTQIA2S+ demonstrations, violent rhetoric, and offline propaganda activity.

CURRENT ENVIRONMENT

Far-right militias and militant social movements, like the Proud Boys, tripled their engagement in anti-LGBTQIA2S+ demonstrations from 2021 to 2022.⁶

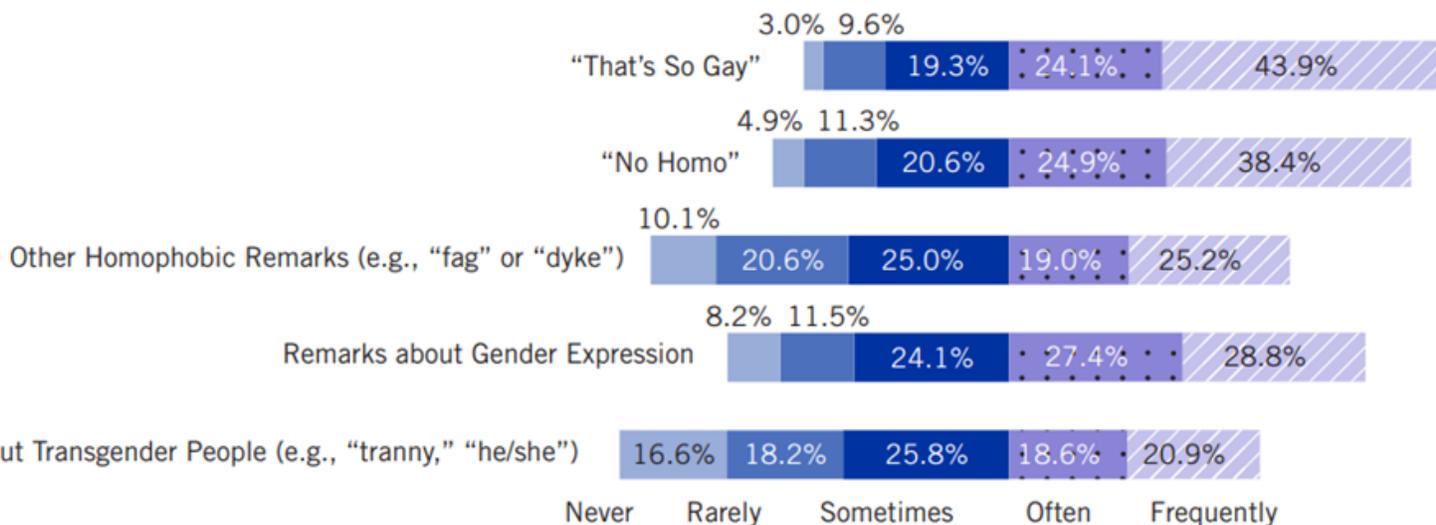
SCHOOL CLIMATE

GLSEN, an LGBTQIA2S+ nonprofit, tracks the issues LGBTQIA2S+ youth face at school and publishes annual reports. The most recent report, based on 2021 data, shows high levels of harassment and violence towards queer students and a growing crackdown on self-expression, especially for transgender and non-binary (*nb* or *enby*) youth.⁷

Some of the findings include:

- **81.8%** of LGBTQIA2S+ students reported feeling unsafe in school because of at least one of their actual or perceived personal characteristics; **68.0%** because of their sexual orientation, gender identity, and/or gender expression.
- A vast majority of LGBTQIA2S+ students hear anti-LGBTQIA2S+ remarks frequently, from students and teachers alike.

Figure 1.7 Frequency of Hearing Anti-LGBTQ+ Remarks at School



GLSEN National School Climate Survey 2021, Full Report (p. 14)

⁶ UPDATE | Fact Sheet: Anti-LGBT+ Mobilization on the Rise in the United States (acleddata.com)

⁷ NSCS-2021-Full-Report.pdf (glsen.org)

CURRENT ENVIRONMENT

Recent trends revealed:

- A decline of school staff intervening when students make disparaging comments about the queer community
- A rise in homophobic remarks and negative remarks about gender from school staff
- Increased gender-based discrimination
- Fewer supportive school personnel, fewer affirming extracurriculars, and fewer positive LGBTQIA2S+ focused policies
- Decline in student acceptance of queer people

Figure 1.10 Frequency of LGBTQ+ Students Hearing Negative Remarks from Teachers or Other School Staff

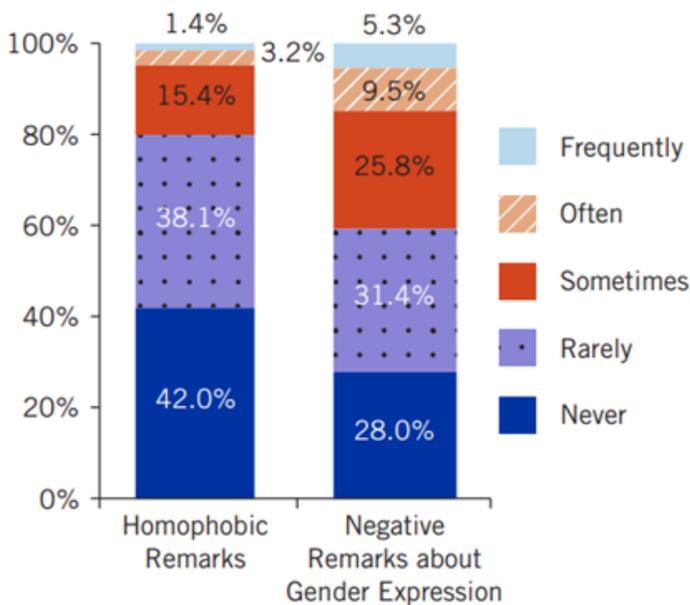
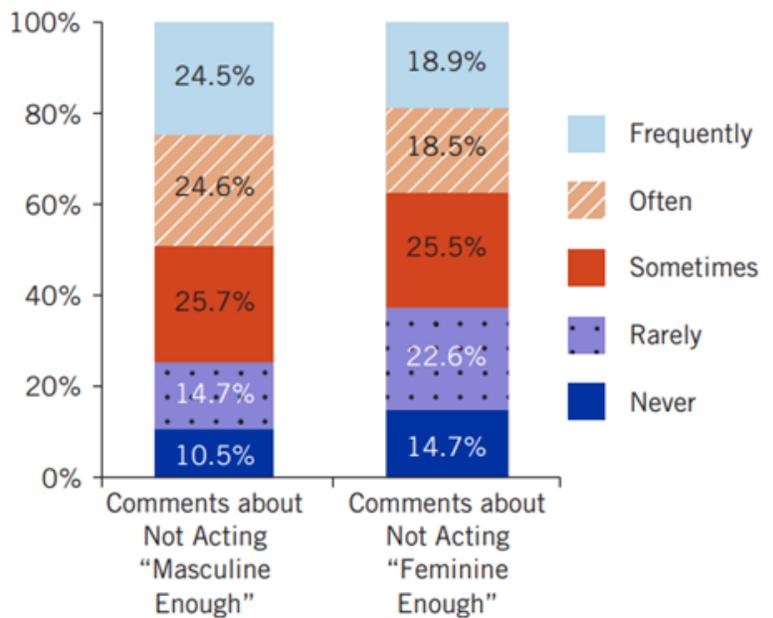


Figure 1.11 Frequency of LGBTQ+ Students Hearing Different Types of Remarks about Students' Gender Expression



GLSEN National School Climate Survey 2021, Full Report (p. 15)

TRAUMA

Many of the experiences mentioned above—harassment at school, fear of a DFPS investigation, hearing about scary bills being debated in the Capitol—can be traumatic for families. When scary things happen, some members of the family may show signs of **traumatic stress**.⁸

⁸ [trauma_and_your_family.pdf \(nctsn.org\)](#)

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Someone experiencing traumatic stress may:

- Feel numb or shock
- Avoid people and places that remind them of the event(s)
- Be very afraid, angry, or sad
- Have trouble sleeping or paying attention
- Feel helpless and hopeless
- Be very tired and worn out
- Have aches and pains

Trauma is very common and can impact any member of the family, but families can learn to cope with and get through traumatic stress together. We recommend reading the explainer, [Trauma and Your Family](#), from the National Child Traumatic Stress Network (NCTSN).

Children experience traumatic events and respond differently at different ages and stages of development. NCTSN discusses children's reaction to traumatic events in-depth in [this article](#).

One form of trauma that isn't talked about as much is **complex trauma**. The term describes, "both children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure."⁹ Because the American Psychiatric Association (APA) hasn't officially recognized complex trauma or complex post-traumatic stress disorder (CPTSD), they haven't defined what forms complex trauma can take. Many definitions restrict complex trauma by defining it as interpersonal harm, but the UK Trauma Council includes community violence, racism, discrimination, and war as complex traumas.¹⁰

Key features of complex trauma events, according to the UK Trauma Council:

"First, they typically arise within the context of a child's relationships. Second, they occur during child development, with important implications for their potential impact. Finally, they are chronic or repeated."

⁹ [Microsoft Word - Complex Trauma_caregivers_final \(nctsn.org\)](#)

CURRENT ENVIRONMENT

Even though complex trauma is a difficult thing to pin down, its effects are well-documented and show up differently than “regular” trauma. Based on available research, it’s possible that LGBTQIA2S+ children’s experiences in hostile environments (like Texas) would amount to complex trauma.

We do not want to give the impression that all queer kids in Texas have complex trauma—we have neither the professional expertise nor personal knowledge to assess anyone’s child. We included complex trauma in this toolkit so you can be familiar with its risk factors, signs, and symptoms. NCTSN has several resources to help with that:

- [Complex Trauma: Facts for Caregivers](#)
- [Assessment of Complex Trauma by Parents and Caregivers](#)
- [Complex Trauma: Effects](#)

MENTAL HEALTH OUTCOMES

Understandably, the stressors on LGBTQIA2S+ youth take a toll, resulting in poorer mental health than their straight and cisgender peers. From the CDC's Youth Risk Behavior Survey:¹¹

*“As in previous reports, we continue to see disparities among students who identify as lesbian, gay, bisexual, questioning, or another non-heterosexual identity (LGBQ+) or who have had any same-sex sexual partners compared to their peers... LGBQ+ students and those who have any same-sex partners were more likely than their peers to have used or misused all substances included in this report... They were also **significantly more likely to experience all forms of violence**. The differences in terms of mental health, compared to their peers, are substantial. **Close to 70% of LGBQ+ students experienced persistent feelings of sadness or hopelessness during the past year and more than 50% had poor mental health during the past 30 days.**”*

¹⁰ [Complex trauma - UKTC \(uktraumacouncil.org\)](https://www.uktraumacouncil.org/complex-trauma)

¹¹ [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 \(cdc.gov\)](https://www.cdc.gov/youthriskbehavior/survey/data-summary-trends-report-2011-2021), p. 2

CURRENT ENVIRONMENT

These differences aren't limited to the division between queer kids and straight/cisgender kids. Children that identify with multiple marginalized groups (e.g., autistic, Black, disabled, queer) are subject to more negative experiences that impact their mental health.¹²

In the past year, 22% of LGBTQ+ students attempted suicide. Among Black, Indigenous, and other queer youth of color, 27% attempted suicide. Transgender and nonbinary youth have worse mental health outcomes pretty much across the board.¹³

We want to reiterate this point from the Trevor Project, "LGBTQ young people are not inherently prone to suicide risk because of their sexual orientation or gender identity, but rather placed at higher risk because of how they are mistreated and stigmatized in society."¹⁴

SUPPORTING LGBTQIA2S+ CHILDREN

Despite your best efforts, you cannot shield your child from every harm in the world. What you can do is create a supportive environment at home, providing emotional stability and helping your family regain a sense of control.¹⁵

NCTSN's guide, [Creating Supportive Environments When Scary Things Happen](#), explains how routine, rhythm, and ritual can benefit families amidst turmoil in the outside world.

Having an accepting family has its own benefits for LGBTQIA2S+ youth including:¹⁶

- Better health
- Higher self-esteem
- Stronger social support & better family relationships
- Reduced risk of depression, suicide, and substance abuse

¹² [All Black Lives Matter: Mental Health of Black LGBTQ Youth | The Trevor Project](#)

¹³ [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 \(cdc.gov\)](#), p. 2

¹⁴ [The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Texas.pdf \(thetrevorproject.org\)](#)

¹⁵ [creating-supportive-environments-when-scary-things-happen.pdf \(nctsn.org\)](#)

¹⁶ [FAP Building Healthy Futures Posters - English | Family Acceptance Project ® \(sfsu.edu\)](#)

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The Family Acceptance Project identified over 50 family accepting behaviors that help queer youth feel supported and affirmed. We've included some of their recommendations on page 17.

Another way to support your queer child is to help them understand media coverage of LGBTQIA2S+ issues and manage their media exposure. Too much exposure to media surrounding a traumatic event can interfere with children's recovery after the event. This is especially true for children directly impacted by an event.¹⁷

The NCTSN has a list of [Tips for Parents and Caregivers on Media Coverage of Traumatic Events](#). It includes information about effects media exposure can have on children and what caretakers can do to support their child after a traumatic event.

Family Behaviors that Increase Your LGBTQ Child's Health & Well-Being

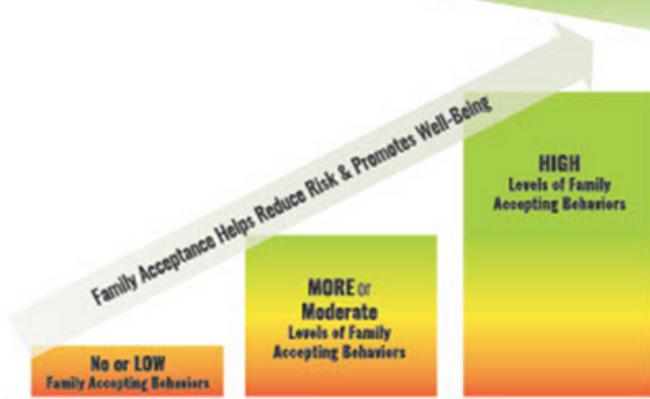
Research from the Family Acceptance Project[®] found more than 50 family accepting behaviors that help protect your lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) child against health risks like depression, suicide and illegal drug use and help to increase your LGBTQ child's self-esteem, health and well-being. A little change makes a difference in decreasing your child's isolation and risk and giving them hope that their family will be there for them.

Family support saves lives!

BEHAVIORS THAT HELP...

| | | | | |
|---|--|--|--|--|
| Tell your LGBTQ / gender diverse child that you love them | Support your child's gender expression | Talk with your child or foster child about their LGBTQ identity and listen respectfully – even when you feel uncomfortable or think that being gay or transgender is wrong | Require other family members to treat your child with respect | Show affection when your child tells you or when you learn that your child is LGBTQ |
| Ask your child if – and how – you can help them tell other people about their LGBTQ identity | Welcome your child's LGBTQ friends to your home | Use your child's chosen name and the pronoun that matches their gender identity | Bring your child to LGBTQ groups and events | Get accurate information to educate yourself about your child's sexual orientation, gender identity and expression |
| Find a congregation that welcomes your LGBTQ / gender diverse child and family | Participate in family support groups and activities for families with LGBTQ and gender diverse children to get support for yourself and your family and guidance for supporting your LGBTQ child | Talk with your religious leaders to help your congregation become supportive of LGBTQ people | Tell your LGBTQ / gender diverse child that you're proud of them | Speak openly about your child's LGBTQ identity |
| Tell your LGBTQ / gender diverse child that you will be there for them – even if you don't fully understand | Connect your child with LGBTQ adult role models | Express enthusiasm for your child having an LGBTQ / gender diverse partner when they're ready to date | Stand up for your child when others mistreat them because of their LGBTQ identity or gender expression – at home, at school, in your congregation and in the community | Believe that your child can be a happy LGBTQ adult – and tell them they will have a good life |

The more of these behaviors that parents and families do, the better your LGBTQ child's health & well-being



- Better health
- Higher self-esteem
- Stronger social support
- Better family relationships
- Less likely to be depressed
- 3 times less likely to attempt suicide
- 3 times less likely to think about suicide
- Less likely to have substance abuse problems



For more information about acceptance and rejection and your LGBTQ child's risk & well-being - Family Acceptance Project[®]: <https://familyproject.sfsu.edu>
 Biden Foundation's Family and Community Acceptance Campaign: <https://go.bidenfoundation.org/AsYouAre>



SUICIDALITY

It's normal for people feel uncomfortable talking about suicide. Some stress over saying the "right thing," or worry that bringing it up will put the idea in someone's head. But talking about suicide does not increase the risk that someone may consider suicide or act on their suicidal thoughts. On the contrary, it can be the first step in someone getting help from a qualified mental health professional.

People experiencing suicidal thoughts often feel too embarrassed, ashamed, or closed off to tell someone what they're going through. For young people, having a trusted adult they can talk to gives them an opportunity to talk about problems they're facing. That's why it's important for caretakers to be familiar with the signs a child might be suicidal.

The National Institute of Mental Health (NIMH) states very clearly, "Suicidal thoughts or actions, even in very young children, are a sign of extreme distress and should not be ignored."¹⁸ Researchers with the NIMH found that, of children that die by suicide, almost a quarter had a history of suicidal thoughts and 79.6% had made a suicidal statement in the past.

*"Suicide is the second leading cause of death among young people, with LGBTQ youth being four times more likely to seriously consider suicide, to make a plan for suicide, and to attempt suicide versus their peers... The Trevor Project estimates that **at least one LGBTQIA2S+ youth between the ages of 13-24 attempts suicide every 45 seconds in the U.S.**"¹⁹*

Key factors that increase risk for LGBTQIA2S+ youth suicide:²⁰

- Rejection and a lack of social support and affirming spaces
- Physical harm and bullying
- Discrimination
- Conversion Therapy
- Minority Stress

¹⁸ [NIMH » Understanding the Characteristics of Suicide in Young Children \(nih.gov\)](#)

¹⁹ [Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S. | The Trevor Project](#)

²⁰ [Facts About LGBTQ Youth Suicide | The Trevor Project](#)

SUICIDALITY

A Note on Minority Stress:

The Minority Stress Model helps explain mental health disparities among different groups of people. In the case of queer youth, “experiences of LGBTQ-based victimization—and the internalization of these experiences and anti-LGBTQ messages—can compound and produce negative mental health outcomes and increase suicide risk among LGBTQ individuals.”²¹ People who identify with multiple marginalized identities (e.g., disabled, neurodivergent, gender expansive, Black, Indigenous, undocumented) may experience the most persistent and problematic minority stress.

We see minority stress play out in LGBTQIA2S+ youth of color reporting higher rates of attempting suicide when compared with their white peers. Indigenous/Native youth who are Two-Spirit/LGBTQ+ report the highest suicide risk and are overrepresented among youth experiencing housing instability, food insecurity, and foster care.²²

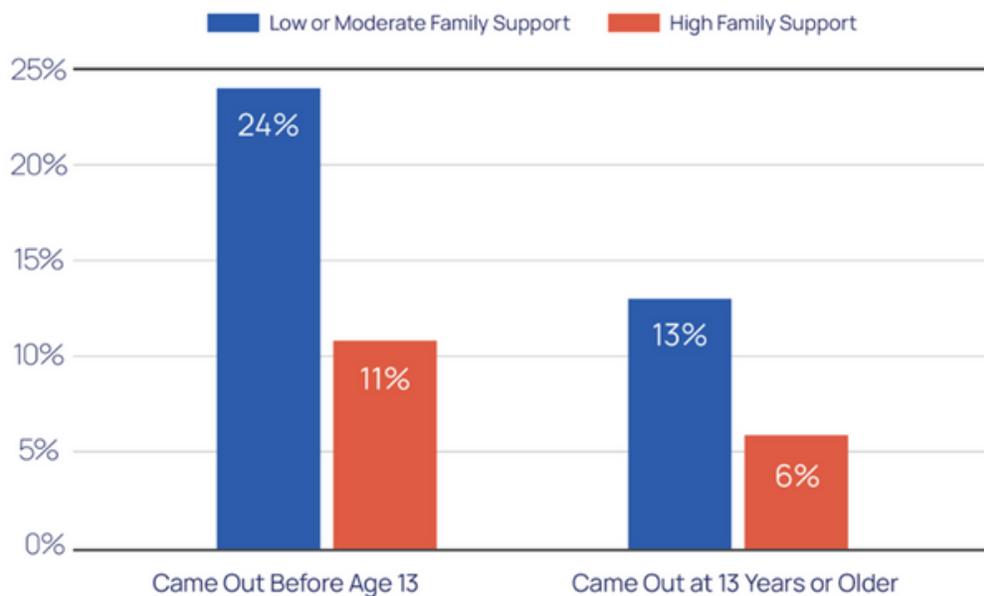
By most metrics, trans/enby youth fare worse than their cisgender counterparts. In particular, Black transgender and nonbinary youth have disproportionate rates of suicide risk. Of the LGBTQIA2S+ youth surveyed by the Trevor Project, 59% of Black trans/enby youth seriously considered suicide and 26% attempted suicide in the past year. Such disparities demonstrate the clear impacts of historical and ongoing oppression and trauma inflicted on Black, Indigenous, and other people of color.²³

Another factor that can increase the risk of suicide is the age at which kids “come out,” or share aspects of their sexual orientation with other people. Children who come out before the age of 13 tend to experience higher rates of victimization and discrimination than those who come out at 13 years or older. They also report higher rates of attempted suicide than their peers. However, among children who came out earlier in life, those who reported

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higher family support had lower rates of suicide attempts than children who came out at the same age, but with low/moderate family support.²⁴

Rates of Suicide Attempts Among LGBTQ Youth By Current Family Social Support and Age of Outness



[The Trevor Project, "Age of Sexual Orientation Outness and Suicide Risk"](#)

WARNING SIGNS

"Suicidal thoughts, also known as suicidal ideation, may not always be completely obvious to others, not even to a child's parents. Part of the reason for that is that children with suicidal thoughts will probably not speak directly about them as an adult might.

Instead, suicidal thoughts in children may manifest through an interest in and/or preoccupation with suicide or death. You may notice signs of this preoccupation in your child's clothing, the shows they watch on television, the websites they visit on the computer, through what they write in journals or even on homework, or in the way in which they identify with others who are depressed or have spoken of suicide."²⁵

²⁴ [Age of Sexual Orientation Outness and Suicide Risk | The Trevor Project](#)

²⁵ [Suicidal Thoughts and Depression in Children \(Very Well Mind\)](#)

SUICIDALITY

The Trevor Project's major warning signs of suicide:²⁶

HAVE THEY FELT...?

- + Unimportant
- + Trapped
- + Hopeless
- + Overwhelmed
- + Unmotivated
- + Irritable
- + Alone
- + Impulsive
- + Suicidal

DO THEY...?

- + Not care about their future:
"It won't matter soon anyway."
- + Put themselves down and think they deserve it:
"I don't deserve to live. I suck."
- + Express hopelessness:
"Things will never get better for me."
- + Say goodbye to important people:
"You're the best friend I've ever had. I'll miss you."
- + Have a specific plan for suicide: "I've thought about how I'd do it."
- + Talk about feeling suicidal:
"Life is so hard. Lately I've felt like ending it all."

HAVE THEY BEEN...?

- + Using drugs or alcohol more than usual
- + Acting differently than usual
- + Giving away their most valuable possessions
- + Losing interest in their favorite things to do
- + Feeling more sick, tired or achy than usual
- + Admiring people who have died by suicide
- + Planning for death by writing a will or letter
- + Eating or sleeping more or less than usual

Among younger children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity.²⁷

Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems.

²⁶ [Warning Signs of Suicide | The Trevor Project](#)

²⁷ [Suicide in Children and Teens \(aacap.org\)](#)

SUICIDALITY

Some things caretakers can do to prevent suicide:²⁸

- Recognize the risk factors and warning signs for suicide.
- Call the [National Suicide Prevention Lifeline](#) if you need advice on talking to your teen who you think may have suicide warning signs.
- Seek professional help, such as your pediatrician, a child psychiatrist, a psychiatric hospital, or emergency room if you think your child is going to hurt themselves.
- Make sure that guns and medications aren't easily available in your home if your child or adolescent might be having thoughts of suicide.
- Seek professional help for children who have depression and/or anxiety, which are often thought to be the biggest risk factors for suicide.

If someone is considering suicide, the most important step is for them to talk to someone. Having a conversation about suicide won't put the thought in your child's mind, but it can bring a huge relief and provide them with support. If you're worried that your child might be having suicidal thoughts, directly ask your child if they are depressed or thinking about suicide.²⁹

Specific examples of such questions include:

- Have you ever thought about hurting or killing yourself?
- Are you thinking about hurting or killing yourself?
- Are you feeling sad or depressed?



Tips on communicating with your child:³⁰

- **Keep the Talk Age-Appropriate.** Make sure that your child understands what you are saying and is not confused or bored by the discussion.
- **Keep the Conversation Positive.** By maintaining a positive and hopeful outlook in your discussions, you will avoid unnecessarily alarming your child.

²⁸ [Teen Suicide Warning Signs and Prevention \(Very Well Mind\)](#)

²⁹ [Suicidal Feelings \(Befrienders\)](#), [Suicide in Children and Teens \(aacap.org\)](#)

SUICIDALITY

- **Be Honest.** Don't: make promises you cannot keep or go into detail about topics you aren't certain of. Do: tell your child what you do know and make a list of questions to ask a mental health professional.
- **Be Compassionate.** Your child needs to know that you recognize and respect their feelings. Avoid comments like "What do you have to be depressed about?" or "Don't be ridiculous."



- **Be a Good Listener.** Allow your child to talk openly and express their opinions and thoughts. Avoid interrupting, judging or punishing them for their feelings. Listening demonstrates that they have someone they can confide in help to sort out their feelings.
- **Ask Questions.**

Never dismiss suicidal thoughts in a child and never promise to keep them a secret. Any child or adolescent with suicidal thoughts or plans should be evaluated immediately by a trained and qualified mental health professional. If there are any safety concerns, do not provide judgment or discipline; simply remove your child from immediate danger, do not leave them alone, and get them immediate help.

The [Columbia Protocol](#), also known as Columbia-Suicide Severity Rating Scale (C-SSRS), can help in determining when someone is at risk for suicide and how to help. We've included their screening tool for parents on the next page.

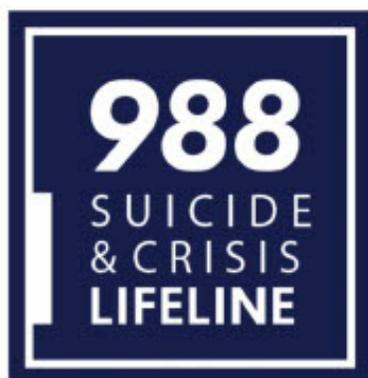
HOTLINES

National Suicide & Crisis Lifeline: Call 988 OR 1-800-273-8255

The Trevor Project: Text 'START' to 678-678 OR Call 1-866-488-7386

Trans Lifeline: Call 877-565-8860

| | | |
|---|------------|---------------|
| Always ask questions 1 and 2. | Past Month | |
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | | |
| 2) Have you actually had any thoughts about killing yourself? | | |
| If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6. | | |
| 3) Have you been thinking about how you might do this? | | |
| 4) Have you had these thoughts and had some intention of acting on them? | High Risk | |
| 5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? | High Risk | |
| Always Ask Question 6 | Life-time | Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months? | | High Risk |



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get **immediate help: Call or text 988, call 911 or go to the emergency room.**
STAY WITH THEM until they can be evaluated.



Download Columbia Protocol app

SELF-INJURY

Self-injury, also referred to as self-harm, refers to, “any deliberate, non-suicidal behavior that inflicts physical injury to a person’s own body.”³¹ Finding out that your child is harming themselves can be extremely distressing; confusion, guilt, anger, and worry are all common responses. For people on the outside—even friends and family—it can be difficult to understand why someone might self-harm.

“A person who self-harms will describe their behaviour as a way of coping with overwhelming feelings associated with difficult or painful experiences. For some it becomes addictive, a way of feeling better and re-establishing control over their emotions. It is rarely used as 'attention seeking', most self-harmers try to keep it a secret and feel very ashamed.”³²

Just because someone engages in self-harm does not mean they are suicidal. However, the pain that drives someone to injure themselves could also lead to suicidal thinking or a suicide attempt. It’s important to take self-injury seriously and not dismiss it as “attention-seeking.”

S.A.F.E. Alternatives offers a [free online seminar](#), about half an hour long, to help parents and caretakers understand and help their child who is self-injuring. The Child Mind Institute has a shorter (5 ½ minutes) [video explaining self-injury](#).

WARNING SIGNS

If you suspect that your child may be self-harming but you’re not sure, look for these signs:³³

- Talking about self-injury
- Suspicious-looking scars
- Wounds that don’t heal or get worse

³¹ [Fact sheets - LifeSIGNS](#)

³² [How to Support Someone Who Self-Harms | Befrienders](#)

³³ [Help for Cutting and Other Self-Injury | Self-Harm Help | Child Mind Institute](#)

SELF-INJURY

- Cuts on the same place
- Increased isolation
- Collecting sharp tools such as shards of glass, safety pins, nail scissors, etc.
- Wearing long-sleeved shirts or long pants in warm weather
- Avoiding social activities
- Refusing to go into the locker room or change clothes in school
- Wearing a lot of band aids

WHAT YOU CAN DO

Responding after your child self-harms:³⁴

1 Address any immediate safety and medical concerns. This can mean tending to your child's wounds or seeking medical attention for significant injuries. Remove items that increase the chance of injury, like razor blades and knives. You can involve your child in locking the items up, so they're taking part in keeping themselves safe.

2 Give yourself a moment to breathe. You will have your own emotional reaction to the situation and might feel overwhelmed. This is a great moment to use one of the mindfulness techniques we mentioned in the Self-Care section. Giving yourself a chance to relax can help you respond in a way that supports and centers your child.

3 Don't punish your child for self-harming. Punishment doesn't stop kids from self-injuring, it just makes them better at hiding their injuries. Instead, let them know they did the right thing by telling you.



³⁴ [Responding after your child self-harms: 6 steps for parents | Restore Therapy \(restoretherapypdx.com\)](#), [Self-harm: advice for parents - With You \(wearewithyou.org.uk\)](#), [Help for Cutting and Other Self-Injury | Self-Harm Help | Child Mind Institute](#)

SELF-INJURY

4 **Talk to your child to understand the behavior.** It's helpful to focus on the feelings behind their self-harming rather than the self-harm itself. In order to stop the self-injury, your child will need new, healthier ways to cope with their thoughts and feelings. Talk to your child in a curious and non-judgmental way to better understand what led to them self-harming.



5 **Provide empathy.** Providing an empathetic response to your child will allow them to communicate honestly with you and feel a connection with you that they likely need at this time.

6 **Seek out professional help.** Even if they say it was a one-time thing, it's important to get help. It's true that kids might experiment with self-injury, especially if they have friends who are doing it, but it's a serious and dangerous behavior, and you don't want to ignore what might be a real mental health issue.

³⁴ [Responding after your child self-harms: 6 steps for parents | Restore Therapy \(restoretherapypdx.com\)](#), [Self-harm: advice for parents - With You \(wearewithyou.org.uk\)](#), [Help for Cutting and Other Self-Injury | Self-Harm Help | Child Mind Institute](#)

STARTING THE CONVERSATION

Now, what to do with all of this information?

We understand that starting a difficult conversation is often the hardest part. Luckily, several organizations have put together guides for having a conversation about mental health with your kid.

NCTSN's guide for [Talking to Children When Scary Things Happen](#) gives these tips:

- ✕ Check in with yourself, first
- ✕ Clarify your goal
- ✕ Provide information
- ✕ Reflect
- ✕ Ask helpful questions
- ✕ Go slow, pause, and be comfortable with silence
- ✕ Label emotions
- ✕ Validate and normalize
- ✕ Reduce media exposure

The Jed Foundation has a very thorough conversation guide, [What to do if you're concerned about your teen's mental health](#).

[Seize the Awkward](#) is a site full of conversation starters to get people talking about what they're going through.

RESOURCES

Hotlines

[National Suicide & Crisis Lifeline](#): Call 988 OR 1-800-273-8255

[The Trevor Project](#): Text 'START' to 678-678 OR Call 1-866-488-7386

[Trans Lifeline](#): Call 877-565-8860

[LGBT National Youth Hotline](#): 800-246-7743

[Crisis Text Line](#): Text START to 741-741

[The GLBT National Youth Talkline](#): (800) 246-7743

Texas Crisis Resources

[Mental Health Crisis Services by county \(DSHS\)](#)

**Please note that these crisis lines are affiliated with Texas' Department of State Health Services (DSHS) and likely have varying policies when it comes to trans kids. To be safe, we recommend using a pseudonym when placing these calls. If that doesn't feel secure enough, other organizations offer crisis services.*

[List of Crisis Resources \(National Alliance on Mental Illness\)](#)

Reminder: This toolkit cannot replace help from a qualified mental health professional. The worksheets, tips, and practices listed below can be helpful, but they are not sufficient for dealing with serious mental health challenges.

Worksheets

- [10% Solutions](#)
- [Coping Skills for Anxiety](#)
- [Coping Skills for Depression](#)
- [Deep Breathing Worksheet](#)
- [Decatastrophizing](#)
- [Grounding Techniques](#)
- [Healthy vs Unhealthy Coping Strategies](#)
- [How to Practice Mindfulness Meditation](#)
- [Self-Care Assessment](#)
- [Stress Exploration](#)
- [Stress Management Tips](#)
- [Stress Relief Strategies](#)

RESOURCES

Self-Care

- [How to Avoid Passing Anxiety on to Your Kids](#)
- [Well-being Practices: Gentle Reminders for Times of Stress](#)

Current Environment

- [Age-related Reactions to Traumatic Events](#)
- [Assessment of Complex Trauma by Parents and Caregivers](#)
- [Complex Trauma: Effects](#)
- [Complex Trauma: Facts for Caregivers](#)
- [Creating Supportive Environments When Scary Things Happen](#)
- [Equality Texas Legislative Bill Tracker 2023](#)
- [Tips for Parents and Caregivers on Media Coverage of Traumatic Events](#)
- [Trauma & Your Family](#)

Suicidality

- [The Columbia Protocol](#)

Self-Injury

- [Help for Cutting & Self-Injury](#)
- [Seminar: How to understand and help my child who is self-injuring](#)

Starting the Conversation

- [Seize the Awkward: Starting the conversation](#)
- [What to do if you're concerned about your teen's mental health: A conversation guide](#)

REFERENCES

American Academy of Child & Adolescent Psychiatry

- [Suicide in Children and Teens](#)

The Armed Conflict Location & Event Data Project

- [UPDATE | Fact Sheet: Anti-LGBT+ Mobilization on the Rise in the United States](#)

Befrienders

- [How to Support Someone Who Self-Harms](#)
- [Suicidal Feelings](#)

The Centers for Disease Control & Prevention

- [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021](#)

Child Mind Institute

- [Help for Cutting and Other Self-Injury | Self-Harm Help](#)
- [Parents Passing Anxiety to Children | Anxious Parents | Child Mind Institute](#)

The Family Acceptance Project

- [FAP Building Healthy Futures Posters - English](#)

GLSEN

- [2021 National School Climate Survey-Full-Report](#)

LifeSIGNS

- [Parent's & Guardians' Fact Sheet](#)

National Child Traumatic Stress Network

- [Complex Trauma: Facts for Caregivers](#)
- [Creating Supportive Environments When Scary Things Happen](#)
- [Tips for Parents and Caregivers About Media Coverage of Traumatic Events](#)
- [Trauma & Your Family](#)
- [Well-being Practices: Gentle Reminders for Times of Stress](#)

The National Institute of Mental Health

- [Understanding the Characteristics of Suicide in Young Children](#)

Restore Therapy

- [Responding after your child self-harms: 6 steps for parents](#)

The Trevor Project

- [2022 National Survey on LGBTQ Youth Mental Health: Texas](#)
- [Age of Sexual Orientation Outness and Suicide Risk](#)
- [All Black Lives Matter: Mental Health of Black LGBTQ Youth](#)
- [Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S.](#)
- [Facts About LGBTQ Youth Suicide](#)
- [Warning Signs of Suicide](#)

REFERENCES

UK Trauma Council

- [Complex Trauma](#)

Very Well Mind

- [Suicidal Thoughts and Depression in Children](#)
- [Teen Suicide Warning Signs and Prevention](#)

With You

- [Self-harm: Advice for parents](#)