

# MANIFESTO FOR CHANGE

STAYING ALIVE: RISK, RESISTANCE  
AND RESPONSES TO LGBT+  
YOUTH SUICIDE IN SCOTLAND

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# INTRODUCTION



Our event *Staying Alive: Risk, Resistance and Responses to LGBT+ Youth Suicide in Scotland*, was held as part of the ESRC's Festival of Social Sciences on the 24th November to share the findings of research working with LGBT+ young people who have thought about or attempted suicide to find out:

- what had contributed to feeling suicidal and made suicidal feelings worse
- what had helped them to stay alive and feel safe from suicidal thoughts
- what they believed would reduce LGBT+ youth suicide in Scotland in the future.

In small groups of practitioners, clinicians, educators, policy makers, researchers and community members, we discussed the challenges and barriers to effective suicide

prevention for LGBT+ young people. Together we wrote a manifesto for change, describing the long-term and short-term changes that could help prevent LGBT+ youth suicide in the future and the practical support we needed to make those changes.

Fifty-six people attended the event, but we know a lot more wanted to join us. We therefore hope this report will allow the findings of the research and the discussions had at the event to reach a wider audience and if you have any questions or would like more information please contact [\*\*hazel.marzetti@ed.ac.uk\*\*](mailto:hazel.marzetti@ed.ac.uk)

# THE RESEARCH

## WHY WE DID THIS RESEARCH

Globally, suicide is the fourth leading cause of death amongst young people aged 15-29 and within this young population, LGBT+ young people are estimated to be somewhere between 3 and 4 times more likely to think about and attempt suicide. Here in Scotland in 2019 suicide was the leading cause of death amongst young people aged 5-19 and the second leading cause of death amongst young people aged 20-34, with research from the University of Glasgow indicating that around one in nine 18-34 year olds have attempted suicide.

Unfortunately, there is very limited evidence on LGBT+ youth suicide available in the UK, and even less in Scotland: our research begins to address this.

## WHAT WE DID

We wanted to go beyond the numbers and look in-depth at LGBT+ young people's lived experiences of feeling suicidal. To do this we posted adverts on social media, through youth groups and at LGBT+ events, and connected with 24 LGBT+ young people from all across Scotland, who had either thought about or attempted suicide.

We have produced this graphic to allow you to see who took part in the research whilst still safeguarding their anonymity.

## BASIC DEMOGRAPHIC INFORMATION

*Categorised for participant anonymity*

### GENDER IDENTITY

- 11 were women or female
- 7 were men or male
- 2 were non-binary
- 1 was trans non-binary
- 1 was a female tomboy
- 1 was a transgender demi-boi
- 1 was a non-binary trans woman

Participants were asked to describe their gender identity using their own terms, which are used verbatim here.

- 14 were cisgender
- 10 were trans

### SEXUAL OR ROMANTIC ORIENTATION

- 8 were bi or bisexual
- 7 were pansexual
- 3 were queer
- 3 were lesbians
- 3 were gay
- 1 was biromantic
- 1 was ace
- 1 was asexual
- 1 was aromantic

Research participants were invited to use as many terms as they wanted to describe their identity and many used multiple terms.

### EXPERIENCES OF SUICIDE

- 24 had experienced suicidal thoughts
- 10 had attempted suicide

### AGE

- Age range: **16-24**
- Mean age: **19.6**

### ETHNICITY

- 21 were white
- 3 were BAME

### DISABILITY, HEALTH CONDITION, OR LEARNING DIFFICULTY

- 19 had a mental health condition (current or prior)
- 8 had a physical health condition, chronic illness or sensory impairment
- 5 had an Autistic Spectrum Disorder
- 5 had a learning difficulty, neurodevelopmental disorder, or speech disorder.

In total 22 participants disclosed a disability, health condition, illness, sensory impairment, Autistic Spectrum Disorder, neurodevelopmental disorder, speech disorder or learning difficulty

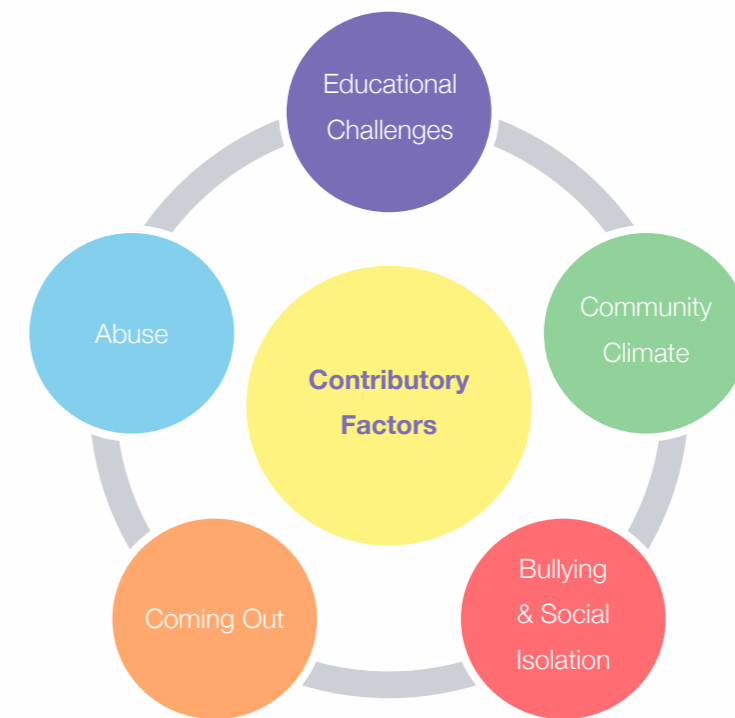
### PRIMARY OCCUPATION

- 12 were full-time university students
- 5 were studying at college
- 1 was at school
- 2 were in full-time employment
- 7 were in part-time employment (4 at the same time as studying)
- 1 was unemployed

# WHAT WE FOUND



## CONTRIBUTORS



The “community climate” in which young people lived could be a subtle, yet important contributor to suicidal feelings. Young people<sup>1</sup> often learned about whether or not LGBT+ people were accepted in their local communities through subtle everyday comments, questions and looks, for example a family member saying “when you have a husband...” communicating the expectation that a young person would be a heterosexual. Whilst these expectations could appear too distant to have an impact on suicidal feelings, this created a climate in which more

overt forms of homophobia, biphobia and transphobia were made possible, and in which coming out could feel impossible. For example:

*For LGBT+ young people specifically, just societally, if you have a feeling, especially when you're young that you're not going to be accepted and it's going to be harder for you to sort of move through the world because of your identity that brings a real feeling of hopelessness*  
**Yasmin (19 year-old; pansexual, non-binary, trans person; she/her).**

1. We use 'young people' in this report to refer to the young people who took part in the research interviews for this project, not all young people unless specified.

In this climate, young people both expected and experienced homophobia, biphobia and transphobia at home, at school, and in their local communities.

*We got on the bus, and this lady, and we hadn't even said anything, or we weren't holding hands, we were just dressed quite, what would be taken as butch. And she flung a bible at us, like it was this wee tiny wee red book, and we turned around and picked it up, and it was a bible. And we just kind of awkwardly handed it back. That was an experience*

**Sophie (18 year-old; cisgender lesbian; she/her).**

## SCHOOL BULLYING CAN BE UNDERSTOOD AS REFLECTING BROADER SOCIAL ATTITUDES

School bullying can be understood as reflecting broader social attitudes, and was an everyday, expected occurrence for many of the young people who took part in this research.

*It's just your kind of playground kind of gay bullying, kind of gay bashing, if you like [...] Just the usual, it was just like being intimidated, I think I was beaten up a few times, I've been followed home a few times, only run of the mill which is really sad that I say that, but I think it does ring true, it's your kind of run of the mill gay sob story almost. But yeah, that was just really isolating in school*

**Andrew (20 year-old; non-binary gay person; he/him).**

Although many of the young people seemed to understand bullying as a normal and expected part of LGBT+ people's experiences of growing up, experiences of bullying could have a long-term negative effect on their self-esteem, self-confidence, and self-compassion.

*Some of the things they said on a regular basis was like, "you are the ugliest person in the world, like no-one will ever love you", and things like that. Like once I feel like that becomes a thing you hear all the time you believe in it. It's like, although after I finished secondary school, although I didn't hear from them again for a long time, it was like they left but I kind of created this bully that was inside me...*

**Ayla (18 year-old; pansexual/queer, cisgender woman; she/her).**

Some families reacted negatively to a young person **coming out**. Although this was often, with time, resolved it could result in enormous levels of stress and distress even in the short-term. For example:

*There have been times when I've just been like, oh, if I just ended my life it would just stop everything [...] No one would have to deal with it, no one would have to be like, "oh, we've got a gay daughter" – no one would have to deal with it, it would just stop all the problems*

**Lily (24 year-old; gay/queer/lesbian, cisgender female/tomboy; she/her).**

## SOME OF THE YOUNG PEOPLE IN THIS STUDY HAD EXPERIENCED ABUSE AND NEGLECT DURING THEIR CHILDHOOD, CONTRIBUTING TO MENTAL HEALTH PROBLEMS

As well as homophobia, biphobia and transphobia, young people also experienced additional adversities unrelated to their gender or sexual orientation. Some of the young

people in this study had experienced **abuse and neglect** during their childhood, contributing to mental health problems.

For example:

*I thought if something, you know, so terrible happened to me so early and it sort of ruined things and set me off to a bad start in terms of life, then like, you know, maybe that means I wasn't meant to be happy*

**Yasmin (19 year-old; pansexual, non-binary, trans person; she/her).**

Whilst others had experienced suicidal crises around **educational challenges**, such as failing an assessment. In an increasingly digital world, young people could find out about such problems online and alone, and for two of the young people in this study this had acted as a catalyst for a crisis.



# REACHING OUT FOR SUPPORT



## MANY OF THE YOUNG PEOPLE IN THIS STUDY COME UP AGAINST BARRIERS ACCESSING MENTAL HEALTH SUPPORT

Many of the young people in this study had tried to access support for their mental health, but had come up against barriers such as long waiting times, limited availability of services, and dismissive attitudes. For example:

*I was like, I am depressed, and they're like, "you're just a hormonal teenager" and did nothing about it*

**Lewis (21 year-old;  
queer trans man; he/him).**

This could add to young people's beliefs that their suicidal feelings were not "bad enough" to deserve help and concerns about being a burden on those they asked for help. In

turn this could reduce future help-seeking. There were also specific challenges for trans young people who were trying to access gender-affirming medical treatment and mental health support:

*One of them was telling me, you're too trans for that. And the other one was...and the other people are saying, you're too mentally ill to get the help you need*

**Alex (20 year-old; bisexual  
trans man; he/him).**

Long waiting lists for Gender Identity Clinics could also be an enormous stressor for young people, making it hard for some to imagine a happy future.

# WHAT HELPED?



**1. Professional support:** Feeling comfortable and confident during regular contacts with a skilled professional could take time, but ultimately had the potential to be transformational.

*Now that I see my Mental Health Nurse, I feel so much better these days and it's good to know that there's somebody there [...] I wish everybody could get something like that and it was available for everybody because it's a lot of help*

**Isabel (24 year-old; pansexual, cis-female; she/her).**



**2. Crisis support:** In times of crisis, young people reported the need for immediately accessible support primarily provided by charity helplines and chat lines or friends. Although for some young people talking about suicidal thoughts and feelings was helpful, others did not need to talk directly about suicide, and instead wanted distraction to disrupt suicidal feelings.

*I spoke to a guy for about two hours, and that definitely helped... it was just nice to have someone who was like, impartial, to speak to but was also there in that moment of crisis. It wasn't like... I didn't have to wait for a year to speak to him. I just phoned up and they were there*

**Lynsey (21 year-old; cisgender, bisexual woman; she/her).**



**3. Social connection to other LGBT+ people:** Connection to other LGBT+ people whether online (e.g. through gaming sites and social media) or offline (e.g. through LGBT+ groups and events, or chance meetings) helped tackle isolation and allowed young people to experiment with and develop a sense of self.

*[online] I'm that flamboyant person that I really want to be, and it's like, it feels good*

**Euan (21 year old; cis, male homosexual; he/him).**

It also facilitated learning about queer culture, communities, and history, often for the first time, increasing a sense of belonging; with one young person describing how this had the ability to be “life-saving” and “life-changing”. As a result some of the young people in the study had now taken on responsibilities within LGBT+ community groups, supporting other (often younger) LGBT+ people themselves.

# WHAT WOULD HELP PREVENT LGBT+ YOUTH SUICIDE IN THE FUTURE?



To end the interview, young people were asked what they believed would help reduce LGBT+ youth suicide in the future. Although they had lots of solutions two came up again and again:

## 1. Challenging homophobic, biphobic and transphobic stigma.

Many young people in this research attributed suicidal feelings, at least in part, to their experiences of homophobia, biphobia and transphobia. As a result, tackling this stigma, discrimination and harassment was essential for suicide prevention. They suggested that including LGBT+ people in the school curriculum and representing LGBT+ people on the TV, in films, books, and in the media, could expand public empathy and improve social attitudes.

## 2. Improving mental health support

The young people in this study were very aware of the lack of mental health services available and wanted there to be increased funding to allow for shorter waiting times and greater access to talking therapies. They were clear that mental health services supporting LGBT+ young people should have good levels of LGBT+ awareness, but where this was not the case, they should be transparent about this and

be able to refer them onto services that were better prepared and able to support them.

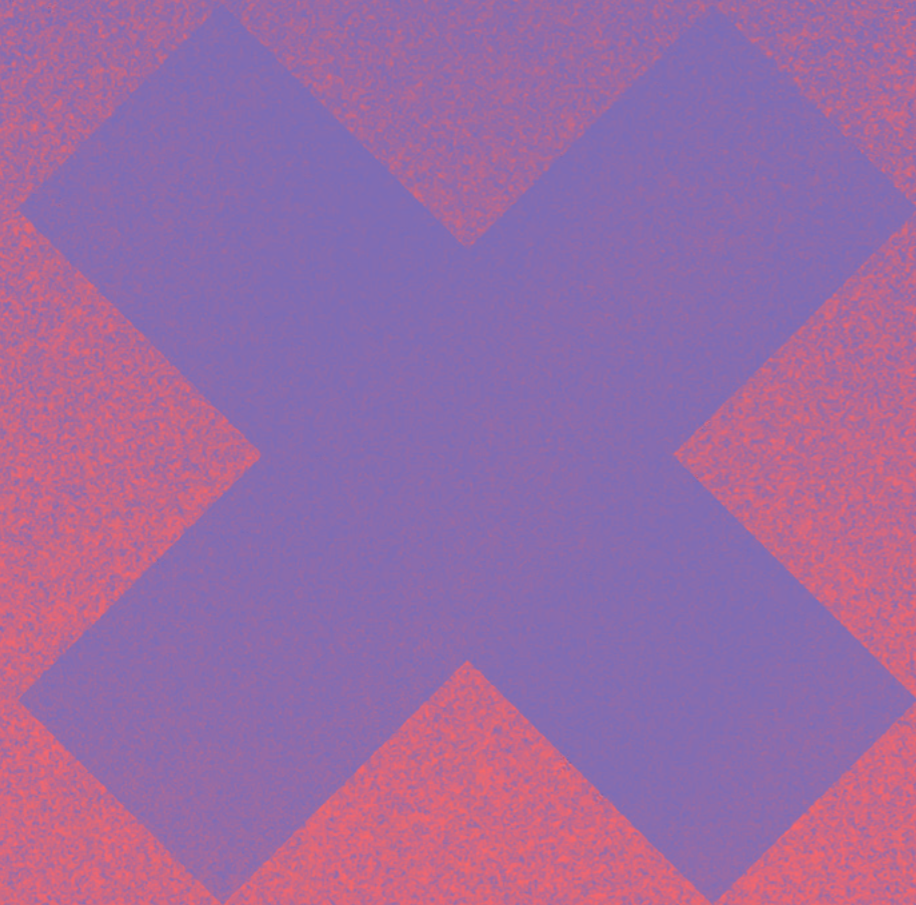
In addition to clinical mental health services, some young people drew on their own experiences to suggest that support for young people providing peer support could work to help improve support skills and reduce burn out and compassion fatigue amongst LGBT+ youths.

## STAYING ALIVE: RISK, RESISTANCE AND RESPONSES TO LGBT+ YOUTH SUICIDE IN SCOTLAND - DISCUSSION EVENT

### Suggestions and Ideas from the discussion groups:

Our discussion groups focussed on how young people's prevention ideas could be implemented, bringing together practitioners, clinicians, educators, policy makers, researchers and community members (including young people) to discuss the practicalities.

# CHALLENGES: WHAT ARE THE BARRIERS TO LGBT+ YOUTH SUICIDE PREVENTION?



**LGBT+ young people's barriers to asking for support** primarily revolved around what was described as a “double stigma”, with LGBT+ people who have felt suicidal experiencing stigmatisation both for their LGBT+ identity and for their suicidal feelings. On top of this concerns about confidentiality, either being ‘outed’ as having suicidal feelings or as being LGBT+ acted as barriers to access support services.

## **Education and mental health**

**practitioners** felt a lack of confidence, accompanied by concerns that they would say the “wrong thing” could prevent professionals taking supportive action.

## **WE DON'T WANT EVERYONE TO BE TREATED THE SAME!**

### **A lack of LGBT+ awareness in support**

**services.** It was suggested that services did not want to see or treat people differently as this was seen as discriminatory, whereas in our discussions it was suggested that it was important to recognise the specific needs of LGBT+ people and develop ways of meeting them.

This was also thought to be tied to broader public perceptions that there was no need for services that specifically supported LGBT+ people.

### **Professional training could be “superficial”**

because there was not sufficient time dedicated to gaining buy in or building confidence and empowerment. As a result, even where training was undertaken, service providers could still lack LGBT+ awareness which could have a re-traumatising effects on those seeking to access services.

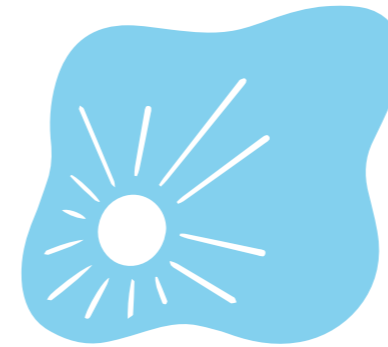
**Lack of resourcing** in both mental health services and gender identity services and the gaps between adolescent and adult services, were seen as an issue that needed to be addressed immediately and that provided a foundation on which other barriers were built.

Lack of collaboration between sectors and within sectors, often exacerbated by funders encouraging competition over collaboration was seen as a real challenge. It was also highlighted that there was a research to practice gap that needed to be bridged.

# CHANGES: WHAT CHANGES COULD BE MADE TO PREVENT LGBT+ YOUTH SUICIDE?



From the outset, it was recognised that without political and financial support, no changes would be possible.



**Blue skies: preventing LGBT+ suicide necessitated tackling queerphobia.** It was suggested that all services, groups and schools should have adequate training and be able to offer a supportive and inclusive culture. In turn, this would facilitate them being able to initially support LGBT+ young people who feel suicidal, as well as all being able to refer on to specialist services.

Those services would need to be sufficiently resourced meaning they could offer minimal waiting times for interventions that would be available early and provided in a holistic way. However, there was an awareness that there were many steps required before this blue sky thinking could become a reality.



**Promote collaboration between LGBT+ young people and their families, clinicians, educators, service providers and researchers** through events, networking and sharing opportunities. There needed to be space made for collaboration between organisations and services, again driven by the needs identified with LGBT+ people and accounting for a diversity of LGBT+ communities for example LGBT+ people of faith, BAME LGBT+ people, and disabled LGBT+ people. This would also help to raise awareness of available services, practices that work well, and research that exists or is on-going. Funders must recognise the value of this work going forwards.



**Enhance services that exist** by learning from those LGBT+ people who have thought about or attempted suicide and have accessed, or tried to access, these services. This would include improving access to services by reducing waiting times for mental health services and Gender Identity Clinics. It was also suggested that the provision could be increased by offering immediate access to support through the provision of ‘pop-up’ mental health support; improving referral pathways and joined up thinking between services; radically re-thinking the Gender Identity Clinic system; and making the transition from adolescent to adult services smoother and more person-centred.



**Increasing non-medicalised support for LGBT+ young people who feel suicidal.**

Attendees suggested that community and peer support should be explicitly recognised, valued and supported. This could be through the provision of training to improve listening and support skills, support to empower and develop confidence amongst peers supporters, and by providing support for community members, in particular LGBT+ young people, who support LGBT+ young people experiencing suicidal distress. One such suggestion was through providing ASIST training to young people.



**Improve LGBT+ awareness and confidence amongst service providers and educators.**

This could start by asking both LGBT+ young people, their families, and the people that work

with young people what support is needed, and working from there to develop resourcing. As part of this there was an emphasis on helping people to expand their empathy and recognise the importance of language and the value of respecting young people’s identities. It was also recommended that existing suicide prevention training should have a greater focus on equalities, including LGBT+ awareness.

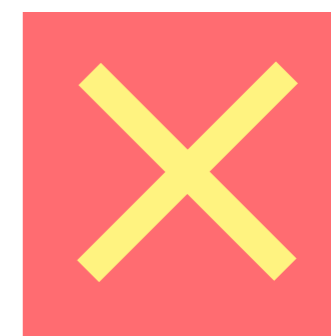


**Training to win over hearts and minds.**

There was a recognition that any training offered should not be seen as a tick box exercise and should not be offered as a self-study online course. As a result, there would need to be substantial and sustained investment both in terms of resources and buy-in. For some, there was a sense that practitioners and educators wanted and needed learning opportunities but that the necessary training provisions were not there. Others suggested that LGBT+ awareness training should be mandatory for those working with young people to encourage them to see this not as an add-on but instead as a central part of anyone who works with young people’s role.



**Creating a strong evidence base** to help win over colleagues who are not easily convinced and ensure that our efforts are well directed, research-led and informed by best practice.



**Tackling stigma, discrimination and harassment when it starts.**

There was a recognition that some types of queerphobia that could be perceived as “low level” could be ignored, so learning lessons from work on childhood gender stereo-typing, we could find gentle ways to challenge this. In order to do this, it was suggested that there needed to be early and consistent training within teacher education.

# CONNECTIONS: WHAT SUPPORT, RESOURCES OR RESEARCH WOULD YOU NEED TO MAKE THOSE CHANGES?



**More research data** to enable better understanding of LGBT+ youth suicide and the interventions that would help prevent it. In particular it was suggested that we needed more research into the experiences of young people supporting others, their needs and the barriers they face when trying to access support themselves.



**Co-production and co-design** putting LGBT+ young people with experience of suicidal distress at the front of services and research that aim to support them and improve their circumstances.

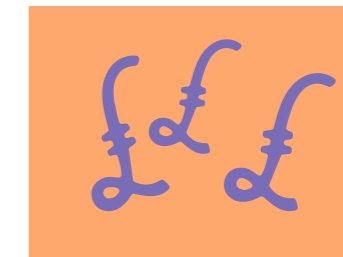


**Bridge the research – practice gap** by improving communication across and between sectors. This would require investment and

infrastructure to create and maintain mutually beneficial relationships.



**Increased and improved training** to tackle stigma and learn how to support LGBT+ young people both broadly and specifically with regards to suicidal distress. This should be available to professionals, peers and families, although may need to be tailored to each grouping.



**More funding** for youth mental health services, Gender Identity Clinics, LGBT+ mental health services, LGBT+ services to reduce waiting times and improve young people's experiences.

# WORKSHEET

We were so immensely grateful for all the attendees wonderful suggestions and ideas, but we know that many more of you are working with or personally supporting LGBT+ young people and so we wanted to offer you a space to reflect on what you might do

differently, what could get in the way, and the support you might need to overcome those barriers. If you use these reflection questions, we would love to hear what you come up with, so please share with [hazel.marzetti@ed.ac.uk](mailto:hazel.marzetti@ed.ac.uk)

What do you perceive to be the main barriers or challenges to LGBT+ youth suicide prevention?

What changes do you believe are needed to prevent LGBT+ youth suicide in the future?

(Both blue skies thinking and changes that can be done immediately by you)

What support, resources or research are needed to make those changes?

## ORGANISATIONS PROVIDING SUPPORT:

**Childline** – their 24 hour listening service is specifically aimed at children and young people, up to and including those aged 18. They provide a chatline which can be accessed at [www.childline.org.uk/get-support/contacting-childline](http://www.childline.org.uk/get-support/contacting-childline) or call them on 0800 1111

**Samaritans** – provides a 24 hour listening service for people of all ages (including children and young people), their helpline can be accessed by calling 116 123 or alternatively you can email [jo@samaritans.org](mailto:jo@samaritans.org)

**Switchboard LGBT+ helpline** – this LGBT+ helpline is based in London and helps LGBT+ people of all ages from all across the UK and are open every day from 10am to 10pm. To get in touch, call: 0300 330 0630 or email [chris@switchboard.lgbt](mailto:chris@switchboard.lgbt) and for more information visit <https://switchboard.lgbt/>

**LGBT Youth Scotland** – LGBT youth Scotland run a digital chat service where you can instant message for support for opening times see and to access it click on: <https://www.lgbtyouth.org.uk/groups-and-support/digital-support/>

**LGBT Health and Wellbeing** – provide support, groups and events for LGBT+ people in Scotland: <https://www.lgbthealth.org.uk/>

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