



UTAH LGBTQ+ SUICIDE PREVENTION PLAN

2020 - 2023

CONTENTS

GOAL	2
DEDICATION	2
EXECUTIVE SUMMARY	3
LETTERS OF DEDICATION	4
KEY FACTS	6
RISK AND PROTECTIVE FACTORS	11
SOCIO-ECOLOGICAL MODEL	12
IMPORTANCE OF A COMPREHENSIVE APPROACH	13
PROTECTIVE FACTORS	14
GOALS & OBJECTIVES	15
KEY TERMS	20
RESOURCES	22
REFERENCES	26

GOALS

The Utah Suicide Prevention Coalition LGBTQ+ Work Group is dedicated to long-term suicide prevention efforts in the Lesbian, Gay, Bisexual, Transgender, and Queer/ Questioning (“LGBTQ+”) people. This work group is envisioned to be an educational hub and resource for those working to decrease risk of suicide among the LGBTQ+ people of Utah.



DEDICATION

We dedicate this plan to members of our LGBTQ+ community whose lives have been impacted by suicidal thoughts or feelings and who bravely face each day and choose to hope and continue to live. We also dedicate this plan to survivors who have lost a loved one to suicide, and to those professionals, clinicians, first responders, individuals and families who continue to engage in this work of suicide prevention in our LGBTQ+ Utahns.

EXECUTIVE SUMMARY

The LGBTQ+ Suicide Prevention Strategic Plan focuses on:

- » Safe, Effective, and Appropriate Messaging for Suicide Prevention with Safe Reporting of Suicide for LGBTQ+ individuals
- » Increasing Availability and Access to Quality Behavioral and Physical Health Care including Screening, Evidenced Based Interventions, Safety Planning, and Culturally intelligent providers who understand the unique needs of this population.
- » Coping and Problem-Solving Skills
- » Connectedness to Individuals, Family, Community and Social Institutions
- » Reducing Access to Lethal Means
- » Support to Survivors of Suicide Loss



To Doug Thomas, and the Utah Suicide Prevention Coalition

On behalf of the Utah Pride Center, I am proud to endorse and celebrate the work done by the Utah Suicide Prevention Coalition. This collaborative work and the objectives articulated within it, is going to be an important step in preventing suicide amongst lesbian, gay, bi-sexual, transgender and queer Utahns. We know that these communities are at significantly higher risks for suicide and for suicidal thoughts. Utah's LGBTQ+ Suicide Prevention Plan provides clear approaches and metrics to prevention and care that are important for all in our communities to know and understand.

This plan connects with the mission of the Utah Pride Center in many ways. Our Center strives to unite, empower and celebrate Utah's diverse LGBTQ+ community by providing a safe and welcoming space for education, partnerships, services and events which advance our collective health, wellness and success. The Pride Center also encourages and promotes the physical, emotional, and mental health & wellness of the LGBTQ+ community through programs which support and nurture the mind, body and soul.

The Suicide Prevention Plan links to our mission and objectives by seeking to improve community health and wellbeing by increasing the availability and access to quality care and culturally intelligent, LGBTQ+ affirming therapy and support. Our Center has long recognized the importance of helping individuals connect to social, community and family institutions and we therefore support this pillar of the Suicide Prevention Plan wholeheartedly. The Pride Center will continue to be one of those community support structures that provides connection, coping skills and opportunities for collaboration with organizations like the Utah Suicide Prevention Coalition in order to improve the greater wellbeing of our communities.

On behalf of the Utah Pride Center, and the LGBTQ+ communities we serve, I would like to sincerely thank Doug Thomas, and the whole team of people who were instrumental in developing this plan. We know it has been something that our communities have needed for a long time and we applaud the work that has been done. The Utah Pride Center stands ready to support this work in any way we can. We call on all of the members of the LGBTQ+ communities, their families and allies to support this Plan and to join in, so that we can collaboratively save lives, improve connection and decrease the impact of suicide loss on this community.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Moolman".

Robert Moolman, PhD

Executive Director: Utah Pride Center

I am pleased to share with you Utah's LGBTQ+ Suicide Prevention Plan, the collaborative work of suicide prevention professionals, researchers, healthcare workers, LGBTQ+ advocates, survivors, family members and others affected by suicide. Unfortunately, suicide is a leading cause of death in Utah, and disproportionately affects our friends and family who are members of our LGBTQ+ population.

Prevention works, treatment is effective, and people can and do recover from suicidal thoughts, feelings and behaviors. In fact, 90% of people who attempt suicide do not go on to die by suicide. Together we can make a difference to prevent suicide, provide caring, culturally appropriate evidenced based interventions, and foster environments that promote acceptance, respect, healing and recovery. With a problem as complex as suicide, no one solution will be enough. There are additional barriers to care for LGBTQ+ individuals, and particular health needs that should be addressed. Our health, behavioral health systems, schools and communities need to collectively work together implementing the best practices and data available to achieve our goals, while also creating an affirming and accepting space for LGBTQ+ individuals.

I invite you to review our plan and find a way to become involved in local or statewide efforts.

I want to thank those who have been instrumental in moving suicide prevention work forward in Utah; those working in the field who help facilitate this process; the many caring and dedicated family members, friends and professionals, whose support is life-altering for so many. I also want to personally thank the brave individuals struggling with suicidal thoughts and encourage them to continue reaching out for hope. As we work together collaboratively to address this problem, we will save lives and reduce the impact suicide has on individuals, families and communities in Utah. Please join us in this movement to prevent suicide in Utah.

Sincerely,



Doug Thomas, LCSW
Director
Utah Division of Substance Abuse and Mental Health

KEY FACTS

Utah consistently ranks in the top ten in the United States for suicide deaths (Figure 1). **For every person who dies by suicide, 135 people are negatively impacted, some of them severely.** One recent survey of Utahns revealed that 68% of Utahns knew someone who had died by suicide and nearly four out of five people said they knew someone who had expressed suicidal ideations. Suicide is a problem that impacts communities in significant ways.

Suicide is a lifespan issue (see Figure 2), and while a great deal of attention and resources are devoted to preventing suicide among young people -- a worthy and excellent cause -- middle-aged men account for the largest number of suicide deaths. **The suicide rate among elderly men is more than double that of men in their 30s or 40s.** At a ratio of nearly three to one, women account for the largest population of non-fatal suicide attempts. Suicide has traditionally been viewed as a problem associated with white men in Utah, but recent analyses show that the rate of suicide among Black Utahns has increased significantly. Suicide is a problem that affects all people, no matter their age, gender, or race.

DATA NOTE

It is important to note where this plan specifically discusses suicide death, suicide attempt, and suicide ideation, as these three negative outcomes are often studied separately. Further, a great deal more research exists on suicide attempt and ideation compared to suicide death.

KEY FACTS

LGBTQ+ POPULATION

LGBTQ+ adults and youth experience a significantly elevated risk for suicide and suicide behavior.^{1 2} **LGB adults are two times more likely to attempt suicide compared to heterosexual adults.**³ Among transgender adults, the lifetime prevalence of suicide attempts is 40%.⁴

National data from the 2015 Youth Risk Behavior Surveillance Survey (YRBS) indicates that LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth (14.8% of heterosexual students; 42.8% of gay, lesbian, or bisexual students; and 31.9% of not sure students).

DATA NOTE

Throughout this plan, you will notice a variety of terms used when referring to the LGBTQ+ community in research statistics.. Because of the diversity within the LGBTQ+ community, and a lack of standardized definitions for those identity categories, it is important to note the context of each study to accurately compare figures contained within this plan.

1. Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of Homosexuality*. 2010;58(1):10-51.

2. Mathy RM: Suicidality and sexual orientation in five continents: Asia, Australia, Europe, North America, and South America. *International Journal of Sexuality and Gender Studies*. 2002, 7 (2-3): 215-225.

3. King M, Semlyen J, Tai SS, et al. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008;8:70.

4. James S, Herman JL, Rankin S, et al. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality;2016.

KEY FACTS

In 2019, gender identity and sexual orientation was added to the Utah Prevention Needs Assessment Survey that is conducted as part of the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey is administered every two years, to students in grades 6, 8, 10, and 12 in most public and certain charter school districts across Utah.

The survey found that 11.8% of high school students in Utah identify as not heterosexual (gay or lesbian 1.5%, bisexual 5.4%, or notsure/ other 4.9%) (Figures 3 & 4).¹ It is imperative to understand the risk and protective factors surrounding these trends to create meaningful strategies to reduce suicides, which will be discussed in the next section.

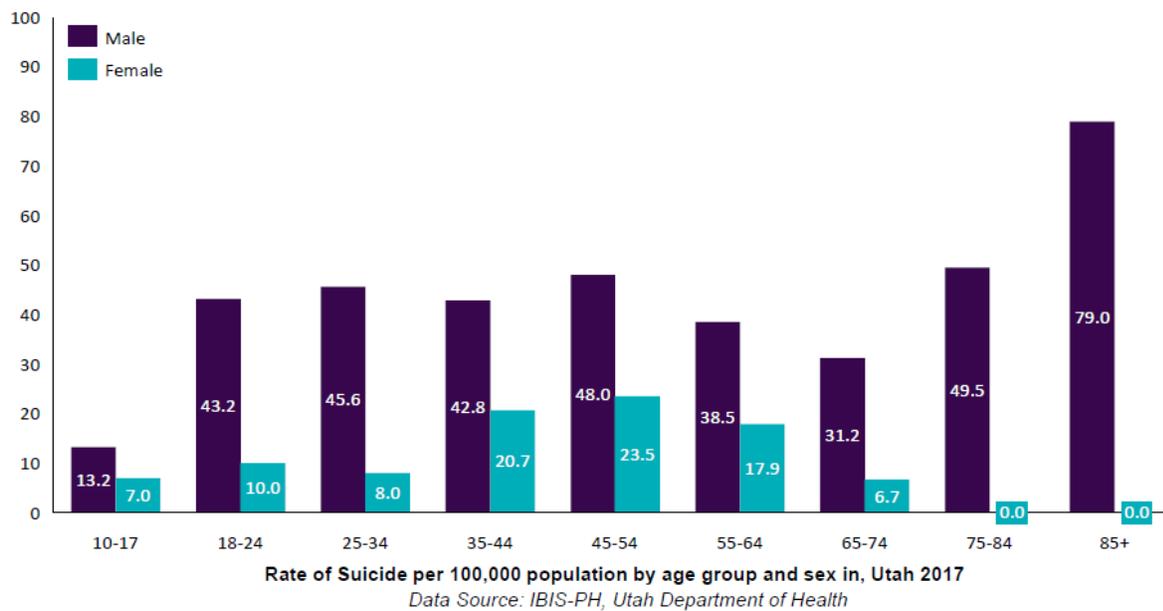
FIGURE 1: UTAH IS CONSISTENTLY ABOVE THE NATIONAL RATE OF SUICIDE.



Crude Rate of suicide per 100,000 population, Ages 10+ by year, Utah and U.S., 1997-2017
Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention

1. Student Health and Risk Prevention (SHARP) Statewide Survey 2019. Last Accessed 8/17/20 at <https://dsamh.utah.gov/reports/sharp-survey/2019>

FIGURE 2: SUICIDE IS A LIFESPAN ISSUE.



DATA NOTE

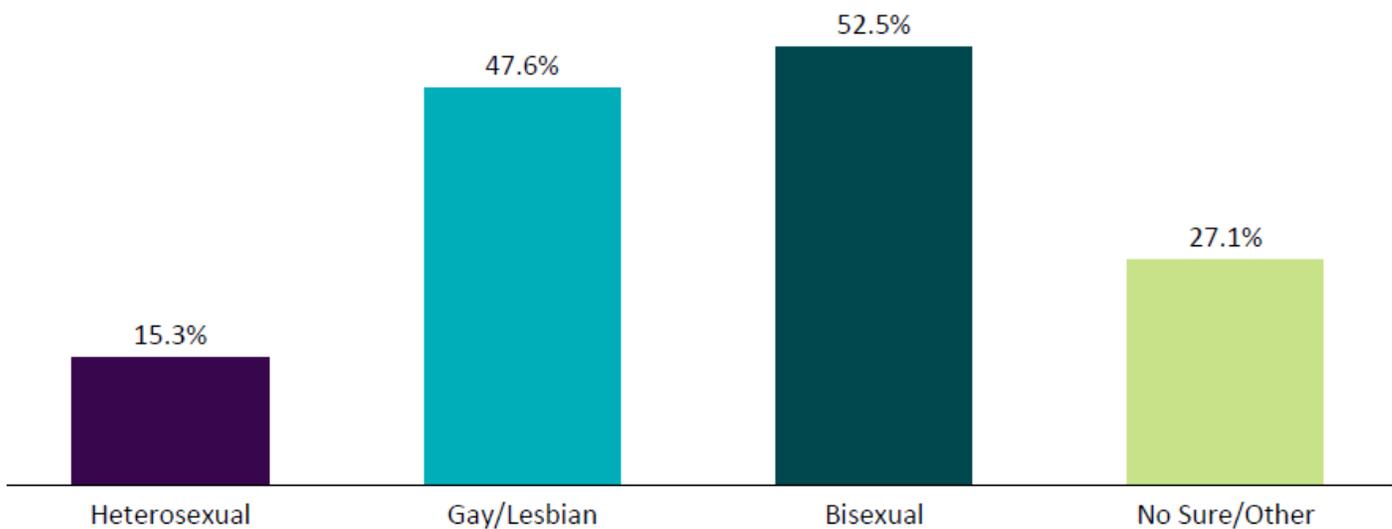
Figure 2 (above) displays data broken down by binary gender: male or female. Because of limitations in the way data is collected, we are unable to account for the true diversity of genders that exist among Utahns. Ideally, future data collection would allow for more diversity in gender identification. The LGBTQ+ work group is dedicated to bringing wider attention to these limitations.

FIGURE 3: UTAH PREVENTION NEEDS ASSESSMENT SURVEY DEMOGRAPHICS

SEXUAL ORIENTATION	# OF STUDENTS	% OF STUDENTS
Heterosexual	50,784	88.1%
Gay or Lesbian	892	1.5%
Bisexual	3,136	5.4%
Not Sure/Other	2,846	4.9%

Data Source: Student Health and Risk Prevention (SHARP) Statewide Survey, 2019.

FIGURE 4: YOUTH SUICIDAL IDEATION BY SEXUAL ORIENTATION (2019)



Data Source: Student Health and Risk Prevention (SHARP) Statewide Survey, 2019.

RISK AND PROTECTIVE FACTORS

Over the last two decades, population-based studies have provided strong evidence of higher rates of reported suicide ideation and attempts in LGB populations compared to heterosexual adolescents and adults. LGBTQ+ people are not at increased risk due to their gender identity or sexual orientation in and of itself, but experience increased risk factors, specifically around mental health issues and substance abuse due to lower levels of acceptance and belonging in the broader community.

We see increased risk factors...in the LGBTQ+ community due to lower levels of acceptance and belonging in the larger community.

Because gender identity and sexual orientation data is not routinely collected in suicide and mental health studies, additional research is needed to capture the needs of the LGBTQ+ population. The Utah Suicide Prevention Coalition LGBTQ+ work group has identified the risk and protective factors below as priorities that will guide suicide prevention for LGBTQ+ individuals in the state of Utah.

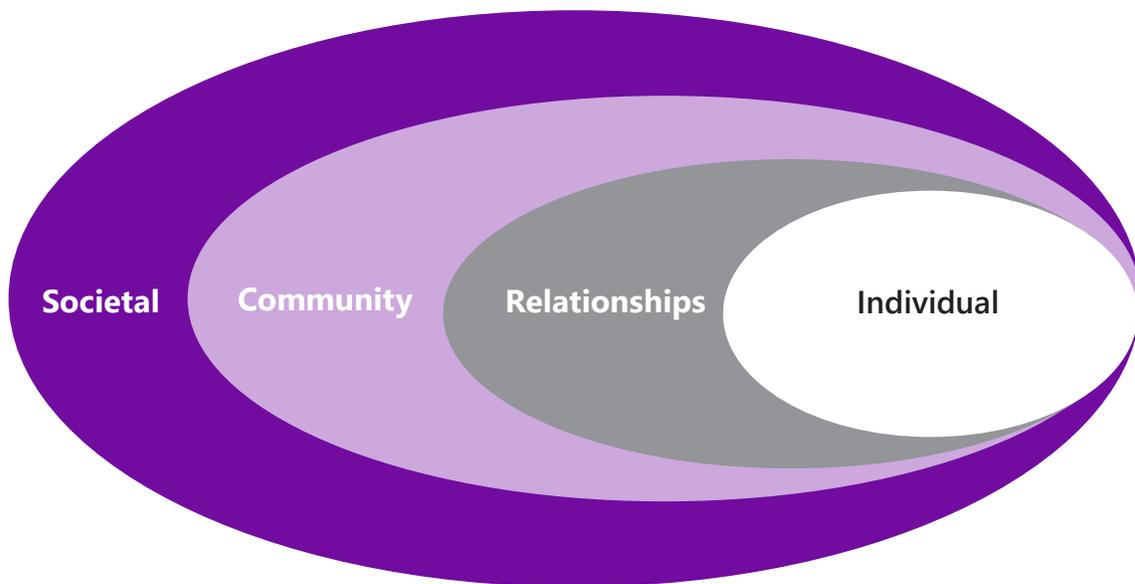
Reducing risk factors and enhancing protective factors are critical components of any prevention plan. It is not enough to focus on one risk factor, one protective factor, or one of the levels in which risk and protection exist. Efforts must work to address as many factors in as many settings as possible and create a comprehensive approach to suicide prevention.

PROTECTIVE FACTORS	RISK FACTORS
Family Acceptance	Mental Health Problems
Connectedness	Alcohol or Drug Use/Abuse
Sense of Safety	Prejudice and Discrimination
Access to Competent Mental Health Care	Social Isolation

Source: Suicide Prevention Resource Center, www.sprc.org/population/lgbt

SOCIO-ECOLOGICAL MODEL FRAMEWORK

Suicide is a complex issue influenced by individual, family, relational, community, and societal factors. Comprehensive prevention strategies must reduce the factors that increase risk for suicide and increase the factors that protect from suicide risk across all of these domains. The social ecological model provides a framework for this understanding.



RISK AND PROTECTIVE FACTORS

Individual	Identifies biological and personal history factors; such as age, education, income, substance use, or history of abuse, that increase the likelihood of suicide and suicidal behavior.
Relationships	Examines close relationships that may increase the risk of suicide and suicidal behavior. A person’s closest social circle-peers, partners and family members may influence their behavior and contributes to their range of experiences.
Community	Explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur, and seeks to identify the characteristics of these settings that are associated risk of suicide and suicidal behavior.
Societal	Looks at the broad societal factors, such as health, economic, educational and social policies, that contribute to suicide and suicidal behavior and help to maintain economic or social inequalities between groups in society.

Source: Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56

IMPORTANCE OF A COMPREHENSIVE APPROACH

The goal of the Utah LGBTQ+ Suicide Prevention Plan is to create a comprehensive approach and roadmap for suicide prevention in which we reach both a universal population and those within a potential subgroup with increased risk. The plan aims to follow the comprehensive approach outlined by the Utah Suicide Prevention Coalition, Suicide Prevention Resource Center, and the 2012 National Strategy for Suicide Prevention. To further increase the impact of the outlined suicide prevention strategies, the Utah LGBTQ+ Suicide Prevention Plan focuses on implementing evidence-based programs and strategies.

Suicide prevention is a complex and nuanced field. Some interventions or efforts, while well intentioned, may cause more harm than good; particularly if they raise awareness of the problem of suicide without giving adequate resources and skills to build protective factors, or if they

normalize or glorify suicide unintentionally.

To facilitate the use of evidence-based programs in local Utah communities, the Utah LGBTQ+ Suicide Prevention Plan strives to provide opportunities, resources, and training.

Fortunately, there are many evidence-based programs and strategies available, some of which can be found here:

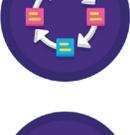
<http://www.sprc.org/resources-programs>.

EVIDENCE-BASED PROGRAM

A program that has high evidence of effectiveness that has been proven over time and across multiple replications by independent researchers, preferably in randomized controlled trials. An additional consideration is whether the program is appropriate and effective for LGBTQ+ people. A program that has been shown to be effective for a general audience may not be the right program for **genderqueer** people, for example.

PROTECTIVE FACTORS

RISK AND PROTECTIVE FACTORS

	Increase availability and access to quality physical and behavioral health care for LGBTQ+ individuals	Societal Community
	Increase social norms supportive of help-seeking and recovery in the LGBTQ+ community	Relationships Community
	Reduce access to lethal means for all Utahns	Societal
	Increase Connectedness to Individuals, Family, Community and Social Institutions by Creating Safe and Supportive School, Family and Community Environments for LGBTQ+ individuals.	Individual Relationships
	Increase safe media portrayals of suicide and adoption of safe messaging principles in the LGBTQ+ community.	Community
	Increase coping and problem-solving skills to LGBTQ+ individuals.	Individual
	Increase support to survivors of suicide loss	Community
	Increase prevention and early intervention for mental health problems, suicide ideation and behaviors and substance misuse for the at-risk LGBTQ+ population	Relationships Community
	Increase comprehensive data collection and analysis regarding risk and protective factors for suicide to guide prevention efforts in the LGBTQ+ community	Societal

GOALS & OBJECTIVES



Increase availability and access to quality physical and behavioral health care for LGBTQ+ individuals

Promote training for behavioral health and healthcare providers to increase knowledge and skills to provide affirming and inclusive clinical environments for LGBTQ+ individuals

Promote training for behavioral health and healthcare providers to increase knowledge about prevalent health issues among LGBTQ+ people

Promote training for behavioral health providers to increase knowledge and skills about LGBTQ+ specific mental health treatment and crisis services



Increase social norms supportive of help-seeking and recovery in the LGBTQ+ community

Promotion of gatekeeper training on warning signs for suicide in the LGBTQ+ community

Promote social norms of acceptance and inclusivity

Collaboration with state agencies to create culturally appropriate suicide prevention messaging for the LGBTQ+ community

Promote and increase access to suicide-specific support groups for LGBTQ+ individuals related to grief support, attempt survivors, family acceptance, and survivors of suicide loss

Promote social norms supportive of help-seeking and changing knowledge, attitudes and beliefs about suicide in the LGBTQ+ community

GOALS & OBJECTIVES



Reduce access to lethal means for all Utahns

Promote and distribute tools/strategies to reduce access to lethal means such as gun locks, safes, and medication lock boxes/bags, etc. to LGBTQ+ people.



Increase Connectedness to Individuals, Family, Community and Social Institutions by Creating Safe and Supportive School, Family and Community Environments for LGBTQ+ individuals

Promote research-supported strategies/programs to create safe environments such as Gay Straight Alliances (GSAs), the Family Acceptance Project, and The Trevor Project

Utilize community coalitions to increase opportunities for prosocial involvement in the LGBTQ+ community

Create safe environments for LGBTQ+ youth and young adults within schools, family units, religious and civic institutions, and community

Create safe environments for LGBTQ+ adults in the workplace, religious and civic institutions, and community

Support Utah State Board of Education (USBE) and Local Education Authorities (school districts) in the adoption of strategies to improve school climate, such as GSAs

GOALS & OBJECTIVES



Increase safe media portrayals of suicide and adoption of safe messaging principles in the LGBTQ+ community

Promote and support the use of gender and sexual identity affirming language in portrayals of suicide and related media

Use multiple media channels to increase sharing of stories of recovery from suicide and mental health conditions in the LGBTQ+ community

Support safe communication of LGBTQ+ suicide data in all media channels



Increase coping and problem-solving skills to LGBTQ+ individuals

Promote and implement universal, indicated, and selective evidence-based health education and social/emotional health programs in schools, workplaces and other community based organizations that are culturally appropriate for the LGBTQ+ community



Increase support to survivors of suicide loss

Increase access to suicide-specific support groups for LGBTQ+ individuals who are survivors of suicide loss

Promote and disseminate postvention protocols including in a variety of settings: workplace, schools, clinical settings, community, and media to promote healing and reduce risk of contagion, specifically in the LGBTQ+ community and LGBTQ+-serving organizations

GOALS & OBJECTIVES



Increase prevention and early intervention for mental health problems, suicide ideation and behaviors and substance misuse for LGBTQ+ people

Increase awareness of suicide as a preventable public health problem, specifically within the LGBTQ+ community, utilizing research-informed communication that is designed to prevent suicide by changing knowledge, attitudes and behaviors

Develop and sustain public-private partnerships to advance suicide prevention in the LGBTQ+ community

Promote and support the expansion of school based mental health services, Mobile Crisis Outreach Team, and Family Resource Facilitator Programs in the LGBTQ+ community throughout Utah

Promote the implementation of culturally appropriate mental health screenings and referrals in work sites, schools, senior centers, and community settings

Promote teacher, staff and PTA/PTSA training in LEAs that increase cultural competence and cultural humility regarding LGBTQ+ students and parents

Promote universal evidence-based health education and social/emotional health programs in schools that is inclusive of all individuals

Promote best practices for school and workplace policies that increase positive social norms and beliefs about the LGBTQ+ population

Increase cultural awareness of mental health, suicide ideation and behavior in the LGBTQ+ community

GOALS & OBJECTIVES



Increase comprehensive data collection and analysis regarding risk and protective factors for suicide to guide prevention efforts in the LGBTQ+ community

Strategize and prioritize methods to collect more comprehensive data regarding LGBTQ+ persons' risk of suicide ideation and suicide fatality

Increase timely availability of LGBTQ+ suicide data to key stakeholders involved in prevention efforts

Partner with the Office of the Medical Examiner to increase access to data regarding suicide fatalities in the LGBTQ+

Perform a thorough analysis of the available data for the LGBTQ+ population to identify gaps

Encourage partners to use best practices to expand data collection to include sexual orientation and gender identity questions

KEY TERMS

LGBTQ+

Acronym for lesbian, gay, bisexual, transgender, and queer. The Q at the end of LGBT can also mean questioning. The “+” represents those who are part of the community, but for whom LGBTQ does not reflect or capture their identity. Variations: LGBT; LGBTQ; GLBT.

GAY

An adjective used to describe people whose physical, romantic, and/or emotional attractions are to people of the same sex. Sometimes, lesbian is the preferred term for women.

LESBIAN

A woman whose physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay or as a gay woman.

BISEXUAL

A person who has the capacity to form physical, romantic, and/or emotional attraction to those of the same gender or to those of another gender.

TRANSGENDER

An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

QUEER

An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. It may also be used by some to describe their gender identity (see **non-binary and/or genderqueer** below). Once considered a pejorative term, queer has

been reclaimed by some LGBT people to describe themselves; however, it is not accepted by all, even within the LGBT community.

SEXUAL ORIENTATION

Describes a person’s physical, romantic, and/or emotional attraction to another person.

SEX

Classification of a person as male or female. A person’s sex is a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics.

GENDER IDENTITY

A person’s internal, deeply held sense of their gender. Gender identity is not visible to others, unlike gender expression.

CISGENDER

A term used by some for people whose gender identity aligns with the one typically associated with the sex assigned to them.

GENDER NON-CONFORMING

A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Not all gender non-conforming people identify as transgender.

KEY TERMS

NON-BINARY AND/OR GENDERQUEER

Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman.

RISK FACTORS

Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

PROTECTIVE FACTORS

Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be positive countering events.

AFFIRMING AND INCLUSIVE CARE

Health care and health care workers that understand how people's identities, experiences, and relationships with the world around them might affect their health.

GSA

Formerly known as Gay Straight Alliance, this group has been updated to simply Gender and Sexuality Alliance to be more inclusive to more than just sexuality and ensure the full LGBTQ+ community feels welcomed.

CULTURALLY APPROPRIATE

Staying educated on LGBTQ+ culture and affirming someone's LGBTQ+ identity builds equity, and provides a safe space for LGBTQ+ patients to receive the quality care they deserve.

CULTURAL COMPETENCE/HUMILITY

Cultural competence refers to the ability to engage with people from diverse cultural backgrounds. Cultural humility is the ability to be open and empathetic towards another in relation to important aspects of culturally identity.

RESOURCES

GENERAL RESOURCES

Utah Suicide Prevention Coalition (“USPC”)

USPC provides suicide prevention basics; listings of local, state and national resources for those in need; resources for suicide survivors (after a suicide loss) and for after a suicide attempt; and information regarding trainings and education the coalition offers.

<https://utahsuicideprevention.org/>

Utah Suicide Prevention Plan 2017-2021

Lays out the Utah Suicide Prevention Coalition’s 5-year plan to address suicide rates in Utah. https://drive.google.com/file/d/1V4cgYvf_JGs1CNvBYY2XmoFfwSPQIPM3/view

Suicide Prevention Resource Center (“SPRC”)

Recommended resources for the LGBTQ+ community, including information about culturally competent care for LGBTQ+ youth.

<https://www.sprc.org/populations/lgbt>

American Association of Suicidology

LGBT Resources <http://www.suicidology.org/resources/lgbt>

Suicidal Behavior Among LGBT Youth LGBT Fact Sheet

<https://suicidology.org/wp-content/uploads/2019/07/Updated-LGBT-Fact-Sheet.pdf>

Family Acceptance Project

These family education booklets have been designated as a best practice resource for suicide prevention for LGBT people.

General Booklet and Family Acceptance Project Latter-day Saint Booklet

<https://familyproject.sfsu.edu/publications>

American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention is dedicated to supporting efforts to learn more, and to developing and expanding the direction of suicide prevention strategies, programs and practices that serve the unique needs of LGBTQ populations.

<https://afsp.org/lgbtq-suicide-and-suicide-risk>

RESOURCES

CLINICAL RESOURCES

Center of Excellence for Transgender Health

Located at the University of California, San Francisco, this center provides information and resources about comprehensive, effective, and affirming health care services for trans and gender diverse communities. <https://prevention.ucsf.edu/transhealth>

Other CoE for Transgender Health Resources of note:

- » *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*
<https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf>
- » *Trans 101: Transgender People in Everyday Work and Life!*
Interactive modules covering core concepts related to transgender people and communities). <https://prevention.ucsf.edu/transhealth/education/trans101>

American Psychological Association (“APA”)

Best Practices for Mental Health Facilities Working with LGBT Clients.

<https://www.apa.org/pi/lgbt/resources/promoting-good-practices>

World Professional Association for Transgender Health (WPATH)

An interdisciplinary professional and educational organization devoted to transgender health. WPATH provides opportunities for professionals from various sub-specialties to communicate with each other in the context of research and treatment of gender dysphoria.

<https://www.wpath.org/>

RESOURCES

CRISIS RESOURCES

Trans Lifeline

Trans Lifeline is a transgender-led organization that connects transgender people to the community, support, and resources they need to survive and thrive. Trans Lifeline is a grassroots hotline and microgrants 501(c)(3) non-profit organization offering direct emotional and financial support to transgender people in crisis – for the trans community, by the trans community.

<https://www.translifeline.org/>

The Trevor Project

Founded in 1998, the Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people under 25.

1-866-488-7386

<https://thetrevorproject.org>

LOCAL RESOURCES

Encircle

Seeks to deepen and enrich the conversation among communities of faith and LGBTQ+ people through a variety of services, including therapy.

<https://encircletogether.org/>

University of Utah's Transgender Health Program

The Transgender Health Program is a multidisciplinary team committed to providing comprehensive, compassionate, evidence-based care for gender diverse individuals in a supportive, affirming environment.

<https://medicine.utah.edu/surgery/plastic-surgery/trans-health-program/>

RESOURCES

LOCAL RESOURCES

Utah Pride Center

The Utah Pride Center provides a variety of services to the LGBTQ+ community of Utah, including mental healthcare, youth & family and senior programming, and community space for other programming and events. Utah Pride Center hosts the annual Utah Pride Festival.

<https://utahpridecenter.org/>

National Alliance on Mental Illness Utah (NAMI)

NAMI UT's mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education, and advocacy. NAMI provides classes and support groups that are led by individuals with lived experience in order to offer help, hope, and healing to people whose lives are affected by these conditions.

<https://www.namiut.org/>

Latino Behavioral Health Services

LBHS serves the mental health and substance use needs of the Latino community of Utah. They have established a peer-to-peer system of recovery for Latinos, including outreach, mentoring, classes, and support groups, which are facilitated by individuals with lived experience.

<https://latinobehavioral.org/>

LGBTQ-Affirmative Therapist Guild of Utah

The Guild provide innovative and affirmative training to mental health professionals and trainees grounded in values of cultural humility, social advocacy, collaboration, and inclusivity. The Guild also provides a list of LGBTQ-affirming therapists in Utah.

<https://www.lgbtqtherapists.com/index.html>

REFERENCES

GLAAD. (n.d.). GLAAD Media Reference Guide Lesbian/Gay/Bisexual Glossary of Terms. Retrieved March 2020, from GLAAD: <https://www.glaad.org/reference/lgbtq>

Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of Homosexuality*. 2010;58(1):10-51.

James S, Herman JL, Rankin S, et al. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016.

King M, Semlyen J, Tai SS, et al. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008; 8:70.

Mathy RM: Suicidality and sexual orientation in five continents: Asia, Australia, Europe, North America, and South America. *International Journal of Sexuality and Gender Studies*. 2002, 7 (2–3): 215-225.

PFLAG. (2019, July). PFLAG National Glossary of Terms. Retrieved from PFLAG: <https://pflag.org/glossary>

SAMHSA. (2019, July 18). Risk and Protective Factors. Retrieved from Substance Abuse & Mental Health Services Administration: https://www.samhsa.gov/sites/default/files/20190718_samhsa_risk_protectivefactors.pdf

Student Health and Risk Prevention (SHARP) Statewide Survey, 2019. Retrieved from DSAMH: <https://dsamh.utah.gov/reports/sharp-survey/2019>

