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Testimony to Boston City Council

Sean Cahill, PhD
Director of Health Policy Research
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Madame Chairwoman, City Councilors, thank you for convening this hearing today on this important topic. I am Sean Cahill, Director of Health Policy Research at the Fenway Institute. The Fenway Institute is the research, education and training, and policy arm of Fenway Health. We serve 35,000 patients. About half are LGBT, about 10% are transgender, and about 2500 are people living with HIV. Our expertise is in LGBT health and HIV/STI prevention and care. We integrate behavioral health with medical care and increasingly use a trauma informed approach to care. I will speak briefly on suicide in the LGBT community, racial/ethnic differences in suicidality, how to reduce the risk of suicide, and how you can support these efforts.

A disproportionate burden of suicidality among LGBT people

As you note in the order for this hearing, LGB youth are nearly five times as likely as heterosexual youth to attempt suicide. National Youth Risk Behavior Survey data from 2017 indicate that 23.0% of LGB youth have attempted suicide, compared with 5.4% of heterosexual youth. Those youth not sure of their sexual orientation were three times as likely as straight youth to attempt suicide: 14.3% versus 5.4%.¹

Many youth engage in same-sex behavior but don't identify as LGB. We see striking disparities there too. Students reporting same-sex sexual contact on the 2017 National YRBS were three times as likely to have attempted suicide as those reporting only opposite sex sexual contact, 23.8% versus 8.1%.² Massachusetts Youth Risk Behavior Survey data from 2015 show similarly higher rates of suicidality among sexual minority youth. Massachusetts LGB youth are more than four times more likely than their heterosexual peers to consider attempting suicide (48.2% vs. 11.3%); more than three times more

¹ Kann L, McManus T, Harris W et al. (June 2018). Youth Risk Behavior Surveillance—United States, 2017. *MMWR Surveill. Summ.* 2018; 67(8). <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

² Ibid.

likely to have reporting making a suicide plan (34.7% vs. 9.7%); and five times more likely to report attempting suicide in the past year (24.8% vs. 5.2%).³

LGB youth are at an increased risk of depressive symptoms. In Massachusetts, LGB youth are almost three times as likely as heterosexual youth (61.1% vs. 23.9%) to report feeling sad or helpless almost every day for two or more weeks in a row that they stopped doing some usual activities.⁴ If these feelings of sadness and helplessness go unchecked, they can lead to serious outcomes, like a greater likelihood to report self-harm and suicidal ideation.⁵

What about transgender youth? We know that 2% of youth in Massachusetts taking the YRBS in 2015 identified as transgender,⁶ but we don't yet have good population-based data on suicidality among transgender youth. However, according to the 2015 National Transgender Survey, in which nearly 28,000 adults of all ages took part,

- 40% of respondents had attempted suicide at some point in their life, compared to 4.6% in the US population
- 48% of respondents seriously thought about killing themselves in the past year, compared to 4% of the US population
- 7% of respondents attempted suicide in the past year, compared to 0.6% of the US population⁷

Racial/ethnic differences

In the general population—i.e. mostly heterosexual population—we see higher rates of suicide among whites than among people of color.⁸ In the mostly

³ The Massachusetts Youth Risk Behavior Survey. (2015). Health & risk behaviors in Massachusetts youth.

<http://www.doe.mass.edu/sfs/yrbs/2015report.pdf>

⁴ Massachusetts Department of Public Health (2016). *The Massachusetts Youth Risk Behavior Survey 2015. Health & risk behaviors in Massachusetts youth.*

⁵ Almeida J, Johnson RM, Corliss H, Molnar B & Azreal D. (2009). Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence*, 38(7), 1001-1014.

⁶ Mass. YRBS, 2015.

⁷ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality

⁸ Centers for Disease control and Prevention (2010). *10 leading causes of death by age group, United States – 2007.*

https://www.cdc.gov/injury/wisqars/pdf/death_by_age_2007-a.pdf Cited in Shadick R, Dagirmanjian F, and Barbot B. (November 2015). Suicide Risk Among College Students: The Intersection of Sexual Orientation and Race. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. Vol. 36 No. 6. pp. 416-424.

heterosexual youth population we see higher rates of suicide among Native American⁹ and Latino/a¹⁰ youth compared with Black and White youth.

However, among LGB youth we see similar rates of suicide among youth of color and white youth. Researchers at Pace University found that, among college students, “[a]lthough students of color endorsed less risk for suicide than their White peers overall, results indicated that LGB status moderates this relation.”¹¹ Another analysis of YRBS data from several cities and states, including Boston, found mixed results. Latino, Native American and multiracial youth had higher rates of suicidality indicators and feeling sad than White non-Hispanic youth. Black youth had lower rates of suicidal ideation, but higher rates of suicide attempts, than White youth.¹²

[Here are more details:

- Compared to White sexual minority youth, Native American and Pacific Islander youth had significantly higher prevalence of feeling sad, suicide plan, suicide attempts, and self-harm (OR = 1.6, 1.5, 2.4, and 1.6, respectively).
- Compared to White non-Hispanic sexual minority youth, Hispanic/Latino sexual minority youth had significantly higher prevalence of feeling sad and suicide attempts (OR = 1.6 and 1.7, respectively).
- Compared to White sexual minority youth, multiracial sexual minority youth had significantly higher prevalence of feeling sad, suicide ideation, suicide plan, and suicide attempts (OR = 1.6, 1.3, 1.4, and 1.8, respectively).
- Compared to White sexual minority youth, Black sexual minority youth had significantly lower prevalence of 1-year suicidal ideation and self-harm (OR = 0.9 and 0.8, respectively), but Black sexual minority youth had significantly higher prevalence of suicide attempts (OR = 1.4) compared to White sexual minority youth.]

The *Our Health Matters* study surveyed 294 LGBTQ youth of color in the Greater Boston area in 2014. In that study, conducted by the Fenway Institute,

⁹ Borowsky IW, Resnick MD, Ireland M, Blum RW. Suicide attempts among American Indian and Alaska Native Youth. *Arch Pediatr Adolesc Med.* 1999;153:573---580, cited in Bostwick W, Meyer I, Aranda F, Russell S, Hughes T, Birkett M, Mustanski B. (June 2014). Mental Health and Suicidality Among Racially/ethnically Diverse Sexual Minority Youths. *Am. J. Public Health.* 104(6): 1129-1136.

¹⁰ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance — United States, 2011. *MMWR Surveill Summ.* 2012;61(4):1---162, cited in Bostwick, Meyer, Aranda, et al. (2014).

¹¹ Shadick, Dagirmanjian, and Barbot (2015).

¹² Bostwick W, Meyer I, Aranda F, Russell S, Hughes T, Birkett M, Mustanski B. (June 2014). Mental Health and Suicidality Among Racially/ethnically Diverse Sexual Minority Youths. *Am. J. Public Health.* 104(6): 1129-1136.

BAGLY, and Boston GLASS, over 40% of respondents reported symptoms of depression and/or anxiety, and 18.1% had attempted suicide in the past 12 months.¹³ Another 11.5% did not answer the suicide question.

What about other age cohorts? The national and state Behavioral Risk Factor Surveillance System survey, BRFSS, generally does not ask about suicidality, but we do have data on depression. Among LGB adults ages 50-75 in Massachusetts, 32.9% reported ever being diagnosed with depression, compared with 20.3% of heterosexual adults in the same age cohort.¹⁴

At Fenway Community Health Center we ask about suicidal ideation in our ePRO system, a tablet that collects Patient Reported Outcomes. Over the last five years about 1% of all ePRO sessions have had the patient indicate suicidal ideation. In 2017 this involved 269 instances of suicidal ideation out of nearly 20,000 ePRO sessions, or 1.36%.

Higher suicidality among LGBT people correlates with a higher rates of violence victimization, minority stress, discrimination, stigma, and behavioral health burden affecting these populations.¹⁵

Factors that promote resiliency and may reduce the risk of suicide

A number of factors can correlate with better mental health outcomes among LGBT youth. These include family acceptance, and school-based programming and policies, such as anti-harassment and anti-bullying laws with specific enumeration of sexual orientation and gender identity, Gay Straight Alliances, teacher and staff training, safe school programs, tolerance curricula—such as the excellent one that the Anti-Defamation League has created, and openly LGBT adult role models.¹⁶

Among older LGBT people, social isolation can correlate with higher rates of depression, substance use, and suicidality. Ensuring that LGBT elders can access mainstream elder services and receive affirming, culturally competent elder services is important. One intervention that helps LGBT elders is congregate meal programs for LGBT elders and their friends. Massachusetts is a leader in this area, with more than 25 LGBT congregate meal programs across the Commonwealth. Several are in Boston.¹⁷

¹³ Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our Health Matters: Mental Health, Risk, and Resilience Among LGBTQ Youth of Color Who Live, Work, or Play in Boston*. The Fenway Institute, BAGLY, Boston GLASS.

¹⁴ Analysis of MA BRFSS 2015-2016 data by Maria McKenna, PhD, MA Department of Public Health, November 2017.

¹⁵ Cianciotto, J., & Cahill, S. (2012). *LGBT Youth in America's Schools*. Ann Arbor: University of Michigan Press.

¹⁶ Ibid.

¹⁷ Krinsky L, Cahill S. (2017). Advancing LGBT elder policy and support services: The Massachusetts model. *LGBT Health*. 4(6): 394-397. Special issue LGBT aging.

What the Boston City Council and Boston Public Health Commission can do

- *Express support for the LGBT community.* The current political and cultural climate in our country has deteriorated in recent years for many groups. We have seen horrible attacks against Black people, Jewish people, immigrants, and LGBT people. Transgender people in particular are under attack by ballot campaigns and even from the President, and many feel unsafe. Defending the basic right of all people to be treated with respect and dignity is something that you as elected leaders should do frequently.
- *Ensure that youth-serving institutions and elder-serving institutions are preventing victimization and bullying, and providing affirming services and education to LGBT people.* This means schools, youth organizations, senior centers, congregate meal programs, public housing. Everyone should be welcomed and valued. Ensure that social service organizations are collecting voluntary sexual orientation and gender identity data, as recommended by the Massachusetts LGBT Youth Commission and LGBT Aging Commission, to ensure that LGBT people are accessing services.
- *Ensure that all government agencies are serving the LGBT community well.* Fifteen percent of high school students in Massachusetts are LGBT, and nearly 16% of young adults are. That's one out of every six individuals.¹⁸ All agencies are serving LGBT people and should be providing culturally competent and affirming care. All staff and volunteers should be trained in how to provide care to this population.
- *Conduct suicide prevention campaigns and campaigns to destigmatize mental illness and addiction.*

Feel free to contact me to discuss any of these issues at 617-927-6016 or scahill@fenwayhealth.org. Thank you.

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¹⁸ Cahill S, Geffen S, Vance A, Wang T, Barrera J (2018, May). *Equality and equity: Advancing the LGBT community in Massachusetts*. Boston: The Boston Foundation (Boston Indicators Project) and The Fenway Institute.