Suicidality among sexual and gender minority youth

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DOI:
10.33612/diss.215899326

CHAPTER 6

General discussion

Sexual and gender minority (SGM) adolescents and young adults are at higher risk for suicidal ideation and attempts (that is, suicidality) than heterosexual, cisgender adolescents and young adults. Mental health disparities between SGM and heterosexual, cisgender youth are explained by minority stress (Hatzenbuehler, 2009; Hendricks & Testa, 2012; Meyer, 2003; Toomey, 2021). SGM youth may experience stress related to their sexual or gender identity (i.e., minority stressors). Examples of these minority stressors are victimization, rejection, non-affirmation of gender identity, internalized homonegativity or transnegativity. Experiencing minority stressors is related to suicidal ideation and attempts (Hatchel, Polanin, et al., 2019; Williams et al., 2021). The aim of this dissertation was to examine risk and protective factors for suicidal ideation and attempts, and how mental healthcare and social support (informal care) can be improved to support SGM adolescents and young adults with suicidal ideation.

In this chapter, I summarize and discuss the main findings of the four studies in this dissertation. I will discuss these findings in light of the minority stress frameworks (Hendricks & Testa, 2012; Meyer, 2003; Toomey, 2021) and suicidality frameworks (Joiner, 2005; Klonsky & May, 2015; O'Connor & Kirtley, 2018) which were introduced in Chapter 1. In short, minority stress frameworks posit that SGM individuals experience minority stress and this negatively affects their mental health. In addition, resilience factors such as social support, coping, and community connectedness are suggested to attenuate the impact of minority stress on mental health.

Further, the integrated motivational-volitional model (IVM) of suicidal behavior suggests that an interplay of background factors, individual characteristics, and life events contribute to the development of suicidal ideation and that the pathways to suicidal ideation or a potential suicide attempt are also affected by, for example, social support and coping. The interpersonal theory of suicide (Joiner, 2005) and the ideation-to-action framework (Klonsky & May, 2015) suggest that pain, hopelessness, thwarted belongingness, and perceived burdensomeness contribute to the development of suicidal ideation. In addition, the ideation-to-action framework posits that connectedness can protect against the further development of suicidal ideation (Klonsky & May, 2015). See Figure 6.1 for a visualization of the minority stress frameworks and what factors were addressed in this dissertation.

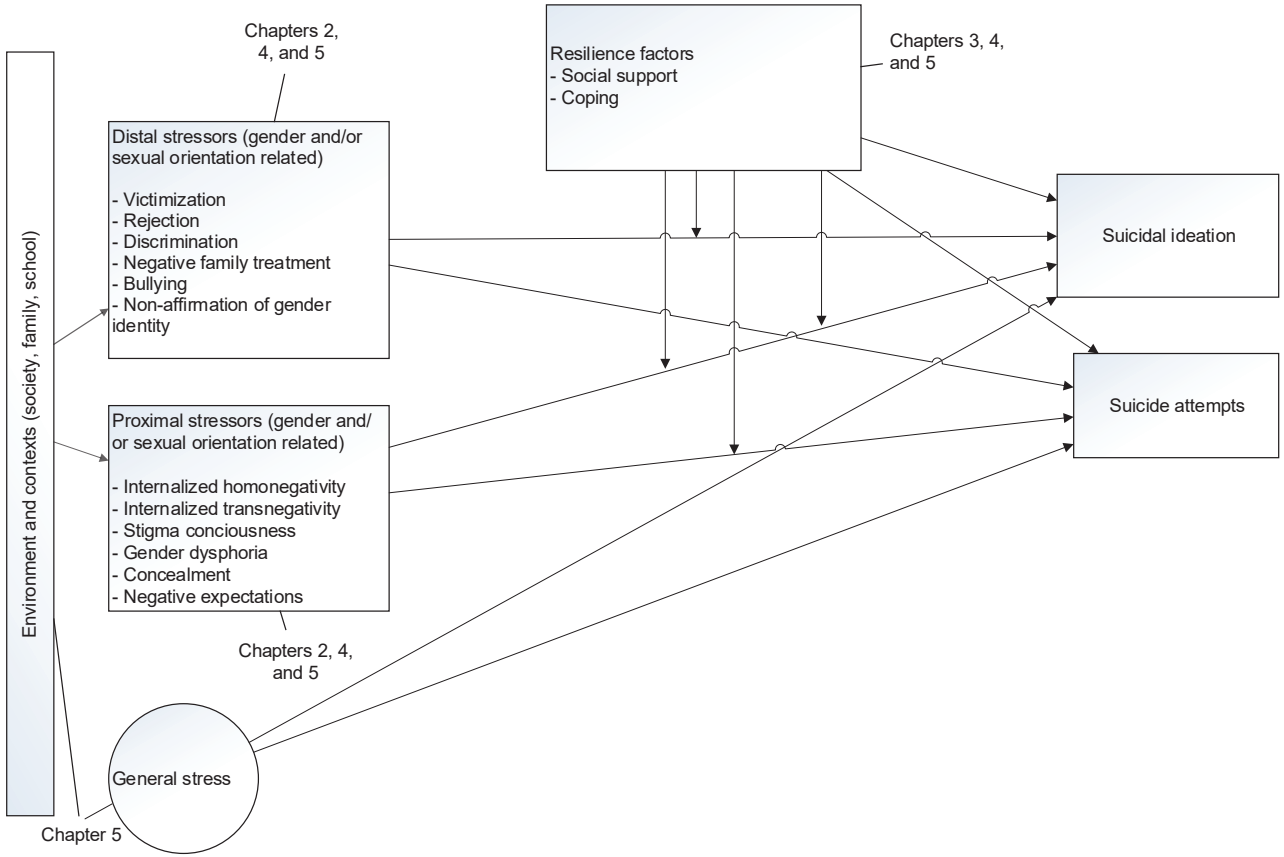

Figure 6.1 Visualization of what factors were examined in this dissertation (figure based on Meyer (2003), Hendricks and Testa (2012), and Toomey (2021). The figure is a representation of the factors that are examined in this dissertation. The lines do not indicate whether associations between the factors and suicidal ideation or suicide attempts were found. The section “Summary of main findings” describes these results.

Summary of main findings

The meta-analytic study reported in chapter 2 examined to what extent various minority stressors were associated with the risk of suicidal ideation and attempts among LGBT adolescents and young adults. I categorized minority stressors into five categories: LGBT bias-based victimization (when the measure in a study explicitly assessed victimization related to one's sexual orientation or gender identity), discrimination (when the measure in a study explicitly assessed discrimination), general victimization, bullying (when the measure in a study explicitly assessed bullying), negative family treatment, and internalized homonegativity and transnegativity. Results of 10 three-level meta-analyses demonstrated that LGBT bias-based victimization, general victimization, bullying, and negative family treatment were associated with a higher likelihood of suicidal ideation. LGBT bias-based victimization, general victimization, and negative family treatment were associated with a higher likelihood of suicide attempts. Discrimination was not associated with suicidal ideation and internalized homonegativity and transnegativity were not associated with suicidal ideation or attempts. No differences were found between studies that used probability or non-probability sampling in the magnitude of effect sizes.

The study described in Chapter 3 examined differences in risk for suicidal ideation and attempts by gender identity and whether social support attenuated the association between gender identity and suicidal ideation and attempts in a sample of SGM young adults. The results showed that transgender young adults were four times more likely than cisgender, sexual minority young adults to report lifetime suicidal ideation and lifetime suicide attempts, three times more likely to report past-year suicidal ideation, and 4.5 times more likely to report past-year suicide attempts. Genderqueer young adults were two times more likely than cisgender, sexual minority young adults to report lifetime suicidal ideation, past-year suicidal ideation, and past-year suicide attempts, and were three times more likely to report past-year suicide attempts. When comparing cisgender sexual minority men, cisgender sexual minority women, transgender women, transgender men, genderqueer assigned young adults female at birth, and genderqueer young adults assigned male at birth, no differences were found between transgender and genderqueer young adults in risk for suicidal ideation and attempts. In addition, family social support was associated with a lower likelihood of lifetime and past-year suicidal ideation, and lifetime and past-year suicide attempts. Support from heterosexual friends was associated with a lower likelihood of lifetime and past-year suicidal ideation. Support from the LGBT community was associated with a higher likelihood of lifetime suicide attempts. Last, support from LGBT friends was not associated with suicidal ideation or attempts. Only one interaction effect was significant, that is, support from the LGBT community exacerbated the association between a genderqueer identity and lifetime suicide attempts. In other words, when support from

the LGBT community was relatively high, genderqueer young adults were more likely to report suicide attempts compared to cisgender young adults, thus the disparity in risk for suicide attempts increased.

The study presented in Chapter 4 examined whether the associations between minority stressors (victimization, stigma consciousness, and internalized homonegativity) and suicidal ideation and attempts were attenuated or exacerbated by coping styles (active, avoidant, and passive). In a sample of sexual minority young adults, the results showed that victimization was associated with a higher likelihood of lifetime suicidal ideation and lifetime suicide attempts. Stigma consciousness was associated with a higher likelihood of lifetime suicidal ideation, lifetime suicide attempts, and past-year suicidal ideation. Last, internalized homonegativity was associated with a higher likelihood of lifetime and past-year suicidal ideation. In a sample of gender minority young adults, the results showed that victimization was associated with a higher likelihood of lifetime suicidal ideation, lifetime suicide attempts, and past-year suicidal ideation. Stigma consciousness was associated with a higher likelihood of past-year suicidal ideation. In addition, for both gender and sexual minority youth, active coping was associated with a lower likelihood of all three suicidality outcomes, and passive coping was associated with a higher likelihood of all three suicidality outcomes. For sexual minority young adults, avoidant coping was associated with a higher likelihood of all three suicidality outcomes. For gender minority young adults, avoidant coping was not associated with lifetime suicide attempts. Further, moderation analyses demonstrated that for sexual minority youth avoidant coping exacerbated the association between internalized homonegativity and lifetime suicide attempts, and avoidant coping attenuated the associations of low victimization and stigma consciousness with lifetime suicide attempts.

Last, the study in Chapter 5 investigated experiences and needs for mental healthcare and informal care for SGM youth with suicidal ideation. This was examined among SGM young adults with a history of suicidal ideation, parents of SGM youth with suicidal ideation, and professionals and volunteers who work(ed) with SGM youth with suicidal ideation. With interview and focus group studies, similar themes were found across the three groups. All groups experienced a lack of knowledge among professionals about the impact of growing up as an SGM individual and a lack of knowledge about transgender identities in particular. All groups expressed that training in sexual and gender diversity is needed among mental health professionals. Most SGM young adults mentioned that they did not share their suicidal thoughts with their parents, because sharing suicidal thoughts felt loaded and they did not want to burden their parent(s) with it. SGM young adults mentioned that suicidal ideation was at times inadequately addressed by mental healthcare professionals. For example, mental health professionals did not discuss or examine SGM youth's suicidal thoughts further after they had initially disclosed having suicidal thoughts. Parents and professionals expressed the need for

training in recognizing suicidal ideation and how to discuss suicidal ideation.

Reflection on the findings

Differences among SGM individuals in risk for suicidal ideation and suicide attempts by gender identity

In line with prior research (Horwitz et al., 2020; Lefevor, Boyd-Rogers, et al., 2019; Perez-Brumer et al., 2017), the results described in Chapter 3 showed differences between cisgender, sexual minority and gender minority young adults in risk for suicidality. Growing up in a cisnormative society (a society where the norm is cisgender and society is viewed through this cisgender normative lens (Bauer et al., 2009)), it may be that gender minority young adults experience more victimization and rejection because of their gender expression than cisgender young people (Anderson, 2020; Goldblum et al., 2012), and it is possible that victimization because of gender expression could (partly) explain the differences in risk for suicidal ideation. For example, Toomey (2021) discussed in their minority stress model that cisnormativity is present in several contexts of gender minority youth's lives, for example, school and family. Prior research indeed demonstrated that gender minority individuals experience more victimization and rejection than cisgender young people (Factor & Rothblum, 2008; Lefevor, Boyd-Rogers, et al., 2019). In addition, recent literature has advocated for gender dysphoria as a proximal stressor for mental health (Lindley & Galupo, 2020; Toomey, 2021). Gender dysphoria refers to distress that may emerge from the incongruence of someone's gender identity and sex assigned at birth and/or from stigma from a cisnormative society that does not acknowledge diverse gender identities (Galupo et al., 2020; Toomey, 2021). Transgender and nonbinary young people may experience gender dysphoria (Galupo et al., 2021; Lindley & Galupo, 2020), and this may also explain differences between cisgender, sexual minority and gender minority young adults in risk for poorer mental health, including suicidal ideation and attempts.

The results of this dissertation did not demonstrate differences *among* gender minority young adults by gender identity (transgender women, transgender men, genderqueer young adults assigned female at birth (AFAB), and genderqueer young adults assigned male at birth (AMAB). Up to now, research has been inconclusive regarding differences in risk for suicidal ideation and attempts between youth with different gender minority identities (Horwitz et al., 2020; Rimes et al., 2019; Thoma et al., 2019; Toomey, Syvertsen, et al., 2018). We did not have information about gender dysphoria and/or gender expression of the participants in the sample, and it is possible that both genderqueer and transgender youth experienced gender dysphoria or victimization because of their gender expression. If prejudice events related to gender expression and/or gender dysphoria are taken into account, this may explain the disproportionate risk for suicidal ideation or attempts in gender minority youth found in this dissertation.

Although no differences in risk for suicidal ideation and attempts among gender minority youth were found, it is important to take the diverse and broad experience of gender identity into account when designing interventions or when providing mental healthcare. Gender identity is a personal experience and these experiences may differ among youth. Therefore, youth with a transgender or genderqueer/nonbinary identity should not be treated as a homogeneous or monolithic group. Moreover, further research among a population-based sample in the Netherlands is necessary to examine differences by gender identity among SGM youth. In addition, examining gender dysphoria and gender expression may provide more insights into differences in risk for suicidal ideation.

Minority stress: risk factors and protective factors

The results of the meta-analytic study (Chapter 2) confirmed that distal minority stressors such as victimization and negative family treatment were associated with suicidal ideation and attempts. However, no association was found for internalized homonegativity or transnegativity and suicidal ideation or attempts. Unfortunately, the data provided by the included studies did not give us the possibility to assess the associations separately for sexual minority and gender minority youth or to assess moderation by gender identity. As explained by the minority stress models, sexual minority and gender minority groups experience minority stress as a result of their sexual or gender minority status. Still, these minority stress experiences and processes are distinct for sexual minority and gender minority youth. Insight into these associations for sexual and gender minority young adults separately could provide specific implications for interventions and healthcare.

In Chapter 4, we were able to assess the associations between LGBT-related victimization and stigma consciousness separately for sexual minority and gender minority young adults. There were some differences in outcomes; for example, for sexual minority youth, victimization was not associated with past-year suicide attempts, while for gender minority it was, and for sexual minority youth, stigma consciousness was associated with all three suicidality outcomes, while for gender minority youth it was only associated with past-year suicidal ideation. Although it was not examined whether the results of sexual minority significantly differed from gender minority young adults, it sheds light on how minority stress processes may vary for these groups.

In sum, the results presented in Chapters 2 and 4 are in line with the minority stress frameworks and its extensions (Hatzenbuehler, 2009; Hendricks & Testa, 2012; Meyer, 2003; Toomey, 2021). Because young individuals are likely to be in school and live with their caregiver(s), awareness among mental health professionals of the impact of victimization and familial rejection on SGM youth's mental health is crucial. This, again, underlines the importance of minority stress for the development of suicidal ideation and attempts. Further, to gain more insight into the pathways to suicidal ideation

and attempts among SGM youth, it is important to examine other factors that could play a role in the development of suicidality. For example, factors that are described in the pre-motivational phase of the IVM model such as individual characteristics (e.g., socially prescribed perfectionism) and the social or environmental context (e.g., socioeconomic status, early life events) (O'Connor & Kirtley, 2018).

Coping

In suicidality and minority stress frameworks (Hendricks & Testa, 2012; Meyer, 2003; O'Connor & Kirtley, 2018) coping is suggested to protect against or exacerbate suicidality. The results presented in Chapter 3 are in line with studies that found direct associations of higher levels of avoidant coping and passive coping with higher levels of suicidal ideation, psychological distress, or depressive symptoms (Benatov et al., 2020; Bos et al., 2014; Budge et al., 2013). In our study, the findings suggest that especially passive coping is an important (negative) factor for the development of suicidal ideation and attempts among sexual minority youth. Passive coping has similarities with rumination, which is found to be associated with suicidal ideation and attempts (Rogers & Joiner, 2017). In addition, SGM young adults who reported higher levels of active coping were less likely to report suicidal ideation and attempts. Active coping refers to actively taking action to solve a problem (Schreurs et al., 1993). Thus, contrary to avoidant and passive coping, prejudice events may become less or affect mental health less.

When we looked at the moderating effect of coping, avoidant coping attenuated the associations of low victimization and stigma consciousness with lifetime suicide attempts among sexual minority youth. An explanation for the attenuating effect, also previously proposed (D'haese et al., 2016), may be that avoiding potential SGM non-affirming situations releases or prevents stress in the short term. For example, if someone is bullied because of their SGM identity, and it is possible to avoid these situations of victimization, then it may not negatively impact one's mental health in that moment. However, it is not clear how avoiding such situations affects mental health in the long term. For example, by avoiding these situations youth might not be able to be themselves and are not accepted for who they are in certain contexts, which may ultimately negatively affect mental health. In addition, higher levels of avoidant coping increased the impact of internalized homonegativity on lifetime suicide attempts. In other words, when someone experienced internalized homonegativity and avoided situations or people that could invoke negative reactions about their sexual identity, they were more likely to report ever having made a suicide attempt. This may be because avoiding such situations also limits the opportunity to receive affirming reactions. In terms of the suicidality frameworks, these findings may be related to missed opportunities for developing a sense of belonging. Internalized homonegativity refers to negative beliefs about oneself or shame regarding sexual orientation derived from a non-inclusive heteronormative

environment or society (Hendricks & Testa, 2012; Meyer, 1995, 2003). These beliefs in combination with a lack of affirming reactions to one's sexual orientation (that could counter someone's beliefs) may affect feelings of connectedness and belonging. Lack of connectedness and/or belonging contribute to suicidal ideation (Joiner, 2005; Klonsky & May, 2015; O'Connor & Kirtley, 2018). However, because this is a cross-sectional study, it is not clear whether experiences of minority stress influence the development or use of coping styles as proposed in Hatzenbuehler's (2009) psychological mediation framework, or whether individuals already developed certain coping styles before a minority stress experience, or whether it is a combination of both.

In short, direct associations of coping styles with suicidal ideation and attempts were found. The findings suggest that active coping should increase and passive and avoidant coping should decrease in SGM young adults in order to reduce suicidality in these groups. However, our results do not fully align with the minority stress framework and its extensions (Hendricks & Testa, 2012; Meyer, 2003) because we did not find full support for coping as a factor that attenuates or exacerbates the impact of minority stress on suicidal ideation or suicide attempts. Although we found little evidence for coping styles as moderators, this dissertation does stress the importance of coping styles in the direct association with suicidal ideation and attempts.

Social support

Suicidality and minority stress frameworks also suggest that social support is an important protective factor in the pathway to suicidality. Together with prior research (Kuper et al., 2018; McConnell et al., 2015; Puckett et al., 2019; Snapp et al., 2015; Watson et al., 2019), the results presented in Chapter 4 demonstrate that social support from family is important in the lives of SGM youth. Our study demonstrated that SGM youth who reported higher levels of family support were less likely to report suicidal ideation and suicide attempts. In the interpersonal theory of suicide, perceived burdensomeness (e.g., feeling to be a burden to others) and thwarted belongingness (e.g., loneliness and lack of mutually caring relationships) are described as predictors of suicidal ideation (Joiner, 2005; Van Orden et al., 2010). Aspects of thwarted belongingness and perceived burdensomeness are associated with social support. For example, a study among SGM youth demonstrated that SGM youth who received social support from their family experienced lower levels of loneliness (McConnell et al., 2015), and a study among transgender adolescents demonstrated that parental support was associated with lower levels of perceived burden related to being transgender (Simons et al., 2013).

However, it is also important to note that, similar to prior research (Factor & Rothblum, 2008; Lefevor, Sprague, et al., 2019), the results presented in Chapter 3 demonstrated that gender minority youth received less family support than cisgender youth. Therefore, increasing social support from family is crucial in improving mental

health among gender minority youth. In Chapter 5, the study examined parents' needs regarding supporting their SGM child with suicidal ideation. Parents expressed the need for support concerning addressing SGM-related issues (Chapter 5), and another study also found that caregivers of a transgender child expressed the need for support during a child's transitioning process (Schimmel-Bristow et al., 2018). Most parents of our study were already supportive of their child's SGM identity; however, how can those families or parents that are unsupportive of their child's SGM identity be reached and their support be increased? A review on interventions aiming to reduce discrimination and stigma from the family of SGM youth found few peer-reviewed publications on this and suggest evidence-based interventions are needed (Parker et al., 2018). Recently an online intervention for parents of transgender youth was developed. This intervention consists of three e-learning modules and intends to increase supportive behaviors concerning transgender identities and related processes among parents (Matsuno & Israel, 2021). The pilot study's results are promising as the intervention was found acceptable, however, an efficacy study still needs to be conducted (Matsuno & Israel, 2021). Nevertheless, interventions only reach parents who choose to participate. The review study suggests community programs and structural level policies are needed to reach families who do not wish to participate in interventions; however, it also needs to be examined whether this would increase supportive behaviors among parents (Parker et al., 2018). Since it is important to reach families who otherwise would not participate in interventions, I believe it is crucial to examine whether community-level programs or public education campaigns on sexual and gender diversity increase supportive behaviors among families.

In addition, besides support in regard to sexual orientation and gender identity, parents can also provide support regarding suicidal ideation. In Chapter 5, the results showed that some parents were not aware of their child's suicidal thoughts and parents expressed the need for support in addressing mental health and suicidal ideation with their child. A systematic review on gatekeeper training for suicide prevention for parents and teachers found that, among parents, knowledge about suicidality and confidence about self-efficacy for intervening improved (Torok et al., 2019). However, only two studies (Cross et al., 2011; Hooven, 2013) were included that focused on gatekeepers training for parents. It is crucial to further examine how parents can increase their efficacy to recognize signs for suicidal ideation and address suicidal ideation with their child.

Regarding friend support, support from heterosexual friends was only associated with suicidal ideation, and support from LGBT friends was not associated with suicidal ideation and attempts. However, the results presented in Chapter 5 demonstrated that SGM young adults experienced peer support as helpful, and parents of transgender children also indicated that online and in-person peer support was important for their children. Further, young adults mentioned that they shared their suicidal thoughts mostly

with friends, but only few young adults had shared them with their parents. Moreover, a study among SGM youth suggests that friend support may be important when family support is low (McConnell et al., 2015), and other studies among SGM youth also found that friend support is associated with less anxiety and depressive symptoms (Puckett et al., 2019; Watson et al., 2019). Therefore, the results concerning heterosexual and LGBT friend support presented in Chapter 4 should not dismiss the importance of friend support among SGM youth.

Further, when examining whether the impact of social support on suicidality differs by gender identity (cisgender, transgender, genderqueer), the results showed that only social support from the LGBT community exacerbated the association between genderqueer identity and past-year suicidal ideation. Specifically, when LGBT community support was relatively high (relative to the mean of LGBT community support) genderqueer young adults were more likely to report past-year suicidal ideation compared to cisgender young adults. An explanation for this may be that genderqueer young adults in our sample started reaching out to the LGBT community for support because of their suicidal ideation and that their suicidal ideation was, therefore, higher to begin with. All other social support types (family, LGBT friends, and heterosexual friends) did not moderate the association between gender identity and suicidal ideation or attempts. In other words, the impact of social support did not differ by gender identity.

Taken together, family support plays an important role in the lives of SGM youth. No support was found for social support as a moderator between gender identity and suicidal ideation or attempts. This dissertation underlines the importance of social support, in particular family support, in the direct association with suicidal ideation and attempts. Overall, family support should be increased through interventions targeting supportive behaviors and through public education campaigns. Since gender minority youth receive less support than cisgender sexual minority youth, especially supportive behaviors regarding transgender and non-binary should be targeted. Further, on the individual level, when SGM youth lack family support mental health professionals must examine how family can be increased or how other forms of social support can be established.

Formal mental healthcare

Because SGM youth experience more suicidal ideation than heterosexual, cisgender youth, it is important that mental healthcare fits the needs of SGM youth. To best support SGM youth with suicidal ideation, experiences and needs of professionals are also important to take into account. However, in the Netherlands, the mental healthcare experiences and needs of SGM youth with suicidal ideation had not been researched before.

In Chapter 5, similar to prior research (Goldberg et al., 2019; Gridley et al.,

2016; Schimmel-Bristow et al., 2018), results demonstrated that mental healthcare does not fulfill all care needs of SGM youth. SGM young adults, parents, professionals and volunteers experienced a lack of knowledge about the impact of growing up as an SGM individual and a lack of knowledge about transgender identities. The three groups mentioned that there should be more training on how to discuss sexual orientation and gender diversity with youth and what it is like growing up as an SGM individual.

Most SGM young adults in the study did not experience explicit rejection by mental health professionals, however, they experienced more subtle forms of prejudice. For example, making assumptions about sexual orientation or gender identity, downplaying the impact of a marginalized identity, or using non-inclusive language. This also impacted the experience of mental healthcare in a way that mental healthcare was not experienced as helpful. Experiences of subtle forms of prejudice such as heterosexist or transphobic terminology or invalidation of gender identity or sexual orientation are also called microaggressions (Nadal et al., 2010). Experiences of non-affirmative interactions may also have an impact on mental health. For example, microaggressions were associated with more depressive symptoms among SGM youth (Kaufman et al., 2017). This underlines the importance of sexual and gender diversity training among mental health professionals.

In addition, professionals expressed the need for information and education on how to recognize and address suicidal ideation with youth. As our results in Chapter 5 showed, some SGM young adults did not disclose their suicidal thoughts to a mental health professional. Thus, it is important that mental healthcare professionals are competent in effectively addressing suicidal ideation and recognizing signs for suicidal ideation. Training on suicide prevention among mental health professionals and social workers is necessary.

Programs and interventions for suicide prevention and SGM youth

Altogether, in this discussion section, I discussed findings that provided insights for mental healthcare and interventions for SGM youth with suicidal ideation. These findings also raise the question of whether there should be interventions specifically targeting SGM youth with suicidal ideation? A study among SGM youth examined the need for tailored inventions for SGM youth that are in suicidal crisis (Goldbach et al., 2019). This study found that 42% of the SGM youth in the sample called a helpline as SGM-affirming counselors were working there. In particular transgender, nonbinary, queer, and pansexual youth reported that this was the reason they called that helpline. Goldbach et al. (2019) study suggests that SGM-specific crisis services for suicide have added value. However, a review on suicide prevention interventions showed that few suicide prevention programs specially focused on SGM youth (Robinson et al., 2018). In the US, the Trevor Project provides support for SGM youth with suicidal ideation via telephone,

chat, or text (the Trevor Project, n.d.). However, to the best of my knowledge, the Trevor Project has not yet been tested for effectiveness. Further, in the Netherlands, there are some helplines for SGM youth regarding questions about sexual orientation or gender identity such as Genderpraatjes for gender minority individuals (Genderpraatjes, 2021) or Switchboard for SGM individuals (Switchboard, n.d.). These helplines are run by volunteers and do not specifically enquire after, or provide help for suicidal ideation. In addition, 113 suicide prevention is an organization that provides support for individuals with suicidal ideation via telephone or chat (Stichting 113 Zelfmoordpreventie, n.d.), but this organization does not specifically target SGM individuals. Nevertheless, even though these helplines have not (yet) been tested for effectiveness and the Dutch helplines do not specially target suicidal ideation (Genderpraatjes; Switchboard) or do not specifically target SGM youth (Stichting 113 zelfmoordpreventie), these helplines provide support for SGM youth which is greatly valuable and this support is of great importance for SGM youth.

Currently, there are few interventions for SGM youth with depression that have been tested for feasibility and their effectiveness in reducing depression. For example, Rainbow SPARX is a computerized self-help intervention for sexual minority youth. The intervention is based on cognitive-behavioral therapy (CBT) and aims to reduce depressive symptoms. A feasibility study demonstrated that Rainbow SPARX was effective in reducing depressive symptoms (Lucassen et al., 2015). In addition, AFFIRM is a cognitive-behavioral group intervention for SGM youth that targets the improvement of coping skills and reducing depression (Craig & Austin, 2016). A feasibility study showed that the intervention reduced depression and increased coping skills. The AFFIRM intervention was also examined among transgender individuals only, and the results of a pilot study also showed a reduction in depression (Austin et al., 2018). In addition, AFFIRM was adapted to an online version. Participants experienced less depression and active coping was increased compared to a waitlist control group (Craig et al., 2021). These interventions targeted coping strategies and this was found to be important in the study of Chapter 4. However, these programs were not focused on suicidal ideation and are not available in the Netherlands. Besides targeting issues concerning gender identity, sexual orientation, and minority stress, it is also crucial to specifically target suicidal ideation in SGM youth who experience suicidal ideation. Coping also plays a role in suicide prevention interventions, for example, in safety planning interventions for people in a suicidal crisis. A recent meta-analytic study demonstrated that safety-planning suicide prevention interventions are effective in reducing suicidal behavior (Nuij et al., 2021).

During my PhD, we (dr. van Bergen, dr. Baams, prof. dr. Bos, and me) adapted an intervention that was developed by Pachankis et al. (ESTEEM; Pachankis et al., 2015), so that it applied to SGM youth with suicidal ideation and was feasible to conduct

online. ESTEEM is a face-to-face cognitive behavioral therapy for young bisexual and gay men and is focused on managing minority stress adaptively and reducing depression and anxiety. We utilized literature on CBT for individuals with suicidal ideation (Bryan & Rudd, 2018; Wenzel et al., 2009) to adapt the ESTEEM intervention so it also targeted suicidal ideation. In addition, we used the results from Chapter 5 to aid in developing the intervention. For example, the importance of knowledge about transgender identities and addressing pronouns. Our web-based intervention consists of eight chat sessions and focuses on managing minority stress adaptively and reducing suicidal ideation. At the time of writing, the intervention is being carried out by mental health professionals of the organization Praten Online (https://pratenonline.nl), and it will be evaluated when sufficient participants have participated in the intervention.

In sum, in the Netherlands, a helpline for individuals with suicidal ideation, and helplines for SGM youth who want to talk about issues concerning sexual orientation or gender identity or have questions about sexual orientation or gender identity exist. However, since there is a dearth of SGM-affirmative mental healthcare programs and interventions, skills and knowledge regarding SGM youth and suicidal ideation must be increased within general mental healthcare professionals. In addition, the online intervention we developed and carried out by Praten Online also aims to fill this gap.

Strengths and limitations

The development of suicidal ideation and the potential transition to a suicide attempt is a complex process (Joiner, 2005; O'Connor & Kirtley, 2018). However, with this dissertation, I was able to bring together insights into protective and risk factors for suicidal ideation and attempts among SGM youth, differences in risk for suicidal ideation and attempts by gender identity among SGM youth, and mental healthcare needs of SGM youth with suicidal ideation. In Chapter 2, through three-level meta-analyses, I presented associations between various minority stressors and suicidal ideation and attempts among SGM youth and moderation by sampling strategy (probability versus non-probability sampling). In Chapter 3, I presented differences in risk of suicidal ideation by gender identity (transgender, genderqueer, and cisgender sexual minority) and the role of social support (heterosexual friends, LGBT friends, family, and LGBT community). In Chapter 4, I presented associations between various minority stressors and the role of coping, separately for cisgender sexual minority youth and gender minority youth. Last, in Chapter 5, I presented formal and informal mental healthcare experiences and needs of SGM young adults with a history of suicidality, parents of SGM youth, and professionals and volunteers who work(ed) with SGM youth with suicidal ideation. With this dissertation, I was able to touch on what can be improved in mental healthcare for SGM youth with suicidal ideation in the Netherlands.

Further, this thesis also has some limitations. First, two of the four studies

utilized cross-sectional, correlational data, and the meta-analytic study was also based on cross-sectional, correlational data. Therefore, I was unable to make statements about the causality of minority stressors, coping, and social support in relation to suicidal ideation and attempts. For example, a passive coping style may develop after experiencing suicidal ideation, or suicidal ideation may have developed after a passive coping style was adopted. Nevertheless, the findings indicate the importance of these factors in relation to suicidal ideation and attempts among SGM youth. Second, the studies in Chapters 3 and 4 utilized a convenience sample of SGM young adults, thus the findings may not be generalizable to the whole SGM population. Moreover, a part of the studies in the meta-analytic study utilized a convenience sample, however, we also did not find moderation by sampling strategy in the associations in which it was possible to assess this. Third, in the meta-analytic study (Chapter 2) internalized homonegativity and transnegativity were assessed as one minority stressor because most studies did not provide separate effect sizes for sexual minority youth and gender minority youth, and only one study was included that assessed the association between internalized transnegativity and suicidality. However, as I discussed earlier, these are presumably distinct processes for sexual minority youth and gender minority youth. Moreover, in the study presented in Chapter 4, a measure for internalized homonegativity was included, but no measure for internalized transnegativity was included. Thus, this dissertation does not provide insights into the association between internalized transnegativity and suicidality. Fourth, in the studies in Chapters 3 and 4, a few single-item measures were used. Namely, the social support variables and the suicidality variables. As a result, it was not possible to conduct reliability analyses and the validity is unknown. Participants may have interpreted what social support and suicidal ideation and attempts are for them differently. For example, a prior study shows that using single items to examine suicidal ideation and suicide attempts could lead to misclassification (Millner et al., 2015). Still, our results are in line with prior research on suicidal ideation and attempts among SGM youth.

Despite these limitations, this dissertation sheds light on the associations of minority stress, coping styles, social support with suicidal ideation and attempts, and has implications for practice and future research.

Implications and future directions

This thesis has important implications for clinical practice and future research. In regards to clinical practice, first, mental health professionals, including mental health professionals in suicide prevention and intervention care, should get trained and educated concerning sexual and gender diversity. Moreover, gender and sexual diversity should be included in curricula of studies that train future mental health professionals and social workers, but also general practitioners. This training has to include information on gender and sexual

diversity, microaggressions, relevant sources or organizations for SGM youth, and how to use inclusive and affirming language. Further, it should create or increase awareness of the impact of a non-inclusive and non-affirming environment on SGM youth's lives and mental health. This should also include the impact of non-affirmative language, and how a cisheteronormative society works through several contexts of youth's lives. Moreover, as mentioned earlier, sexual minority and gender minority youth have overlapping as well as distinct experiences, and therefore sexual minority specific and gender minority specific processes should be made clear to professionals.

Second, for caregivers, information should be available on sexual and gender diversity, including how to talk about sexual orientation and gender identity with their child, and how they can support their child. This could be through interventions targeting caregivers of SGM youth or a website. For example, *www.iedereenisanders.nl* is a Dutch website that also provides information for caregivers on topics such as sexual orientation, gender identity, and how caregivers can talk about sexual orientation and gender identity with their child.

Third, mental health professionals, social workers, teachers, and volunteers in LGBT organizations should receive training in the importance of asking after suicidal thoughts and recognizing signs hereof and how to talk about suicidal ideation. In the Netherlands, 113 Suicide Prevention provides suicide prevention gatekeeper training. Gatekeeper training improves knowledge about suicidal ideation, self-efficiency and confidence in talking about suicidal ideation (Holmes et al., 2021; Terpstra et al., 2018; Torok et al., 2019). Next, there should also be information available for parents about signs of suicidal ideation and how they can discuss mental health and suicidal ideation with their child.

Regarding future research, first, it is crucial to gain more insight into the (interplay of) factors that play a role in the development of suicidal ideation for sexual and gender minority youth, preferable for sexual and gender minority youth separately. Frameworks on the development of suicidal ideation and frameworks on minority stress could guide in what factors to examine, for example, individual characteristics such as social perfectionism, and factors that could affect the pathway to suicidal ideation such as connectedness, coping strategies, social support, and other factors that protect against the development of suicidal ideation. In addition, research among gender minority youth regarding minority stress and suicidality should include measures of gender expression, internalized transnegativity, and as proposed by Toomey (2021), intrapersonal and interpersonal gender dysphoria. Second, future research should examine this within population-based samples in the Netherlands and preferably in a longitudinal design. In addition, it is important that future research also examines minority stress and suicidal ideation processes among SGM people of color. SGM people of color have multiple marginalized identities, and minority stress processes might differ between

SGM people of color and White SGM people. Third, research should examine how to decrease discriminative behaviors and increase supportive behaviors within families. It is necessary to examine how unsupportive families can be reached and what is needed to increase supportive behaviors within families that would not participate in interventions by themselves.

Conclusion

With this dissertation, I was able to contribute to the literature on SGM youth and suicidal ideation and attempts by shedding light on the importance of minority stressors, coping styles, social support, differences by gender identity, and mental healthcare needs. However, not yet everything is known about the pathways to suicidal ideation and attempts for sexual minority youth and gender minority youth. When it is clearer what (interplay of) factors contribute to the development of suicidal ideation and attempts among SGM youth or what additional factors could protect against the development of suicidal ideation and attempts, it could further aid in designing or adapting suicide prevention interventions and mental healthcare. Further, mental healthcare must be improved by creating awareness and educating mental healthcare professionals about the importance of being inclusive of sexual and gender diverse individuals, so SGM youth receive mental healthcare where their identity and experiences are affirmed.