

Improving Suicide Prevention: Addressing Known Barriers To Healthcare Access for LGBTQ+ People in Institutional Settings

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Strategies and Interventions to Reduce Suicide: A Workshop

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 - New Mexico Department of Health
 - New Mexico Primary Care Association
 - New Mexico School Nurses Association
 - Santa Fe Mountain Center
 - Transgender Resource Center of New Mexico
 - The Trevor Project
 - University of New Mexico Department of Pediatrics
- No Conflicts of Interest to report





Study Context: New Mexico

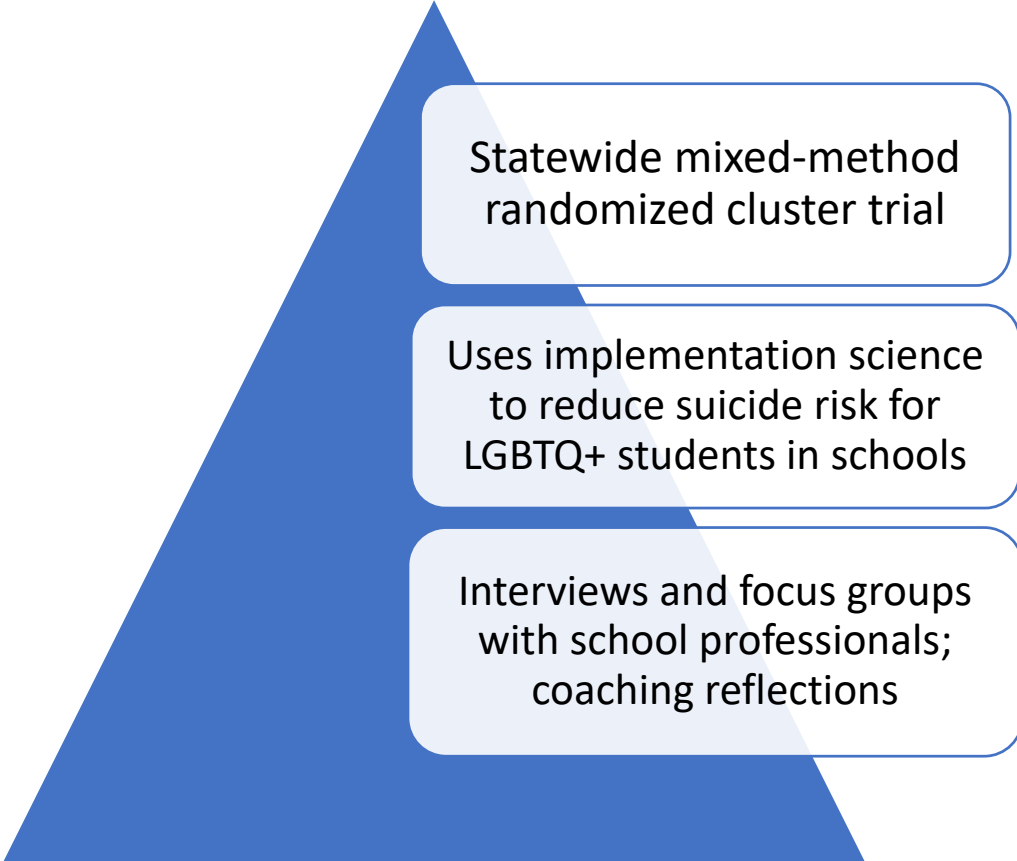
- Suicide rates higher than U.S. average
 - Age-adjusted death rate is 24 per 100,000 (vs. 14.5%)
- Suicide unduly impacts LGBTQ+ New Mexicans
 - 19.1% of sexual minority adults considered attempting suicide in the past year
 - 22% of gender minority adults considered attempting suicide in the past year
 - 40.8% of LGBTQ+ high school students considered attempting suicide, 34.21% planned an attempt, and 24.9% had attempted in the past year
- Suicide-related disparities are linked to structural vulnerabilities (e.g., discrimination) associated with being in a socially stigmatized position

Clinical Support for Persons At Risk for Suicide

- Of 33 counties, 32 are primary care and mental health professional shortage areas
- Behavioral health system is fragmented and fragile
 - Fragility worsened by closures of longstanding community mental health centers
 - Responsibility has shifted to stretched primary care settings and schools
- Schools are a de facto health and behavioral health safety net
 - Sites of primary, secondary, tertiary intervention
 - 70 school-based health centers (SBHCs) for 89 school districts
 - ≈1 out of 5 districts have less than 1.0 full-time school nurse
 - More than 1/3 of school nurses serve more than one campus

Research Overview

Study 1: Implementing School Nursing Strategies to Reduce LGBTQ+ Adolescent Suicide

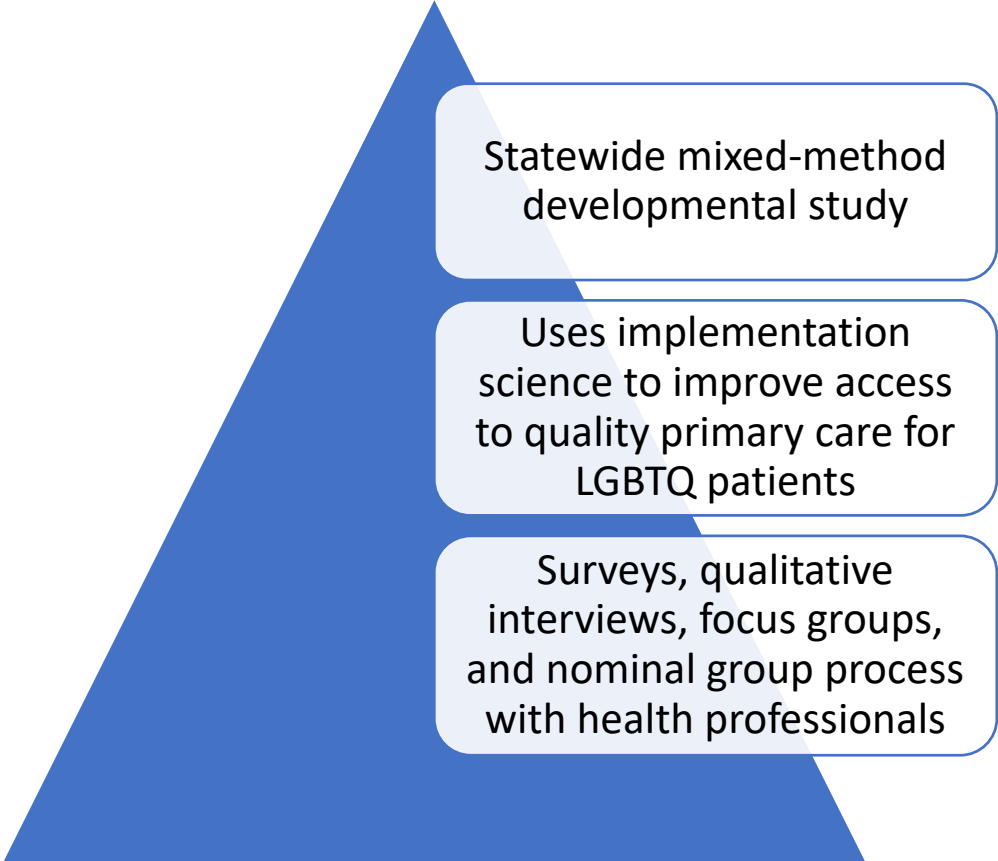


Statewide mixed-method
randomized cluster trial

Uses implementation science
to reduce suicide risk for
LGBTQ+ students in schools

Interviews and focus groups
with school professionals;
coaching reflections

Study 2: Enhancing Primary Care Services for Diverse Sexual and Gender Minority Populations



Statewide mixed-method
developmental study

Uses implementation
science to improve access
to quality primary care for
LGBTQ patients

Surveys, qualitative
interviews, focus groups,
and nominal group process
with health professionals

Institutional Barriers Undermining Access

Heteronormativity and cisgenderism

Attitudes, language, and behaviors

Discrimination → push out + delayed or no care

“We treat everyone the same”

Lack of education → LGBTQ+ invisibility + low awareness of suicide prevention needs

Challenges to Access: Schools

Not enough health professionals based in schools

- Creates hardships in identifying or responding to ANY student with suicidal behaviors
- Cannot assume that providers in the community are LGBTQ+ competent or accepting

Inconsistent professional development related to suicide

- Infrequent initial and follow-up trainings
- Not typically a priority for school leadership unless student- or community-initiated

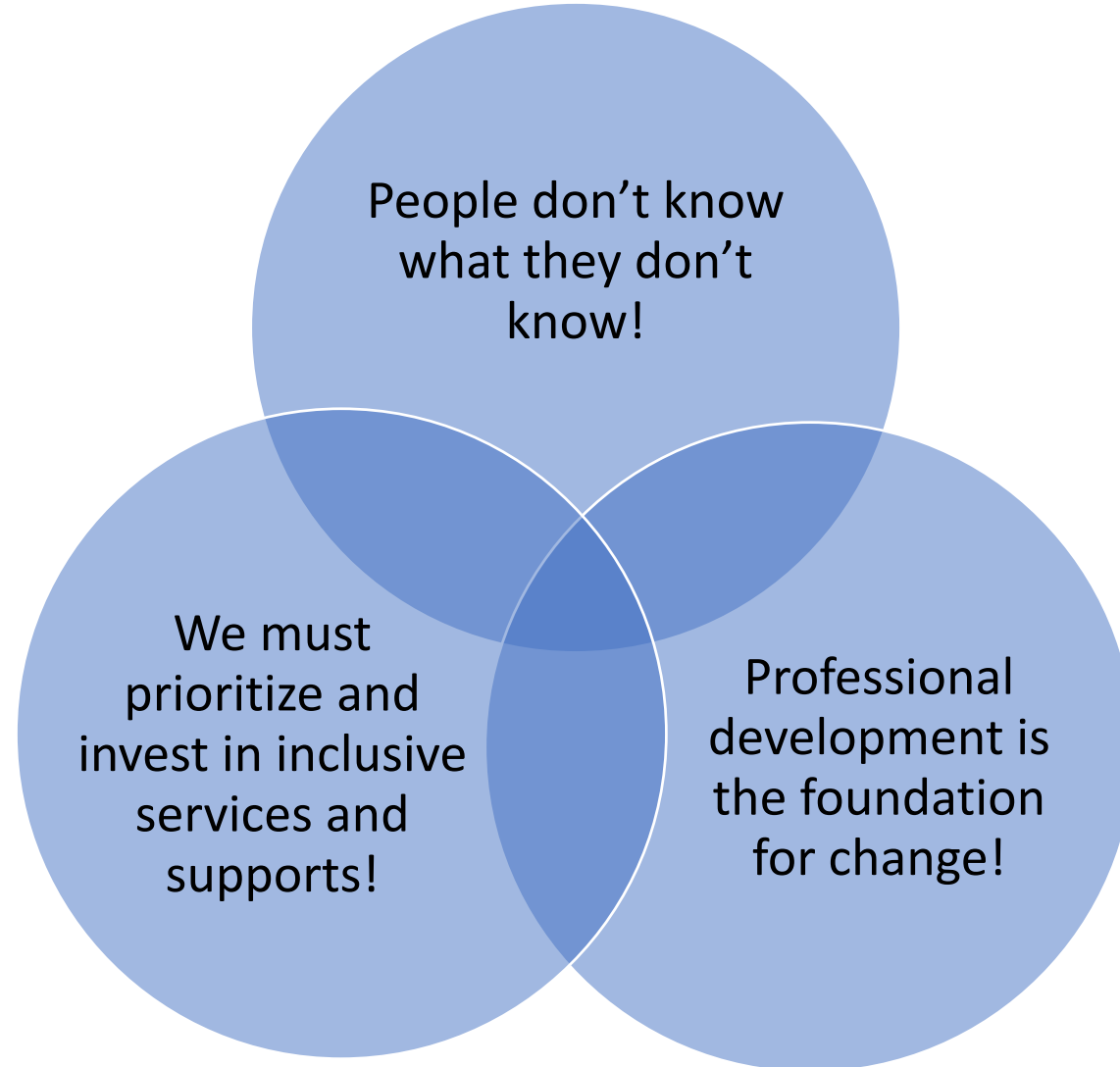
Parental engagement is a persistent problem for schools

- Insufficient mental health literacy among parents and guardians
- Stigma regarding (a) mental illness and (b) being LGBTQ+ creates resistance to services

Challenges to Access: Primary Care Clinics

- Outreach to LGBTQ+ communities
- Knowledge of LGBTQ+ resources outside clinics, i.e., support groups
- Demand for LGBTQ+ responsive services
- Collection and use of data specific to LGBTQ+ patients
- Concern about making heterosexual and cisgender patients uneasy
- Caring for patients of varying ages and cultural backgrounds
- Siloed expertise, especially with respect to gender-affirming care

Convergent Findings



Things Institutions Can Do To Enable Access

- **Schools**

- Establish safe spaces and groups
- Adopt inclusive health curricula
- Link students to LGBTQ+ competent providers in the community

- **Primary care**

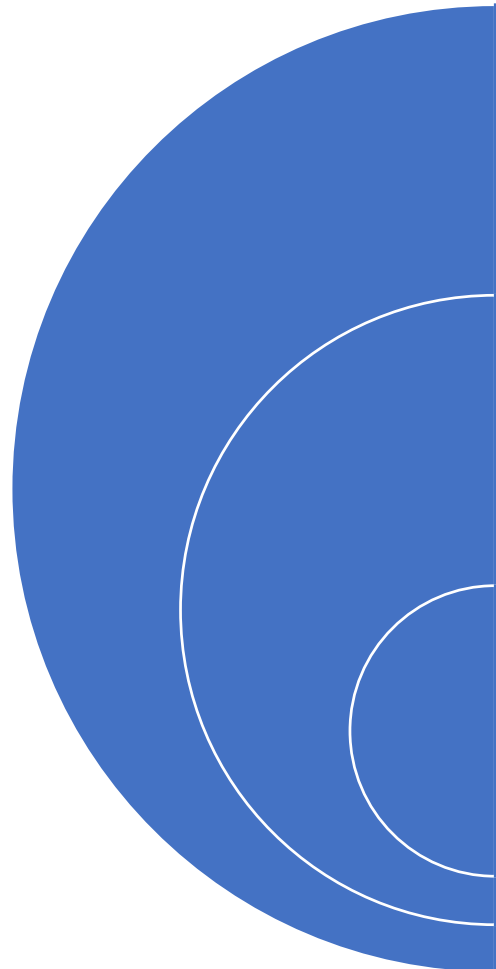
- Create a welcoming environment
- Collect and use data on gender identity and sexual orientation
- Workforce development on best clinical practices

- **Both institutions**

- Provide ongoing training in LGBTQ+ cultural competency
- Implement LGBTQ+ affirmative policies and procedures
- Forge connection with LGBTQ+ communities

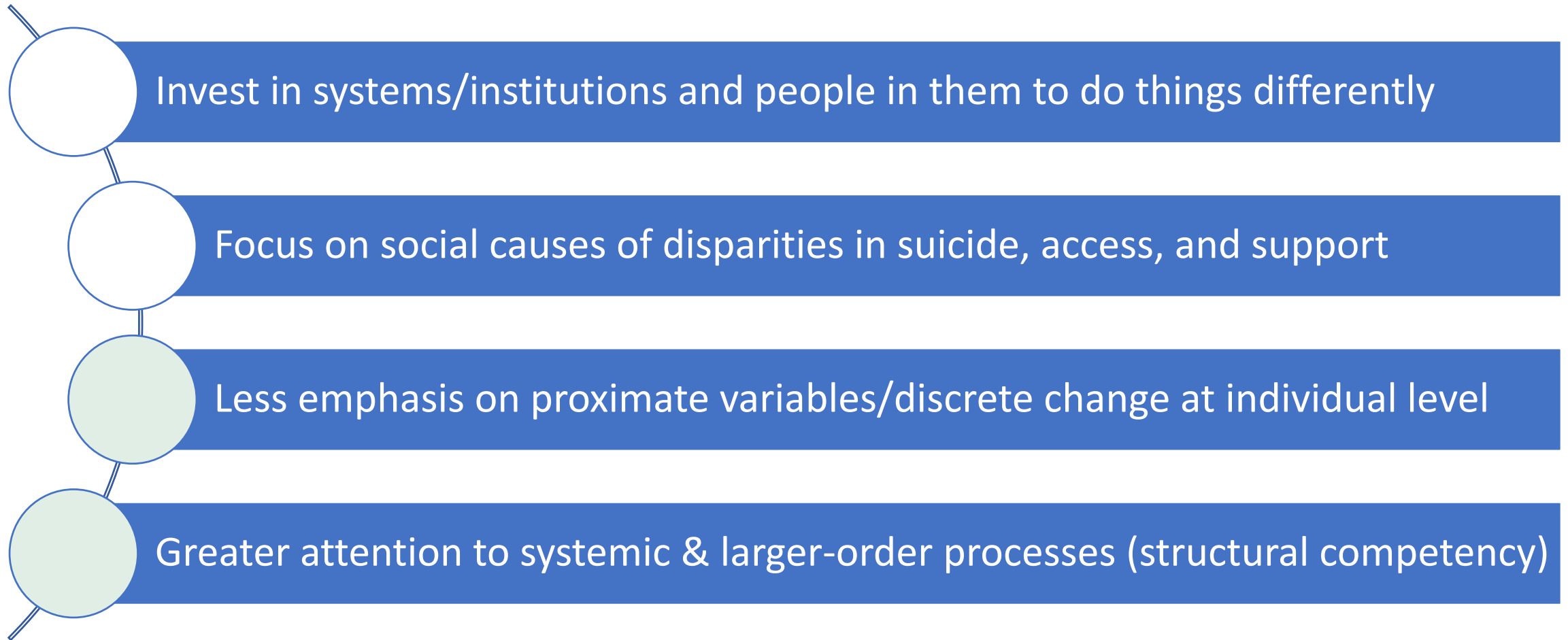


What Gets In the Way of Doing These Things



Social factors	<ul style="list-style-type: none">• Small town milieu• Fear of social backlash for being an engaged champion
Pragmatic considerations	<ul style="list-style-type: none">• Time constraints• Insufficient resources (e.g., funding for innovations)
Leadership	<ul style="list-style-type: none">• Inadequate alignment• Competing priorities shaped by state and federal mandates

Overcoming Barriers to Suicide Intervention and Prevention in Institutions





Implementation Science to Overcome Barriers

- Conceptual frameworks to guide change processes
 - Consolidated Framework for Implementation Research (CFIR)
 - Exploration, Preparation, Implementation, and Sustainment (EPIS)
- Assessment and intervention focused on multi-level factors
 - Inner context and outer context
- Implementation strategies that promote stakeholder engagement
 - Dynamic Adaptation Process and Implementation Facilitation
- Change takes time to accomplish and is iterative and essential for:
 - Delivery and instantiation of evidence-based suicide prevention and intervention
 - Reducing high rates of suicidal behaviors for health disparity populations

For Further Information



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