

Live to Tell

Finding of a Study of
Suicidal Thoughts, Feelings and Behaviours
Amongst Young Gay and Bisexual Men
in Edinburgh

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ABSTRACT

Research has consistently demonstrated that gay and bisexual men are at higher risk of suicide than the general population (Bagley & Tremblay 1997, Hershberger, Pilkington & D'Augelli 1997, Waldo, Hesson-McInnes & D'Augelli 1998, Cochrane & Mays 2000, Remafedi 2002, Paul, Catania, Pollack, Moscovitz, Canchola, Mills, Bin & Stall 2002, Skegg, Nada-Raja, Dickson, Paul & Williams 2003). However, many research studies have been conducted in America or England, have been with small convenience samples, or are now out-of-date (such as the 1978 Bell & Weinberg study). This research utilised anonymous self-completion questionnaires to investigate suicidal thoughts, feelings and behaviours amongst 95 young gay and bisexual men living and socialising in Edinburgh. The study found a disturbingly high level of suicidal thought, feeling and behaviour amongst the sample group, along with some dissatisfaction about the sources of available support. The proportion of respondents who reported suicidal thoughts and who had attempted suicide was significantly higher than that found in the general population.

INTRODUCTION

"There is not enough evidence for The Samaritans to say that being homosexual or bisexual puts someone at higher risk of suicide."

"Key Facts: Sexuality and Suicide", The Samaritans, 20 Dec 1995

"A strategic approach to suicide prevention has to be informed by drawing on, and developing, better information and evidence of what works."

**"Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland",
Scottish Executive, 2003**

This project is the first piece of research to be conducted into suicide-related thoughts, feelings and behaviours among young gay and bisexual men in Edinburgh.

*Funded by NHS Scotland (formerly the Health Education Board for Scotland) through their Mental Health Week 2002 project grants, the research was jointly conducted by **Gay Men's Health** and **LGBT Youth Scotland** (formerly Stonewall Youth Project).*

We chose to investigate this subject as there was considerable anecdotal evidence of suicide-risk and self-harm amongst the young gay and bisexual men we worked with. However, the existing research into this subject had mainly been conducted in America or England (and we could not assume that the findings from these studies would generalise to Edinburgh) or were now significantly out of date (such as the Bell & Weinberg study from 1978).

We investigated suicidal thoughts, feelings and behaviours amongst one specific group: young gay and bisexual men in Edinburgh. We chose this group for a number of reasons: i) previous research had consistently suggested higher rates of suicidal thoughts, feelings and behaviours in gay and bisexual men, ii) it was a group we had easy access to through our work and iii) it is generally known and accepted that young men are at particular risk of suicide when compared to the general population. We defined young as under 26 years of age (the maximum age for attendance at LGBT Youth Scotland groups).

This report documents our research findings, and makes some recommendations for the future.

METHODOLOGY

We wanted to gather accurate information on the proportion of young gay and bisexual men in Edinburgh who had experienced suicidal thoughts, feelings or behaviours.

Because of the potential sensitivity of this subject and the need to contact a significant number of respondents, we decided that anonymous self-completion questionnaires would be the best way of gathering a reasonable amount of information. Staff from Gay Men's Health and LGBT Youth Scotland met over several weeks to design the questionnaire and to develop appropriate research questions.

We believed that self-completion questionnaires would avoid any potential embarrassment respondents could feel disclosing their answers to another person, and the form was completely anonymous to ensure that responses could not be traced back to individual respondents.

We conducted a small pilot of the questionnaire with young people at LGBT Youth Scotland, and made adaptations based on the feedback we received and problems we encountered interpreting the pilot data. Data from the pilot was excluded from the final published data.

All the volunteer researchers were given specific training to prepare them for the practicalities of the research and to provide information on what to do should someone be suicidal or distressed. Volunteers were advised to avoid approaching anyone who was drunk, as it would be unethical for this person to participate both because of the issue of informed consent and because alcohol can increase the risk of spontaneous suicide attempts. Volunteers were accompanied by staff during the research, and at the same time a trained counsellor was available in the Gay Men's Health office to provide initial support to volunteers or respondents who were having difficulty.

Volunteers distributed and collected questionnaires in a number of gay venues in Edinburgh during Mental Health week. On Tuesday 8th October 2002 the volunteers gathered responses from people attending Vibe, a club popular with young gay and bisexual men. The majority of the useable responses came from this visit. On Friday 11th October 2002 the volunteers went round a number of venues (Habana, Planet Out and CC Blooms). A small number of questionnaires were also collected from young people attending groups at LGBT Youth Scotland.

Questionnaires were handed out along with an A4 envelope, and respondents were asked to seal their completed questionnaire in the envelope and return the sealed envelope to the volunteer researcher. All envelopes would be opened together to ensure complete anonymity for respondents.

A tear-off covering sheet accompanying the questionnaire explained the purpose of the research and provided information on sources of support, 24-hour helplines and information if people felt suicidal. This was because we were concerned that some people may be upset or in need of support at the point of completing the questionnaire and we wanted to provide information on help available. The covering sheet also explained that respondents could speak to the volunteer handing out the questionnaire if they were upset or if they wanted more information or support. 42 respondents (37.5%) took and kept the covering front-sheet.

In addition to the covering sheet, respondents could complete and return a separate form asking for information on the research findings if they wanted this. This form, which contained respondents names, addresses and email contacts was not sealed in the envelope with the questionnaire, but was handed back to the volunteer researchers, who would gather them all together so there was no way to trace responses back to individual respondents. 55 respondents (49%) asked for information on the findings to be sent to them. We had a very high response rate for the research, with only 10 people refusing to participate (92% response).

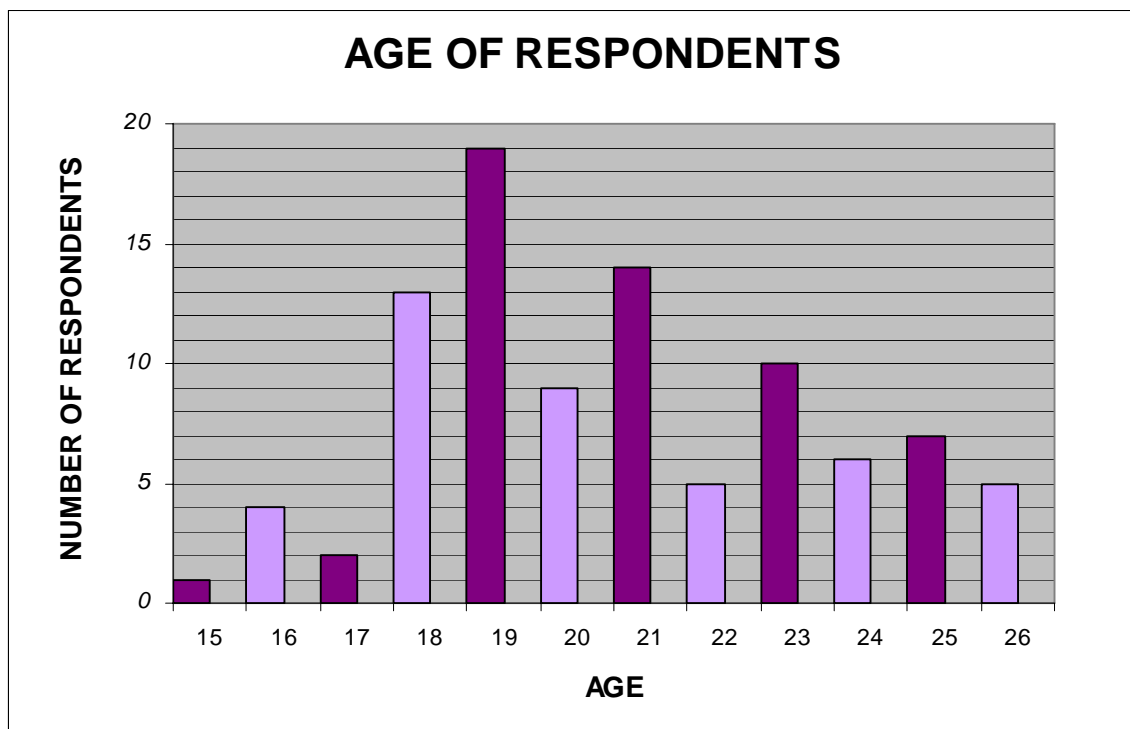
Envelopes were opened together, and findings were analysed.

112 responses were gathered in total, of which 95 were usable and 17 void. Questionnaires were unusable for the following reasons: 1 respondent had not indicated their age, 6 respondents were over 26 years of age, 7 respondents were primarily or exclusively heterosexual, 1 respondent had not indicated their sexual orientation and 2 respondents were female.

FINDINGS - INFORMATION ON RESPONDENTS

HOW OLD ARE YOU?

| Age | Number |
|-----|--------|
| 15 | 1 |
| 16 | 4 |
| 17 | 2 |
| 18 | 13 |
| 19 | 19 |
| 20 | 9 |
| 21 | 14 |
| 22 | 5 |
| 23 | 10 |
| 24 | 6 |
| 25 | 7 |
| 26 | 5 |

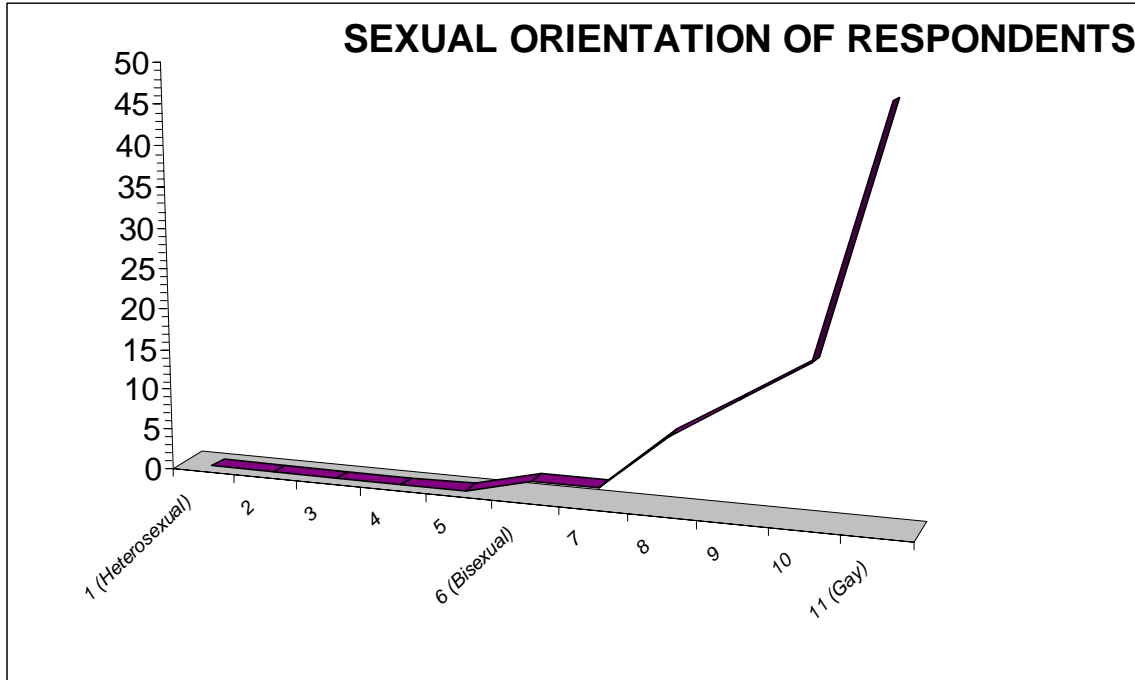


COMMENTS

Respondents were aged from 15 to 26, with the majority (58%) between 18 and 21 years of age. The average age of respondents was 20.75.

PLEASE MARK A CROSS ON THE FOLLOWING LINE WHERE YOU WOULD PLACE YOUR SEXUALITY.

| | Heterosexual | | | | | Bisexual | | | | | Gay |
|--------|--------------|---|---|---|---|----------|---|---|----|----|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Number | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 9 | 14 | 19 | 49 |

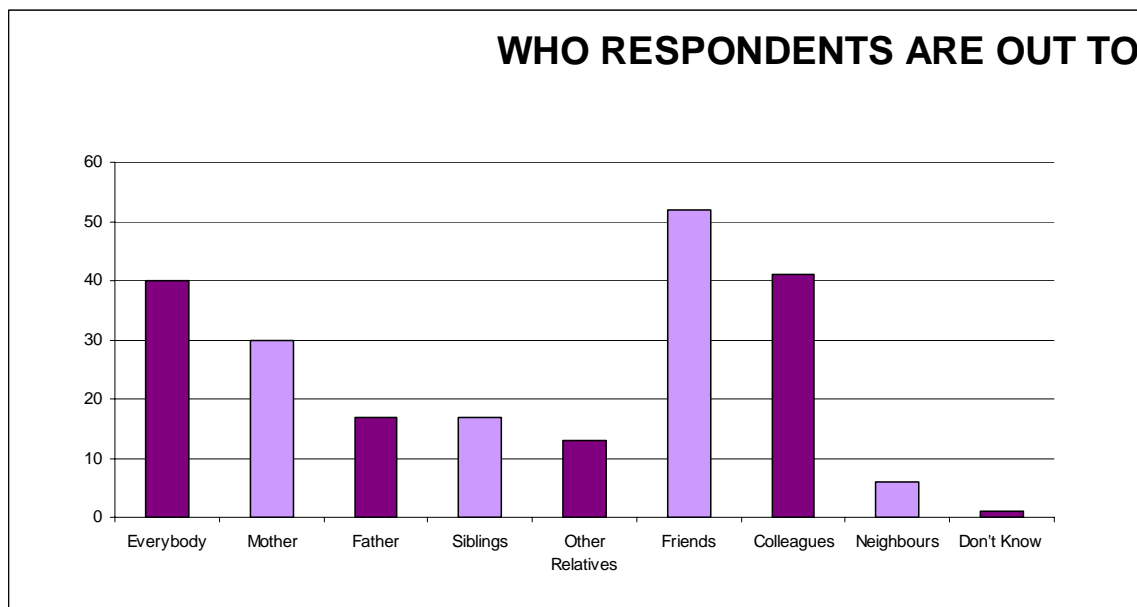


COMMENTS

Respondents were encouraged to indicate their sexuality on an 11-point scale ranging from 1 - “Completely Heterosexual (only ever attracted to the opposite sex)” to 11 - “Completely Gay (only ever attracted to the same sex)”. The majority of respondents identified as primarily or exclusively homosexual in their attraction. 4 respondents were roughly equally attracted to men and women. Seven primarily or exclusively heterosexual respondents were not included in the study. Where respondents marked between the lines, their response has been rounded up.

WHO KNOWS ABOUT YOUR SEXUAL ORIENTATION? PLEASE TICK ALL THAT APPLY.

| | |
|--|----|
| Respondents were out to everybody | 40 |
| Respondents were out to their mother | 30 |
| Respondents were out to their father | 17 |
| Respondents were out to their brothers/sisters | 17 |
| Respondents were out to other relatives | 13 |
| Respondents were out to their friends | 52 |
| Respondents were out to work or study colleagues | 41 |
| Respondents were out to their neighbours | 6 |
| Respondents who did not answer this question | 1 |



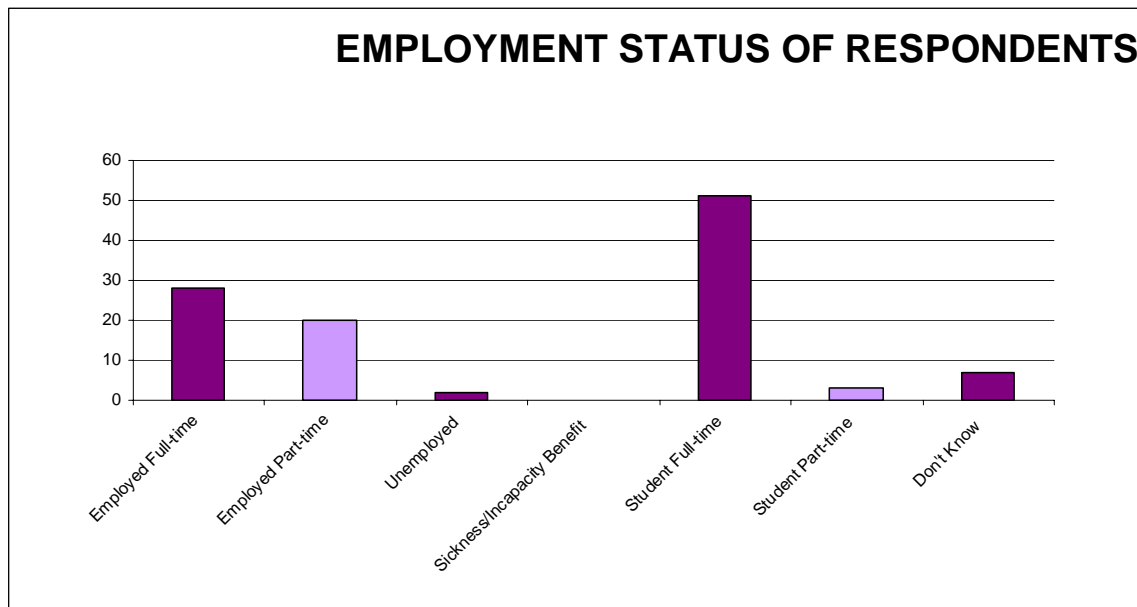
COMMENTS

42% of respondents were out to everybody, although it is obvious from the graph that a significant proportion of respondents were out to their friends and colleagues (including work colleagues and fellow students) and to their mother.

Of those who had attempted suicide, 12 were out to everyone, 10 to their mothers, 6 to their fathers, 7 to their siblings, 7 to other relatives, 14 to friends, 12 to colleagues and 1 to their neighbours. There were no significant differences between respondents who had attempted suicide and those who had not in relation to the people they were out to.

WHICH OF THE FOLLOWING BEST DESCRIBES YOU? PLEASE TICK ALL THAT APPLY. EMPLOYMENT STATUS OF RESPONDENTS

| | |
|-----------------------------------|----|
| Employed full-time | 28 |
| Employed part-time | 20 |
| Unemployed | 2 |
| On sickness or incapacity benefit | 0 |
| Full-time student | 51 |
| Part-time student | 3 |
| Employment status not indicated | 7 |



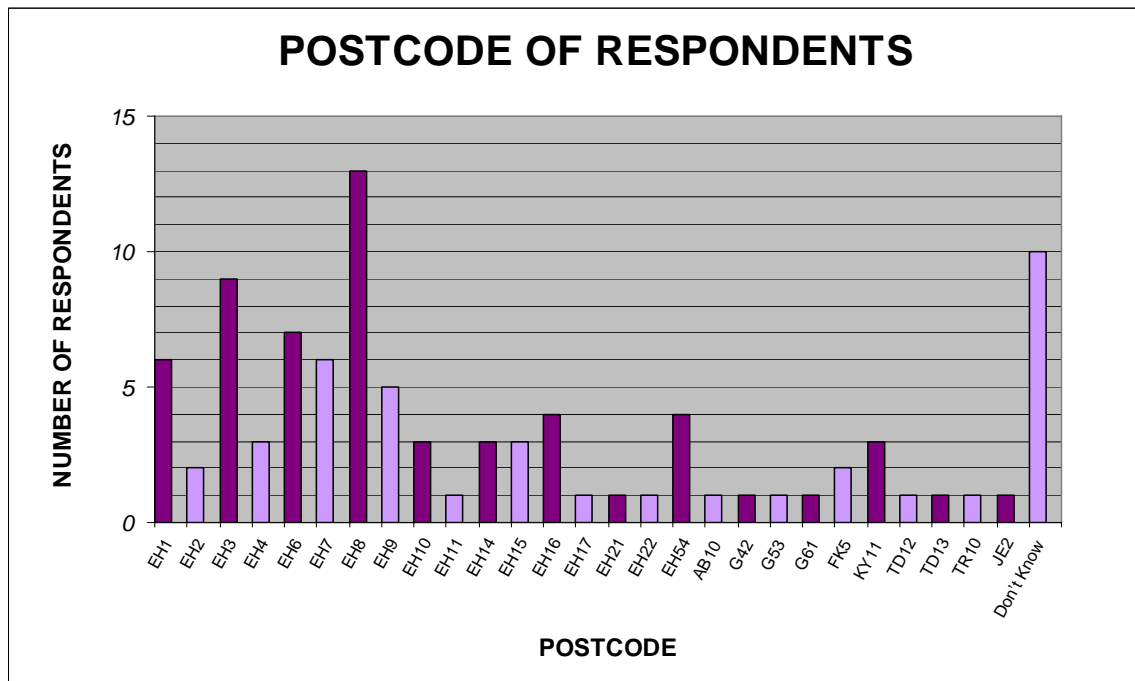
COMMENTS

The largest proportion of respondents (54%) was full-time students. Some of these students were also employed part-time. 29% of respondents were employed full-time.

Of those who had attempted suicide, 9 were in full-time employment, 4 were in part-time employment, 2 were unemployed, 0 were on sickness/incapacity benefit, 13 were full-time students and 1 was a part-time student. The numbers of the sample are too small to draw any conclusions about a potential link between employment status and attempted suicide.

WHAT IS THE FIRST PART OF YOUR POSTCODE?

| | | | |
|------|----|------------|----|
| EH1 | 6 | AB10 | 1 |
| EH2 | 2 | G42 | 1 |
| EH3 | 9 | G53 | 1 |
| EH4 | 3 | G61 | 1 |
| EH6 | 7 | FK5 | 2 |
| EH7 | 6 | KY11 | 3 |
| EH8 | 13 | TD12 | 1 |
| EH9 | 5 | TD13 | 1 |
| EH10 | 3 | TR10 | 1 |
| EH11 | 1 | JE2 | 1 |
| EH14 | 3 | Don't Know | 10 |
| EH15 | 3 | | |
| EH16 | 4 | | |
| EH17 | 1 | | |
| EH21 | 1 | | |
| EH22 | 1 | | |
| EH54 | 4 | | |



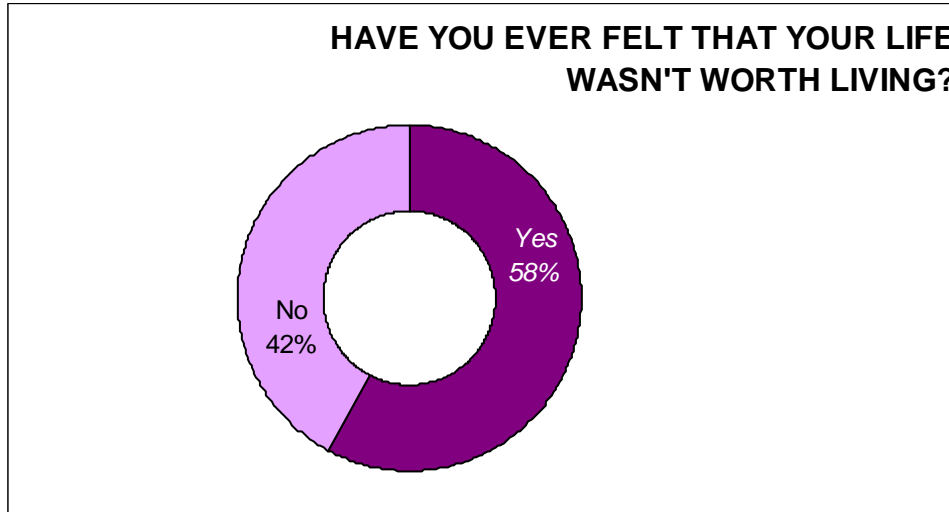
COMMENTS

The majority of respondents (76%) had an EH postcode and lived in the Edinburgh or Lothian regions. 10% of respondents did not indicate their postcode. The remainder were socialising or visiting Edinburgh from other places (Fife, Glasgow, Aberdeen etc).

QUESTIONS

HAVE YOU EVER FELT THAT YOUR LIFE WASN'T WORTH LIVING?

| | |
|-----|----|
| Yes | 55 |
| No | 40 |

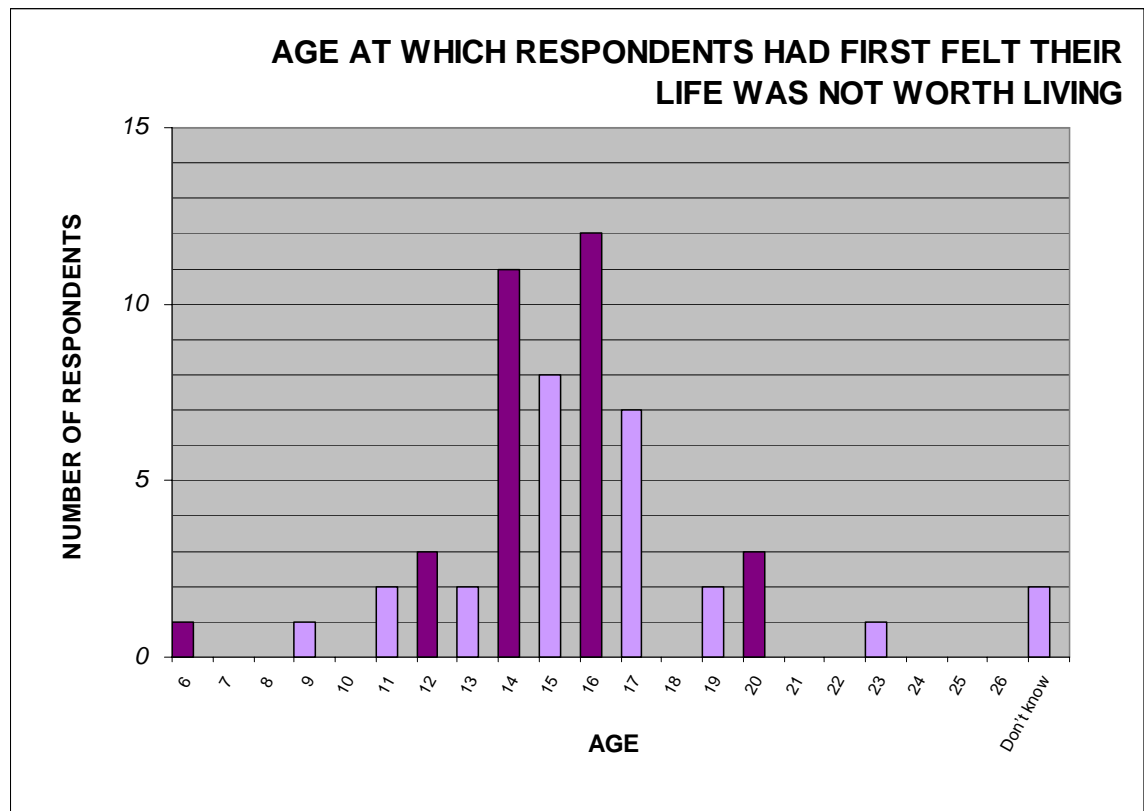


COMMENTS

The majority (58%) of respondents had, at some point, felt that their life was not worth living. We do not know how this compares with the general population.

IF YES, HOW OLD WERE YOU WHEN YOU FIRST FELT THAT WAY?

| Age | Number |
|------------|--------|
| 6 | 1 |
| 7-8 | 0 |
| 9 | 1 |
| 10 | 0 |
| 11 | 2 |
| 12 | 3 |
| 13 | 2 |
| 14 | 11 |
| 15 | 8 |
| 16 | 12 |
| 17 | 7 |
| 18 | 0 |
| 19 | 2 |
| 20 | 3 |
| 21-22 | 0 |
| 23 | 1 |
| 24-26 | 0 |
| Don't know | 2 |

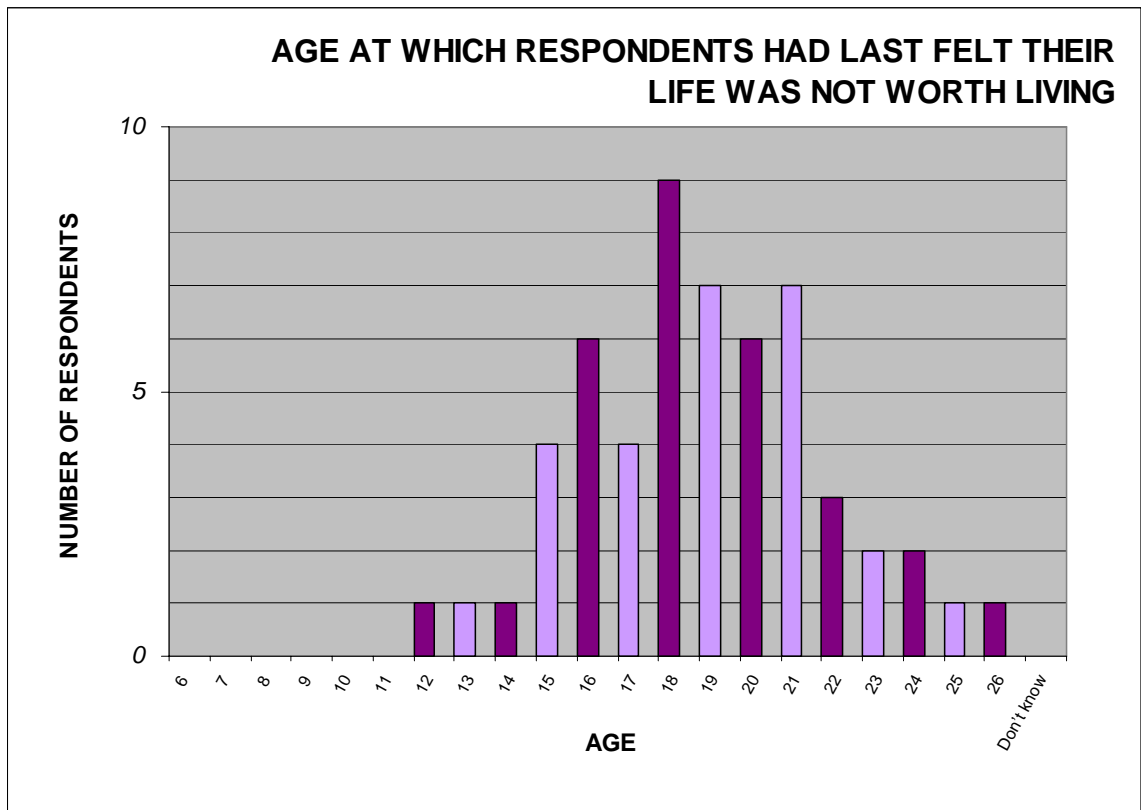


COMMENTS

As you can see from the graph above, there is a sharp rise in the number of people who first felt that their life was not worth living at age 14. This continues to the age of 17, suggesting that these may be periods of particular distress for young gay and bisexual men.

IF YES, HOW OLD WERE YOU WHEN YOU LAST FELT THAT WAY?

| Age | Number |
|------------|--------|
| 6-11 | 0 |
| 12 | 1 |
| 13 | 1 |
| 14 | 1 |
| 15 | 4 |
| 16 | 6 |
| 17 | 4 |
| 18 | 9 |
| 19 | 7 |
| 20 | 6 |
| 21 | 7 |
| 22 | 3 |
| 23 | 2 |
| 24 | 2 |
| 25 | 1 |
| 26 | 1 |
| Don't know | 0 |



COMMENTS

The graph for when people last felt their life was not worth living is more evenly distributed, suggesting that there is a sharp rise in the number of people who feel their life is not worth living from age 14, and that these feelings can continue for a number of years in some individuals. Bearing in mind that the age of some of our respondents was lower than 26, we checked to see how many respondents had felt suicidal within the last year (comparing their current age to the age at which they had last felt suicidal). **37 respondents (39% of total respondents) had felt their life was not worth living within the last year.** This compares to 3.9% of the general population who considered suicide in the past year (National Statistics 2002).

HOW LONG DID YOU FEEL THIS WAY FOR?

| Number of years | Number |
|-----------------|--------|
| 1 | 22 |
| 2 | 7 |
| 3 | 2 |
| 4 | 3 |
| 5 | 4 |
| 6 | 6 |
| 7 | 5 |
| 8 | 1 |
| 9 | 1 |
| 10 | 1 |
| 11 | 0 |
| 12 | 1 |
| 13 | 1 |
| 14-19 | 0 |
| 20 | 1 |

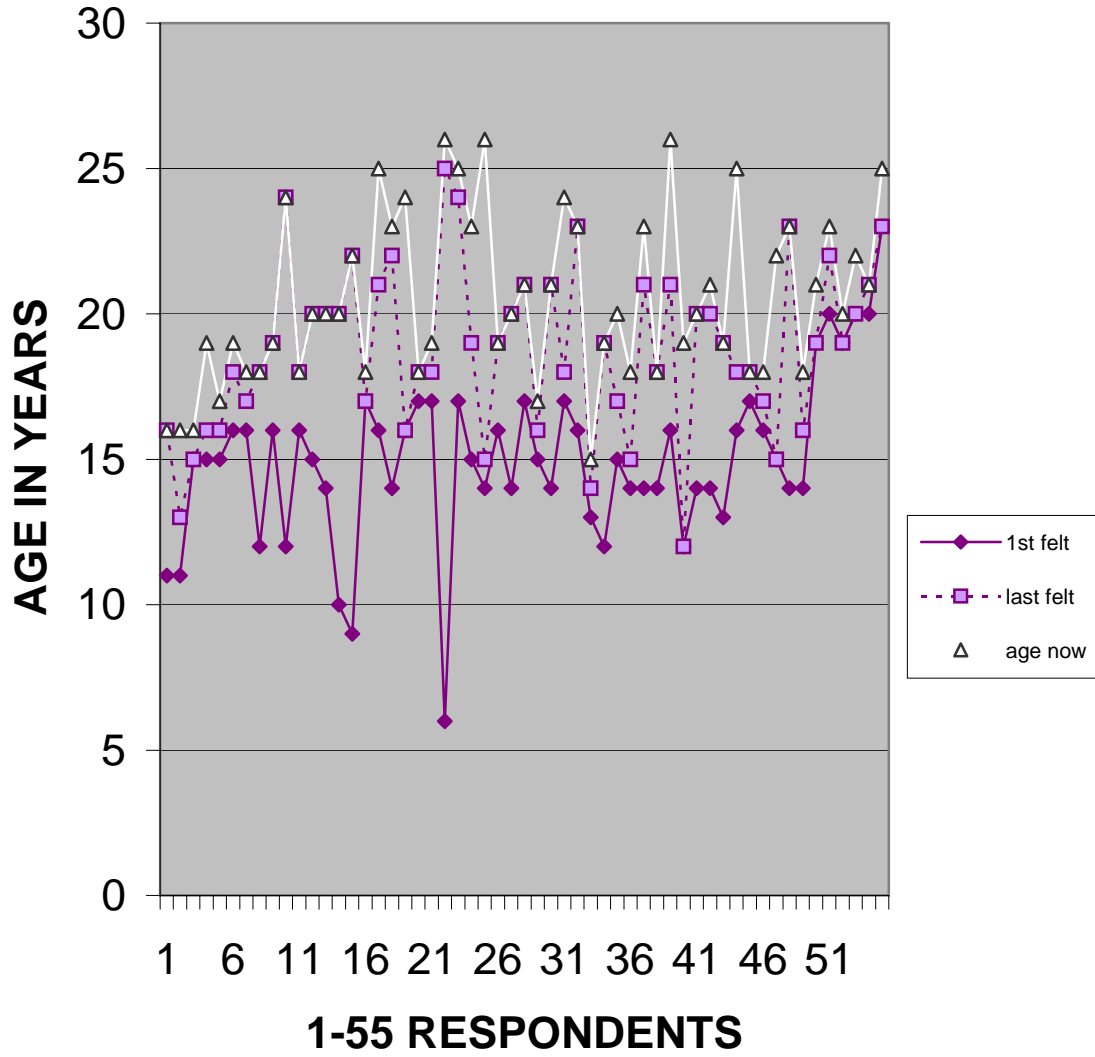
COMMENTS

58% of respondents had at some point felt that their life was not worth living. When this was examined in more detail it emerged that 23% of total respondents had spent up to one year feeling that their lives were not worth living while **27% of total respondents had spent three or more years feeling that their lives were not worth living.**

The graph overleaf shows each of the 55 respondents who had felt their life was not worth living, the age at which they first had these feelings, the age at which they last had these feelings and their age now.

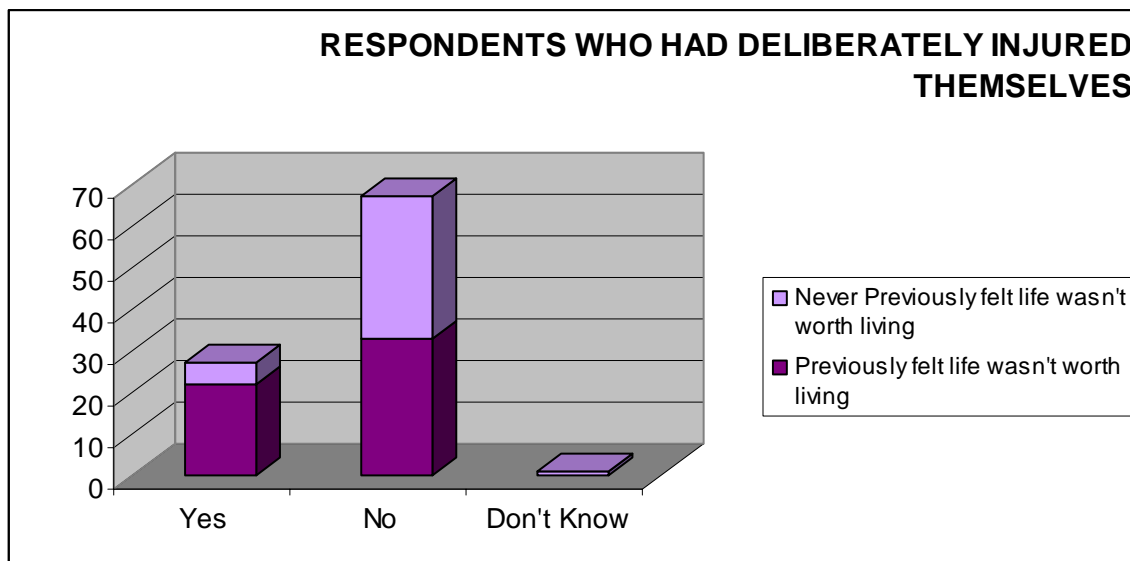
We noted a general pattern that the earlier the feelings began the longer the period of feeling life was not worth living lasted.

CHART SHOWING EACH INDIVIDUAL RESPONDENT WHO FELT LIFE WAS NOT WORTH LIVING



HAVE YOU EVER DELIBERATELY INJURED YOURSELF WITHOUT WANTING TO TAKE YOUR OWN LIFE?

| Ever Deliberately Injured Self? | Number | Felt Life Not Worth Living |
|---------------------------------|--------|----------------------------|
| Yes | 27 | 22 |
| No | 67 | 33 |
| Don't know | 1 | 0 |



COMMENTS

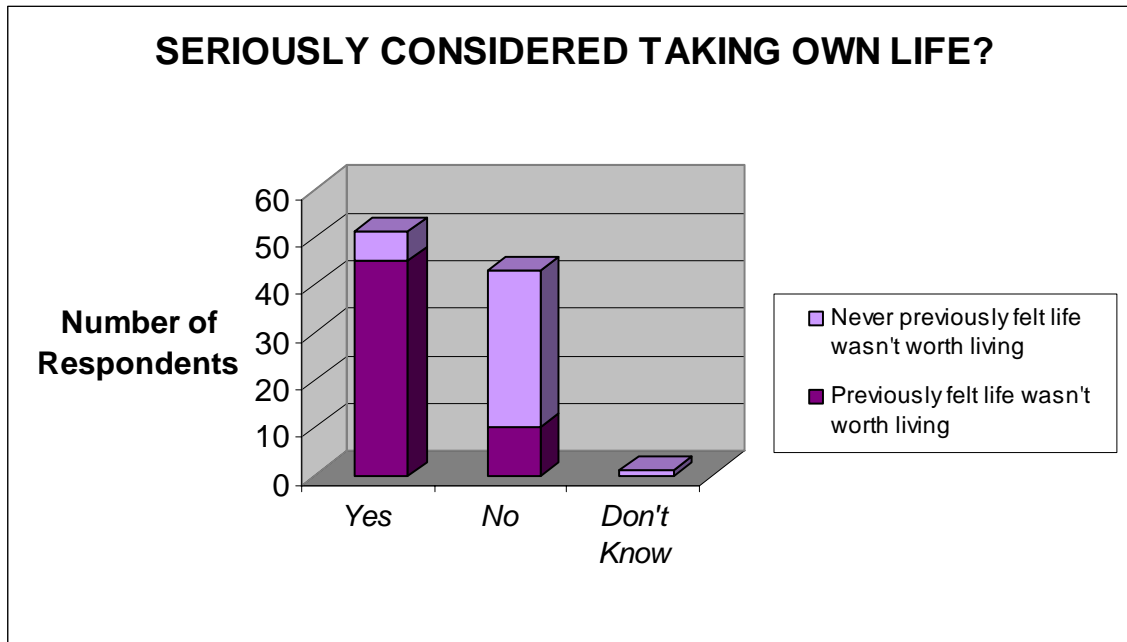
28% of young gay/bisexual men have deliberately injured themselves without wanting to take their own life. 81% of the respondents who deliberately injured themselves had at some point felt their life was not worth living (23% of total respondents).

2% of men in the general population have deliberately harmed themselves without suicidal intent (Office for National Statistics 2002), although this was higher amongst the younger men sampled (up to 5% of the youngest age group).

Young gay and bisexual men are therefore 14 times more likely to deliberately injure themselves than men in the general population, and 5.6 times more likely to deliberately injure themselves than young men in the general population.

HAVE YOU EVER SERIOUSLY CONSIDERED TAKING YOUR OWN LIFE?

| Seriously Considered Taking Life | Number | Previously Felt Life Was Not Worth Living |
|----------------------------------|--------|---|
| Yes | 51 | 45 |
| No | 43 | 10 |
| Don't know | 1 | 0 |



COMMENTS

54% of respondents had seriously considered taking their life at some point, the majority of whom (88%) had previously felt that their life wasn't worth living. This compares to 13% of men in the general population who have ever considered suicide (Office for National Statistics 2002).

Young gay and bisexual men are therefore 4.1 times more likely to have seriously considered suicide than the general population.

23% of the respondents who had never seriously considered taking their own life had previously felt their life was not worth living.

AT THE WORST PERIOD, HOW OFTEN DID YOU CONSIDER TAKING YOUR OWN LIFE?

| | |
|---------------------|----|
| Don't Know | 1 |
| Every Day | 17 |
| Roughly Once a Week | 6 |
| Roughly Fortnightly | 8 |
| Roughly Monthly | 5 |
| Other | 14 |

Other Responses

- "3 times in 5 years"*
- "When I fell out with someone"*
- "Once when bad stuff happened"*
- "Once"*
- "When boyfriend left me"*
- "There have been 3 times in total"*
- "When I was twelve"*
- "Three times seriously"*
- "For a period of approximately six months"*
- "Once a year"*
- "Every now and then"*
- "Whenever I felt stressed out"*
- "Once only"*
- "Once a year maybe"*

COMMENTS

A significant proportion of respondents seriously considered taking their life every day during the worst period.

HOW OFTEN DO YOU CONSIDER TAKING YOUR OWN LIFE NOW?

| | |
|-----------------------|----|
| Don't Know | 1 |
| Never | 26 |
| Every Day | 0 |
| Every Week | 2 |
| Every Couple of Weeks | 6 |
| Every Month | 6 |
| Other | 10 |

Other Responses

"Whenever feeling really low"

"Occasionally"

"Once"

"Last time was two days ago"

"Infrequently"

"Every six months"

"Every now and then"

"Not very often – a couple of times"

"Whenever I felt stressed out"

"Once a year maybe"

COMMENTS

51% of respondents who had previously seriously considered taking their own life now no longer considered suicide (27% of total respondents). However, **15% of total respondents still seriously considered suicide at least once a month, and 39% of total respondents had felt their life was not worth living in the last year.** 10% of total respondents still seriously considered suicide on an occasional, infrequent basis.

WHAT WERE YOUR REASONS FOR WANTING TO TAKE YOUR OWN LIFE?

"Just very depressed"

"Sexual abuse. Fear of being gay."

"Thought no-one would want to know me, everyone would disown me."

"Nobody could accept me."

"Lack of understanding."

"Bullying at school"

"More freedom"

"Life was going wrong. Some of my friends weren't being good friends when I needed it."

"Things and problems were causing so much stress I couldn't bear it much longer."

"Don't know."

"Mother committed suicide. Nothing to do with sexuality."

"Couldn't handle my parents."

"I was gay."

"Police."

"I felt like shit."

"Boredom, loneliness – everyone just wants sex – unsupportive environment."

"Various – work, money, family troubles."

"I felt isolated and alone – depressed."

"Boyfriend I loved left me."

"Bullying at school of effeminacy."

"Bullying."

“Depressed. Loved someone who didn’t love me.”

“I could not find a single rational reason for living (most recently). Before then was because I wanted to hurt others as much as I had been hurt.”

“I was sexually abused as a child, my nephew was killed on Xmas eve. I was raped when I was 16. No family. My closest family member died last year.”

“Split with first love.”

“Coming out issues – hateful parent.”

“Medical illness and sexuality and parental denial.”

“Depression, teenage angst.”

“Guilt over sexuality to parents.”

“Felt too stressed and couldn’t cope.”

“Attention, not because I was gay.”

“Stress, pressure, feeling ‘odd’ and not normal.”

“I get more and more depressed until I end up hating myself and my life and well everything.”

“Family, job, sexuality, looks, body.”

“Feeling bad about myself, looks etc. General gay scene stuff.”

“Best friend died – couldn’t cope. Gran died: very close to both.”

“Friend pressures.”

“Failure at university.”

“Mental illness.”

“Sense of isolation and indifferent hostility.”

“Self-loathing.”

“Relationship trouble.”

“Career, homelife, work.”

“Did not feel normal, as all my friends wanted women and I did not.”

“Loneliness, isolation, feeling I didn’t belong, could never be open, denial about being gay. Internal pain.”

“Childhood trauma.”

“Depression and?”

“Depression, hassle of relationships, being single.”

“Involved with too many guys and couldn’t cope with anything.”

”Ex-boyfriends - not very nice.”

COMMENTS

Comments above are printed exactly as they were written.

There are a number of main themes which emerge from the reasons why people wanted to take their own life. The figures below are taken from issues specifically mentioned by respondents.

Sexual orientation was mentioned by eight respondents

Depression was mentioned by seven respondents

Relationship difficulties were mentioned by seven respondents

Difficulties with family were mentioned by five respondents

Bereavement was mentioned by four respondents

Problems with work, study or finances were mentioned by four respondents

Isolation or loneliness was mentioned by four respondents

Lack of acceptance was mentioned by three respondents

Bullying was mentioned by three respondents

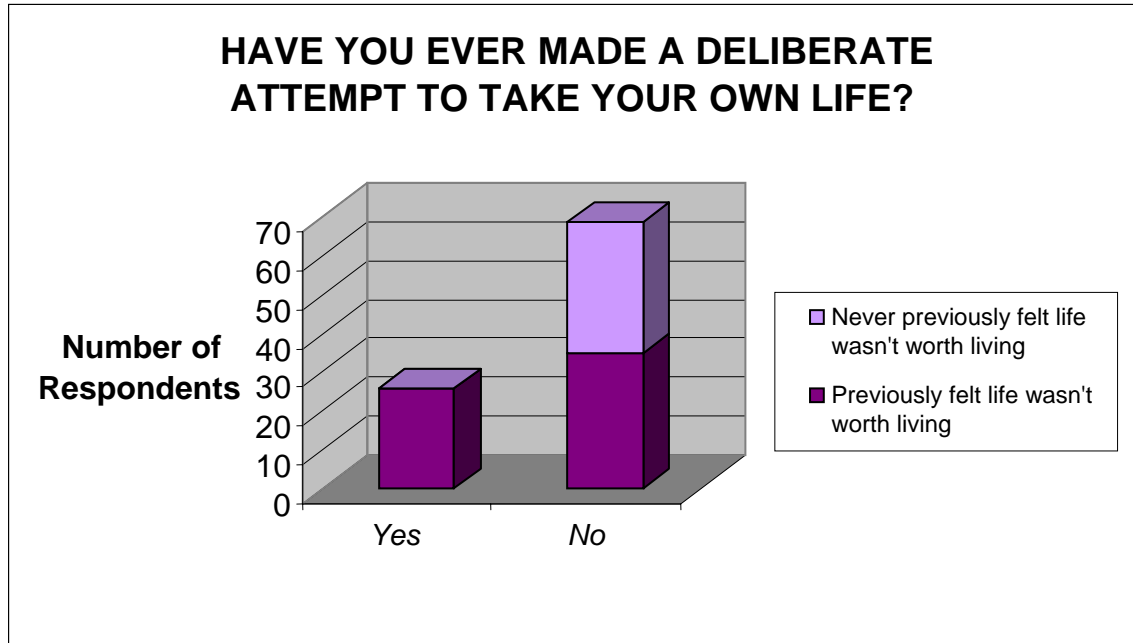
Sexual abuse was mentioned by two respondents

Problems with personal appearance were mentioned by two respondents

There are a number of key issues which require further investigation to establish links with possible suicidal feelings.

HAVE YOU EVER MADE A DELIBERATE ATTEMPT TO END YOUR LIFE?

| | |
|-----|----|
| Yes | 26 |
| No | 69 |



COMMENTS

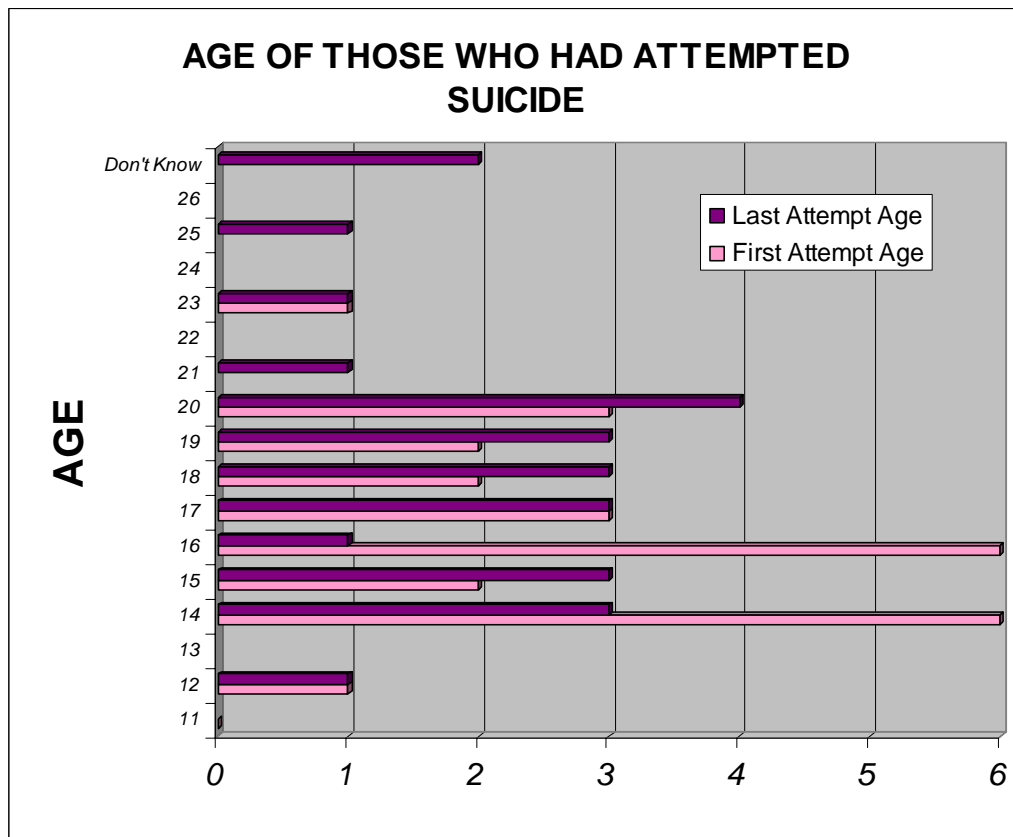
27% of respondents had attempted suicide. 54% of respondents who had attempted suicide had at some point deliberately injured themselves without wanting to take their own life.

48% of respondents who had not attempted suicide had never felt that life wasn't worth living and never seriously considered taking their own life. 45% of respondents who had never attempted suicide had at some point felt their life was not worth living.

27% of young gay/bisexual men have attempted suicide compared to 4% of the general population (Office for National Statistics 2002). **Young gay and bisexual men are therefore 6.7 times more likely to attempt suicide than the general population.**

**HOW OLD WERE YOU WHEN YOU FIRST TRIED TO END YOUR LIFE? /
HOW OLD WERE YOU WHEN YOU LAST TRIED TO END YOUR LIFE?**

| Age | First Attempt | Last Attempt |
|------------|---------------|--------------|
| 11 | 0 | 0 |
| 12 | 1 | 1 |
| 13 | 0 | 0 |
| 14 | 6 | 3 |
| 15 | 2 | 3 |
| 16 | 6 | 1 |
| 17 | 3 | 3 |
| 18 | 2 | 3 |
| 19 | 2 | 3 |
| 20 | 3 | 4 |
| 21 | 0 | 1 |
| 22 | 0 | 0 |
| 23 | 1 | 1 |
| 24 | 0 | 0 |
| 25 | 0 | 1 |
| 26 | 0 | 0 |
| Don't Know | 0 | 2 |

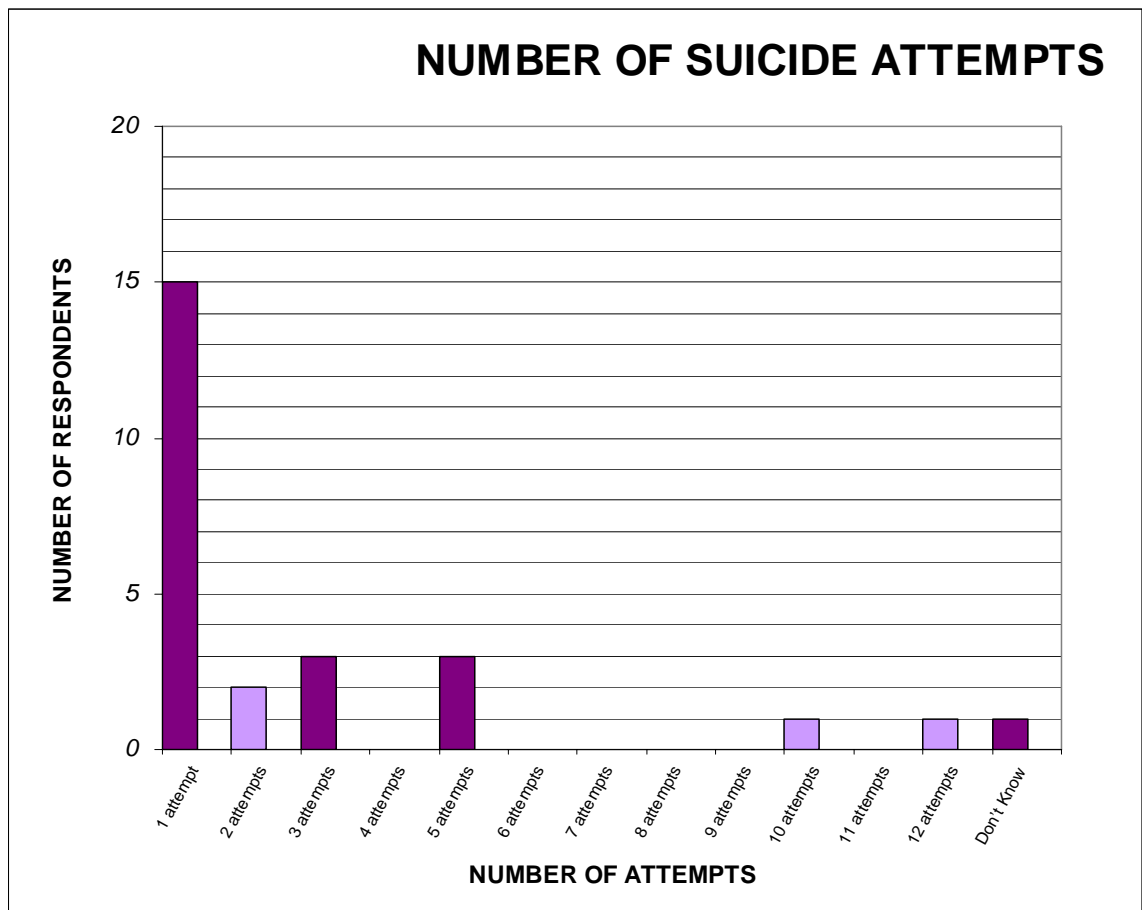


COMMENTS

Again, there was a sharp increase in first suicide attempts at age 14, which mirrors the increase found for when respondents had first felt their life was not worth living. **First attempts were most common in the 14 to 20 age group.**

HOW MANY TIMES HAVE YOU MADE A DELIBERATE ATTEMPT TO END YOUR LIFE?

| | |
|-------------|----|
| 1 attempt | 15 |
| 2 attempts | 2 |
| 3 attempts | 3 |
| 4 attempts | 0 |
| 5 attempts | 3 |
| 6 attempts | 0 |
| 7 attempts | 0 |
| 8 attempts | 0 |
| 9 attempts | 0 |
| 10 attempts | 1 |
| 11 attempts | 0 |
| 12 attempts | 1 |
| Don't Know | 1 |

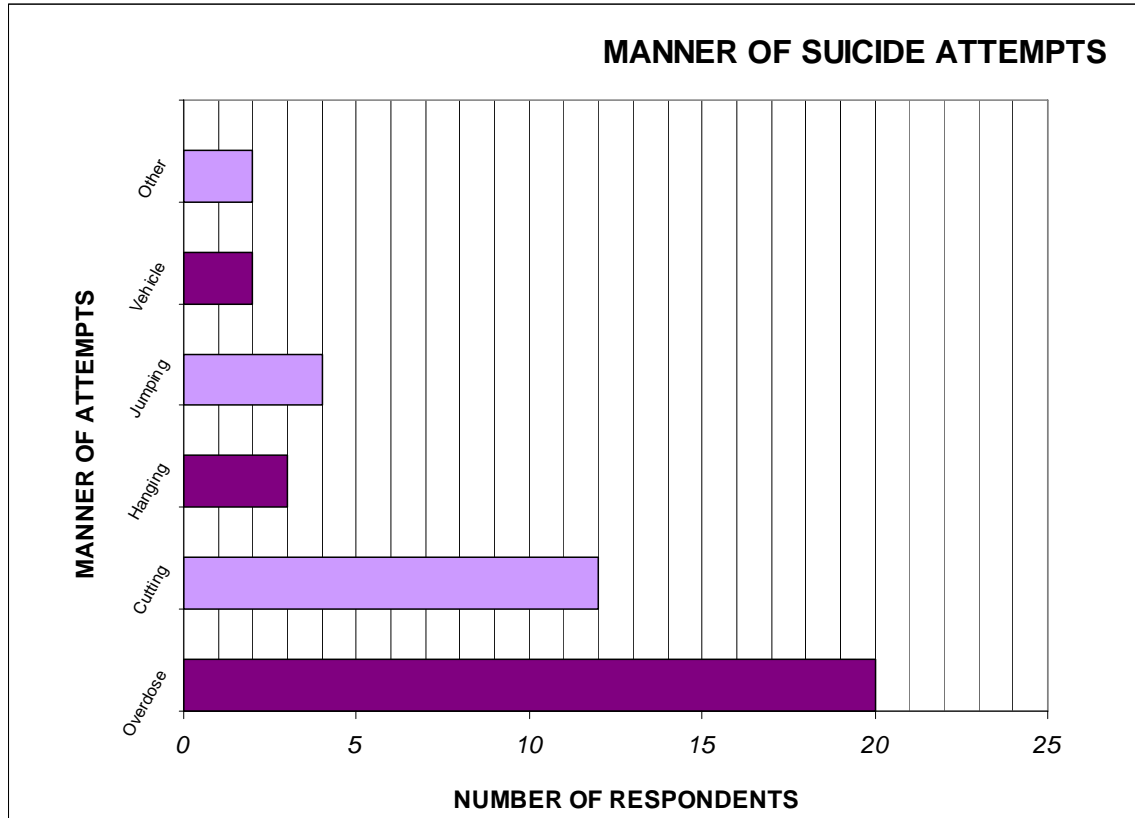


COMMENTS

The majority of respondents who attempted suicide made only one attempt (58%). 35% made three or more attempts. **23% of those who attempted suicide made five or more attempts.**

HOW DID YOU ATTEMPT TO END YOUR LIFE?

| | |
|----------|----|
| Overdose | 20 |
| Cutting | 12 |
| Hanging | 3 |
| Jumping | 4 |
| Vehicle | 2 |
| Other | 2 |



COMMENTS

Chemical overdose was the main method used by respondents to attempt to end their life, followed by cutting.

IF YOU HAVE HAD SUICIDAL FEELINGS, WHO DID YOU TALK TO ABOUT THEM, AND HOW HELPFUL WERE THEY?

CHART 1 – THOSE WHO HAD MADE A DELIBERATE ATTEMPT TO END THEIR LIFE

| | Very unhelpful | Unhelpful | Made No Difference | Helpful | Very Helpful |
|---------------------|----------------|-----------|--------------------|---------|--------------|
| No-one | 5 | 1 | 7 | 1 | 2 |
| Friends | 2 | 1 | 6 | 3 | 5 |
| Family | 5 | 2 | 3 | 2 | 2 |
| Colleagues | 2 | 0 | 3 | 0 | 1 |
| Partner | 4 | 0 | 2 | 0 | 1 |
| Samaritans | 4 | 0 | 3 | 0 | 0 |
| Switchboard | 3 | 0 | 3 | 0 | 1 |
| LGBT Youth Scotland | 3 | 0 | 3 | 0 | 1 |
| Gay Men's Health | 4 | 0 | 3 | 0 | 0 |
| Young People's Unit | 2 | 1 | 3 | 1 | 0 |
| Counsellor | 3 | 2 | 4 | 1 | 0 |
| Psychiatrist | 5 | 2 | 2 | 2 | 0 |
| Psychiatric Nurse | 4 | 0 | 3 | 0 | 0 |
| Childline | 0 | 1 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 |

CHART 2 – THOSE WHO HAD NOT MADE A DELIBERATE ATTEMPT TO END THEIR LIFE BUT HAD SERIOUSLY CONSIDERED

| | Very unhelpful | Unhelpful | Made No Difference | Helpful | Very Helpful |
|---------------------|----------------|-----------|--------------------|---------|--------------|
| No-one | 6 | 3 | 3 | 0 | 1 |
| Friends | 1 | 1 | 3 | 5 | 3 |
| Family | 1 | 1 | 3 | 2 | 1 |
| Colleagues | 1 | 0 | 1 | 2 | 2 |
| Partner | 0 | 0 | 1 | 2 | 1 |
| Samaritan | 2 | 0 | 1 | 1 | 0 |
| Switchboard | 0 | 0 | 0 | 3 | 1 |
| LGBT Youth Scotland | 0 | 0 | 0 | 2 | 0 |
| Gay Men's Health | 0 | 0 | 0 | 1 | 0 |
| Young People's Unit | 0 | 0 | 0 | 1 | 0 |
| Counsellor | 1 | 0 | 0 | 3 | 0 |
| Psychiatrist | 1 | 0 | 0 | 1 | 0 |
| Psychiatric Nurse | 1 | 0 | 0 | 1 | 0 |
| Childline | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 1 | 0 | 0 |

COMMENTS

Those respondents who had made a deliberate attempt to end their life seemed to find very little helpful, although they had approached numerous sources of professional support. In comparison, those who had seriously considered suicide but had not gone on to attempt seemed to find more helpful support, particularly from friends, family, colleagues and Switchboard.

23% of respondents who had attempted suicide had sought help from no-one regarding their distress.

8% of respondents were unclear whether they had sought any particular help.

69% of respondents had spoken to some-one about their suicidal feelings.

31% of respondents who had attempted suicide had seen a specialist medical service, such as a psychiatrist or counsellor (compared to 30% of the general population) and 65% had spoken to friends or family (compared to 25% of the general population).

SUMMARY OF MAIN FINDINGS

- *58% of respondents had, at some point, felt that their life was not worth living.*
- *There is a sharp rise in the number of people who first felt that their life was not worth living at age 14. This continues to the age of 17, suggesting that these may be periods of particular distress for young gay and bisexual men.*
- *39% of respondents had felt their life was not worth living within the last year.*
- *Young gay and bisexual men are 14 times more likely to deliberately injure themselves without suicidal intent than men in the general population, and 5.6 times more likely than young men in the general population. 28% of respondents had at some point deliberately injured themselves with no suicidal intent. This compares to 2% of men in the general population.*
- *Young gay and bisexual men are 4.1 times more likely to have seriously considered suicide than men in the general population. 54% of respondents had seriously considered taking their own life, compared to 13% of men in the general population who have ever considered suicide.*
- *51% of respondents who had previously considered suicide now no longer felt suicidal. However, 15% of respondents still seriously considered suicide at least once a month.*
- *Sexual orientation, depression, relationship problems and difficulties with family were the main reasons given by respondents for wanting to take their life.*
- *Young gay and bisexual men are 6.7 times more likely to attempt suicide than the general population. 27% of young gay/bisexual men have attempted suicide compared to 4% of the general population.*
- *54% of respondents who had attempted suicide had at some point deliberately injured themselves without wanting to take their own life.*
- *Suicide attempts were most common in those young gay/bisexual men aged 14 to 20.*
- *58% of those who had attempted suicide made only one attempt. 35% had made three or more attempts. 23% made five or more attempts.*
- *The majority of suicide attempts were by means of chemical overdose or cutting.*
- *Respondents who had made a deliberate attempt to end their life found the available professional support generally unhelpful.*

CONCLUSIONS

Young gay and bisexual men in Edinburgh are clearly at disproportionately high risk of attempting suicide and of self-harming when compared with the general population. Many of the causes are the same as for the general population of young people; money, work, relationship trouble and so on. However, young gay and bisexual men may experience increased suicidal feelings because of homophobic bullying, rejection and hostility when they come out, the stress of remaining 'closeted' or of not being comfortable about their sexual orientation.

It is important to remember that it is the social oppression that young gay and bisexual men live under in our society that needs to be challenged, not their sexuality itself. Evidence suggests that gay and bisexual men using mental health services can find that their sexual orientation is thought of as the problem instead of social oppression, personal difficulties or environmental issues. The tendency to pathologise Lesbian, Gay, Bisexual and Transgender people has been outlined in a recent large-scale research study by Mind (King & McKeown, 2003). This discrimination creates barriers to accessing services and may go some way to help explain why young gay and bisexual men find services so unhelpful.

Additionally, we wonder if the potential sources of support available to young gay and bisexual men are not generally viewed as helpful because they come too late or because they provide the wrong type of help. There needs to be a closer look at how young gay and bisexual men want to be supported.

Young gay and bisexual men should clearly be considered as a priority group for further research and for targeted work to reduce the risk of self-harm or suicide. Unfortunately they are not mentioned as a priority group in "Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland". We consider this to be a serious omission, particularly in the light of our research findings, and hope this will be remedied.

RECOMMENDATIONS

PREVENTION OF MENTAL DISTRESS

- *Early intervention to prevent problems before they become unbearable.*
- *Provide individual, family and relationship therapy and other forms of support to young gay and bisexual men.*
- *Provide support to friends and family who are supporting young people with suicidal feelings.*
- *Develop initiatives to challenge institutional and social homophobia and heterosexism.*

INFORMATION ON SOURCES OF SUPPORT

- *Campaign to raise awareness of sources of support for young gay and bisexual men in distress.*

TRAINING FOR PROFESSIONALS

- *Provide appropriate training to mental health professionals and others likely to be approached by suicidal gay and bisexual men. Specifically, there is a need to develop mental health services which do not pathologise Lesbian, Gay, Bisexual and Transgender people's sexual orientation or gender identity.*
- *Develop training programmes and appropriate policy frameworks to challenge homophobic bullying in schools.*

FURTHER RESEARCH

- *We strongly recommend further research into the mental health needs of LGB and T people. Specifically, we would like to see further research into suicidal thoughts, feelings and behaviours, preferably with a much larger sample and using the same questions as were used for the "Non-fatal suicidal behaviour among adults aged 16 to 74 in Great Britain", with a control group of young heterosexual men. This would allow much more accurate comparison with the general population.*
- *We particularly need to investigate the appropriateness of existing services which currently appear to be failing young gay and bisexual men. We need to know what works and what doesn't for this population.*
- *Make young gay and bisexual men a priority group for further research and for specific targeted interventions regarding suicide and self-harm.*

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