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Communication and support as suicide prevention for LGBTQIA2S+ youth: perspectives of professionals, parents, and youth

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ABSTRACT

Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and two-spirit (LGBTQIA2S+) youth experience higher rates of suicide than their heterosexual and cisgender peers. Our study sought the perspectives of LGBTQIA2S+ youth, parents, and professionals to identify ways to better communicate about and interact with LGBTQIA2S+ youth as a form of suicide prevention. We conducted 22 key informant interviews with professionals and four focus groups with LGBTQIA2S+ young adults and parents of LGBTQIA2S+ youth between October 2022 and January 2023. Data were analyzed using thematic and content analysis. Two main themes emerged: (1) the importance of positive messaging when talking about LGBTQIA2S+ youth and (2) everyone has a role to play in creating supportive and affirming environments. Participants explained how positive messaging can help decrease risk, with many professionals pointing to the platform they have for making a large-scale impact. Professionals, parents, and youth all described the unique roles that people can play in supporting and affirming LGBTQIA2S+ youth, many of which are simple and actionable. Together, our findings demonstrate how positive messaging and community-based support for LGBTQIA2S+ youth may help promote mental well-being and suggest a need for targeted education and guidance to improve communication with and about LGBTQIA2S+ youth.

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Introduction

Mental health and suicide risk are significant concerns for youth in the United States. According to the Centers for Disease Control and Prevention (CDC), the number of high school students with suicidal thoughts or behaviors increased significantly over the last decade. For example, 22%

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reported serious thoughts of suicide in 2021 compared to 16% in 2011, and 10% reported having attempted suicide in 2021 compared to 8% in 2011 (CDC, 2023). The COVID-19 pandemic further increased risk, with 5568 youth dying by suicide in the first 10 months of the pandemic alone (Bridge et al., 2023). The U.S. Surgeon General recognized the risk among youth, issuing an advisory on youth mental health in 2021 that included a call to action for community-wide efforts to promote positive mental health (The U.S. Surgeon General, 2021).

Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and two-spirit (LGBTQIA2S+) youth are at higher risk for suicide and other mental health concerns than their heterosexual and cisgender peers. According to the Youth Risk Behavior Survey, 69% of LGBTQ+ youth reported feeling persistently sad and hopeless compared to 35% of their heterosexual peers and are three times as likely to think about suicide (CDC, 2023). The Trevor Project's annual survey of 28,000 LGBTQ+ young people revealed that 41% of LGBTQ+ youth seriously considered attempting suicide, including half of the sample of transgender and nonbinary (TNB) youth. The same survey found that 14% attempted suicide in 2022, including nearly 1 in 5 TNB youth (The Trevor Project, 2023).

Many factors contribute to increased risk of suicide among LGBTQIA2S+ youth including higher rates of anxiety, depression, substance use, discrimination, stigma, bullying, violence, and loneliness; lower levels of acceptance and social support; and lower ratings of overall health than their heterosexual and cisgender peers (Kosciw et al., 2022). The Trevor Project found that only 38% of LGBTQ young people found their homes to be affirming, and over half (56%) who wanted mental health care were unable to access it. Furthermore, 27% of TNB youth reported being physically threatened or harmed due to their gender identity (The Trevor Project, 2023), and 80% of trans respondents experienced mistreatment and negative experiences in school settings (James et al., 2024). Although schools are intended to be a safe space for youth, many LGBTQIA2S+ youth describe the environment as hostile, with the overwhelming majority feeling unsafe due to frequently hearing anti-LGBTQIA2S+ language and experiencing victimization and discrimination (Kosciw et al., 2022).

While multiple interventions aim to prevent suicide and promote mental well-being among youth, few are specifically tailored for LGBTQIA2S+ youth (Bochicchio et al., 2022). Making matters worse, the current political climate is hindering the development and implementation of LGBTQIA2S+-specific approaches and interventions in many areas of the country (Kline et al., 2022), leaving organizations and government entities to resort to broader youth-focused interventions instead. These limitations make effective communication and safe spaces ever more important in preventing suicide and promoting mental well-being among LGBTQIA2S+ youth.

For the past 30 years, the disproportionate rate of suicide and other mental health challenges among LGBTQIA2S+ youth have been described and addressed through a lens of minority stress (Mongelli et al., 2019). More recently, however, efforts have been made to address risk using a more strengths-based approach that incorporates resilience and identity pride as a means of mental health promotion (Bochicchio et al., 2022). Further research is needed to guide and support this approach.

We conducted a qualitative study with LGBTQIA2S+ youth, parents, and professionals to further explore how to implement a strengths-based approach to mental health promotion and suicide prevention for LGBTQIA2S+ youth. In this paper, we examine how professionals, parents, peers, and community members can more effectively communicate about and interact with LGBTQIA2S+ youth and recommend simple yet impactful steps that everyone can take to help create safe, inclusive, and affirming environments that may help prevent suicide and promote mental well-being among LGBTQIA2S+ youth.

Materials and methods

Participants

We conducted four focus groups with a racially/ethnically diverse sample of 12 LGBTQIA2S+ youth (ages 18–24) and 12 parents of LGBTQIA2S+ youth from across the country between December 13, 2022 and January 5, 2023. We held separate focus groups for LGB and transgender, nonbinary, gender-fluid, and genderqueer youth and parents to respect their unique needs and experiences. Table 1 provides the demographic breakdown of focus groups participants. We limited the demographic information we collected to protect anonymity and feelings of safety among potential participants.

In addition, we conducted key informant interviews (KIIs) with 22 professionals between October 17 and December 9, 2022. Professionals

Table 1. Age, sexual orientation, and gender identity of focus group participants.

	Youth (<i>n</i> = 12)	Parents (<i>n</i> = 12)
	<i>n</i> (%)	<i>n</i> (%)
Mean Age	21.5	48.5
Gender Identity ^a		
Cisgender	3 (25%)	6 (50%)
Non-binary, genderfluid, genderqueer, gender nonconforming	7 (58%)	4 (33%)
Transgender	2 (17%)	2 (17%)
Sexual Orientation ^a		
Gay or lesbian	5 (42%)	0 (0%)
Bisexual, pansexual, or queer	6 (50%)	7 (67%)
Questioning	0 (0%)	5 (33%)
Unsure	1 (20%)	0 (0%)

^aFor parents, this represents the sexual orientation and gender identity of their children.

participated from 10 states and the District of Columbia, were racially/ethnically diverse, and were representative of sexual and gender minority communities. They worked in a variety of settings from schools, health care, and community-based organizations to nonprofits and state agencies. Their roles included state suicide prevention coordinators or managers ($n=6$, 27%), suicide prevention infrastructure staff ($n=3$, 14%), and advocates and/or program or service providers (eg program directors/coordinators, clinicians and counselors, and prevention and intervention specialists) ($n=13$, 59%).

Materials

We developed an interview guide for the KIIs and a facilitation guide for the focus groups, both of which included a description of the purpose of the project, informed consent language, mental health resources, brief participant introductions, and a set of guided questions. The KII guide included a series of open-ended questions for all participants with a set of unique questions for program/service providers, suicide prevention state coordinators/managers, state suicide prevention infrastructure staff, and advocates. All participants were asked about:

1. The most pressing mental health needs of LGBTQIA2S+ youth, the greatest barriers to addressing these needs, and how to overcome barriers
2. Short- and long-term goals regarding suicide prevention for LGBTQIA2S+ youth
3. Key players in addressing the mental health needs of LGBTQIA2S+ youth and strategies for engaging them
4. The current policy environment regarding LGBTQIA2S+ rights and what is needed to support LGBTQIA2S+ youth living in areas with anti-LGBTQIA2S+ laws

Depending on role, participants were asked targeted questions about the services they provide, the challenges they face delivering these services, the challenges they are seeing among the LGBTQIA2S+ youth they serve, the training they received and/or provide staff, their comfort level supporting LGBTQIA2S+ youth, the protocols they have in place, advocacy, and lessons learned.

Parents and youth were asked a separate set of open-ended questions during the focus groups. Youth were asked about experiences that have had positive and negative impacts on their mental health, who they turn to when going through a difficult time, how these individuals can be more supportive, and their experiences accessing services, resources, and

programs focused on mental health and suicide prevention. Parents were asked about the struggles faced by their children, if their children are open to talking about these struggles, their comfort talking to their children about their struggles, and what they need to better support their children; their experience accessing resources, programs, or services for their children and what services and resources they feel are missing; and recommendations for how adults can better support the mental health needs of LGBTQIA2S+ youth.

Procedure

We conducted targeted outreach to partner organizations including government agencies, national nonprofits, community-based organizations, and school districts to recruit professionals for KIIs and to assist us with recruiting parents and youth for focus groups. We emailed potential KII participants a Calendly link to schedule a date and time for an interview. Focus group participants completed an interest form and were contacted to verify their eligibility over a Zoom video call. We followed up with all eligible individuals *via* email with a participation link.

All KIIs and focus groups were held virtually *via* Zoom. We read the informed consent language to all participants during the introduction and asked them for their consent to participate and to record the session for transcription and analysis. Two to three research team staff were present during each KII and focus group, one to two facilitators and one notetaker. The facilitator introduced the project and described the details of participation including what would be discussed, when and how to contribute to the conversation, and how long the session would last. Because the conversation could be challenging at times, the facilitator provided the 988 Suicide and Crisis Lifeline and Crisis Text Line numbers at the start of the session and explained that one staff person was present to assist participants in a breakout room if needed.

KIIs lasted 60-75 min, and no incentives were provided for participation. Focus groups lasted 90 min, and a \$25 Amazon gift code was provided for participation. All research protocols were approved by the NORC at the University of Chicago Institutional Review Board, approval #22-06-852.

We conducted a thematic analysis modeled on the work of Miles and Huberman (1994). First, three members of the research team that participated in the majority of KIIs and focus groups as facilitators and notetakers inductively created codes based on their experience in the KIIs and focus groups and organized them into a codebook. The codebook was then reviewed by the entire seven-person research team and revised to capture the spectrum of what may have been discussed during the sessions. We further refined the codebook by testing it on two transcripts and

convening the research team to make revisions as needed. Once the codebook was finalized, the team ensured intercoder agreement by having two staff code two of the same transcripts, reviewing the coded content as a research team, and discussing and resolving discrepancies. The two staff then split the transcripts and coded them in NVivo using open coding to organize the raw data by code. Following open coding, the research team convened to discuss the coded content, come to agreement on the categorization of data, engage in axial coding to connect the group of codes under higher order categories, and engage in selective coding to connect the categories and group the content into themes.

As qualitative researchers, we acknowledge that our prior experiences, assumptions, and beliefs may influence the research and analysis process (Bourke, 2014); we involved an advisory group of LGBTQIA2S+ individuals and individuals with lived experience and implemented a debriefing process to mitigate these influences. Our research team consisted of seven staff from across the country, including both senior staff and early career professionals and representation from racial and cultural minority groups. Our team debriefed after each session to discuss preliminary takeaways and differences of opinions. This process helped us to examine our own positionality and potential biases to reduce the chance of subconsciously imparting these beliefs on our participants. Our materials, methods, and summary findings were reviewed by our advisory group, allowing for a variety of perspectives in the facilitation, debrief, and analysis of KIIs and focus groups.

Results

Participants described several positives and negatives of being LGBTQIA2S+ including discrimination, bullying, and safety concerns as well as supports and sources of joy that originate from within these communities. Much of the conversations focused on how to leverage the positives to better support LGBTQIA2S+ youth; two overall themes emerged: (1) the importance of positive messaging when talking about LGBTQIA2S+ youth and (2) everyone has a role to play in creating supportive and affirming environments. Both themes, as well as several sub-themes, are described in detail below.

The importance of positive messaging when talking about LGBTQIA2S+ youth

Nearly all participants described the importance of positive messaging when talking about LGBTQIA2S+ youth and mental health. Participants emphasized that negative dialogue—including high rates of suicide, bullying, violence, and discrimination—only serve to increase risk. One professional went on to explain how negative messaging reinforces the myth

that simply being LGBTQIA2S+ puts one at risk; instead, it is interpersonal experiences and their external environments that lead to increased risk:

We talk about disparities as if they belong to populations inherently... But I think it can unintentionally reinforce this idea that belonging to a population is the thing that raises someone's suicide or mental health risk... It is institutionalized discrimination, social stigma, disproportionate experiences of violence and harassment, and a lack of family and community support that are behind those health disparities.

Professionals described how they are well-positioned to make a large-scale impact by changing the way they talk about risk among LGBTQIA2S+ youth. One state official explained:

We have to think about our messaging because if I'm only going out there saying, 'hey LGBTQ youth are more likely to die by suicide,' then I think I'm also part of the perpetuation of that fear. I think that as state officials, we need to say, 'many LGBTQ+ folks go on to have fulfilling lives and families and careers and overall well-being' and so I think we need to reconsider our messaging.

In our focus group with lesbian, gay, and bisexual youth, one participant described the negative consequences of focusing only on the prevalence of suicide attempts and deaths among LGBTQIA2S+ youth and provided an alternative approach:

Data is useful but also really stinks to look at sometimes. I realize if I am working with trans youth, knowing how many will attempt suicide by my age is important. It's good to have the numbers, but it's also really a downer. I think it's important to include stats on the resilience of the queer community. Maybe we should find a way to quantify queer joy so it levels it out and it's not all bad.

Positive messaging to combat political antipathy

Many participants pointed to the especially harmful nature of political attacks against LGBTQIA2S+ communities. When asked about their thoughts on the current political climate, most professionals described how LGBTQIA2S+ youth are seen as 'political pawns to be leveraged during election season' and how discriminatory policies and actions have negative consequences for LGBTQIA2S+ youth. One professional remarked on the need to fight against these policies:

What we need is clear messages against these [discriminatory] policies. People running need to stand up and show how these anti-LGBTQ policies hurt all children. When you see people say things and go unchallenged and when you see no one addressing the hatred, it makes trans kids feel hopeless and feel no one is fighting for them.

Professionals explained the importance of campaigns that focus on positivity and hope in combatting the pervasive negative messaging around the mental health of LGBTQIA2S+ youth. Many professionals pointed out that, while it may seem obvious that there should be positive messaging for LGBTQIA2S+ youth so that they feel hopeful and affirmed, these

messages are rare. One professional shared an example of how states can implement campaigns that utilize positive messaging while avoiding political controversy within communities that are less affirming:

I think there needs to be statewide campaigns like, 'know you're loved' or 'know you're valued' so you have something to counter the harmfulness of most messaging. I also think that the targeted yet universal message of, 'if you make your school safer for your gender and sexual diverse kids, you are making it safer for all kids' will help increase acceptance of these campaigns.

Positive messaging for parents and families

Professionals and parents explained that positive messaging related to LGBTQIA2S+ identities and mental health cannot only be directed at youth; there needs to be positive messaging for parents, caregivers, and families as well. Parents shared that if there were resources focused on positivity for both parents and youth, there would be less fear and more celebration. A professional shared their own experience of growing up as someone who is transgender:

I'm a trans person, and my parents weren't given a hopeful message about my life. They only heard horrible things through church, and through this or that, and so I think there's a great lack of resources around how you can celebrate diversity and recognize that this is a part of your young person's life, not their whole lives.

One professional shared a story of friends who suspected their child was transgender and feared they would be vulnerable to suicide and other mental health conditions. She explained the impact of negative messaging and the positive and hopeful approach she took to the conversation, stating:

I have some friends who have a young child who was born a male, and at age three, he started wanting to wear only dresses. They got really nervous and said, 'If our child is trying on dresses, he might be gay and it's a really big likelihood for suicide and he's now at risk.' And they were terrified and thinking 'Our kid might die,' and I talked to them and told them, 'Well, the bigger picture is if you support your kid, the outcomes are not that different.' So instead of being afraid and nervous around the kid, now there's just love and joy and happiness and silliness. But they heard the messaging that being trans and at risk of suicide are so linked, and it freaked them out versus hearing an empowering message of, 'We can do something to help prevent suicide.'

Everyone has a role to play in creating supportive and affirming environments for LGBTQIA2S+ youth

Participants explained that professionals, community members, parents, caregivers, and peers all have important roles to play in creating supportive

and affirming environments for LGBTQIA2S+ youth. These roles are described in more detail below.

Professionals

Professionals acknowledged that they have a significant role to play in creating affirming environments for LGBTQIA2S+ youth and that a youth's experience interacting with them can impact whether or not the youth chooses to attend their program or access their services in the future. They explained how important it is for them to be both knowledgeable about and supportive of LGBTQIA2S+ identities to foster trusting relationships. They also acknowledged that many LGBTQIA2S+ youth may not have supportive parents or caregivers or may not have even told them that they are LGBTQIA2S+, further highlighting the need to create trusting environments so that LGBTQIA2S+ youth feel accepted for their true selves and feel safe and understood. One professional explained:

It's important to reinforce trust in some way. I know a lot of doctor's offices require there to be a parent in the room. We need to build a system to enhance trust and make sure youth are not harmed in giving a response [related to their sexual orientation or gender identity]. It's important to think about how we can create a culture of acceptance and belonging.

Professionals also described how they are not experts in the lives of LGBTQIA2S+ youth but are positioned to provide guidance as youth take agency and make decisions. A professional explained:

We should be teaching adults serving young people that their job is to be a co-adventurer, a co-pilot, a person in the passenger seat of an awesome road trip. They should be in the car with youth, not driving, but helping make sure youth avoid the potholes and the detours that aren't healthy or safe and providing support, rather than driving for them and assuming they know the destination.

Community members

Most participants explained how community members have a role to play regardless of whether they are a parent, caregiver, or professional. They emphasized that it can be as simple as using pronouns and being empathic. One professional stated:

Whether that's just using that person's pronouns or telling a trans youth about how they understand the ways in which this world is transphobic, just using those words can automatically create a much safer space for trans youth.

Many participants also stated that adults should take the initiative to learn more about LGBTQIA2S+ identities and the needs of youth in their

communities, both on their own and by asking youth directly what is most helpful for them, particularly because one person's experience is different from the next. They stated that this initiative would help LGBTQIA2S+ youth feel supported. One professional explained:

We've been taught as adults that we have to have a solution and an answer so we don't look stupid when someone says around the Thanksgiving table, 'I've come out as pansexual.' We think we look dumb if we say that we don't know what that means. But instead, what if we took some time to google it and come back to the person and say 'I've done some searching and there's a lot of variation around what that means. Would you mind letting me know what that means to you?' You've shown initiative and you're showing the young person that you're not assuming that they are following the path that everyone else that uses that definition is.

Professionals and youth both emphasized the importance of actions rather than words in conveying their support. For example, they explained that simply calling oneself an ally is not enough; instead, they should genuinely embody what it means to be an ally. One professional shared:

We treat ally as a noun. We treat allies as people who have said, 'I have a rainbow sticker. Therefore, we're good.' If, instead, we treated ally as a verb, we would start to have a better, more effective system. Because if someone said, 'How did you last ally? Where did you last ally? When did you last ally?' you'd be giving actions that would prove your support systems rather than stickers for existence.

Parents and caregivers

Participants described several unique actions that parents can and should take to foster positive and supportive environments for their children. First and foremost, participants explained the importance of parental support when a child first tells them they are LGBTQIA2S+; this is a make it or break it moment for the parent-child relationship and worthy of taking a moment to pause and plan an appropriate reaction. One professional explained:

Something that would be really beneficial for parents is guidance like, 'before you reject your child, let's do these steps, almost A, B, C...' If your child just came out to you, pause, step out of the room, don't be with your kid for that moment, because that first knee jerk reaction could be the most harmful.

Participants also emphasized the importance of providing support and guidance while granting youth autonomy. Participants explained how parents want to jump to solutions when their child is struggling but how this inhibits the child's ability to develop coping skills and confidence. One professional stated:

One of the things that a lot of parents want to do is just fix the problem for youth and when we do this, we take away the agency of our youth. When we try to fix

the problem for them, our fix may not be their fix. Parents have to ask the question, ‘How can I support you in this?’ instead of ‘How can I fix this for you?’

Similarly, participants agreed that LGBTQIA2S+ youth should be given the space to explore different identities and to determine for themselves how they would like to identify. They pointed out how identities may change over the course of the young person’s life, just as any child moves through developmental stages. One professional explained:

I found that parents need to understand that this is a journey, and so there does have to be some flexibility in that. It can’t be like, ‘Oh, wait! You identified as this last month. And now you’re this?!’ These are young people, just like anyone, and identities change and morph and grow...Parents are always worried about ‘What does this mean? Is this forever?’ It’s so important to have that presence of mind, flexibility, and comfortability while youth navigate these identities.

Last, participants noted the importance of support and self-care for parents and how it is a parent’s responsibility to prioritize it so that they can fully support their child. Parents described a need for resources and peer support groups, while LGBTQIA2S+ professionals and youth reflected on their childhoods, acknowledging the need for parents to grieve the identity of the child to which they gave birth. One professional explained:

I think we need resources for parents on how to appropriately grieve a life that they’ve invented for their young person, like how to simultaneously grieve and support your young person. When I was born, my mom had a whole bunch of dreams for me and when I transitioned, those had to stop, and she had work through that. I don’t think there’s a lot of resources out there for folks to say you can grieve and also center and celebrate your child.

LGBTQIA2S+peers and professionals

Both youth and professionals emphasized the importance of connecting with LGBTQIA2S+peers and role models to promote positive mental health. Youth explained that peer-to-peer programming could be a means to seek advice, share joyful stories, and see other LGBTQIA2S+ youth who are happy and hopeful. Beyond programming, both youth and professionals expressed the importance of integrating positive communication into everyday conversation, while LGBTQIA2S+ professionals acknowledged the impact they can have as role models. One professional shared:

We should talk about how there is queer joy and how being part of the LGBTQ+ community is a great thing versus talking about how the population is always at risk. It’s like ‘hey, this is a really cool community to be a part of.’ We’ve tried to incorporate the joyful side and to celebrate LGBTQ+ identities as a team that includes LGBTQ+ adults. We are trying to shift suicide prevention for LGBTQ+ youth to make it more of a positive, inclusive message, and also to make ourselves more visible as queer professionals who support young people.

Similarly, a youth from our TNB focus group described the importance of having leaders who are LGBTQIA2S+ themselves and feel comfortable sharing the joyful parts of their lives:

There needs to be a space to talk about how amazing life is as a queer person and to talk about queer joy and trans joy and gay joy. Because we don't hear enough of that... So having people who are queer themselves, have found themselves, and are comfortable being those leaders who can walk into a room and say, 'Hi, I love being trans. How can I help you?'

Both professionals and youth talked about how increased visibility and connection with adults and other youth who are LGBTQIA2S+ helps to normalize the community, with the long-term goal being widespread acceptance. One professional illustrated:

A long-term goal is normalizing access to the community. It's not so much like, 'I need to find the community.' We're everywhere. You walk down the street, and you see the rainbow flags. You see the rainbow stickers in the windows, and you're just like, 'Okay, I get this. There is community.' It's not just these tiny pockets of community, we're throughout society and our kids don't have to go searching so hard to find us. Whether that be that we are existing in schools where we belong, we're seeing ourselves in the curriculum, we're allowed to take whoever we want to our school dances... I want to see a world where we exist, and our existence is normalized.

Discussion

In this qualitative analysis of KIIs and focus groups with professionals, parents, and youth, we explored how to use positive communications and interactions as a form of mental health promotion and suicide prevention for LGBTQIA2S+youth. This study examines actionable environmental and interpersonal approaches of little to no cost that can help LGBTQIA2S+youth feel safe and supported in being their true selves. It is critical that we better understand how to communicate about and interact with LGBTQIA2S+youth so that we can create protective environments and promote positive outcomes at a time when barriers to implementing LGBTQIA2S+-specific interventions are pervasive (Kline et al., 2022).

Participants in our study talked extensively about the significance of positive messaging in supporting LGBTQIA2S+youth. Contrary to this finding, literature, reports, and media coverage typically focus on the negative aspects and risks associated with being LGBTQIA2S+ such as bullying, poor mental health, substance use, housing insecurity, and suicidal behavior. Research has shown that this negative representation adversely affects the mental health of LGBTQIA2S+youth (Kirchner et al., 2020). Our findings add to a limited but growing body of literature that supports

the need for messaging that promotes positivity, hope, joy, and resilience (Gillig & Murphy, 2016; Kirchner et al., 2020). Developing and disseminating sample messaging materials in states and communities may help to convey what is meant by positive messaging and be what is needed to jumpstart local campaigns.

Our findings also underscore the crucial role of professionals, community members, parents, and peers in supporting LGBTQIA2S+ youth, confirming findings of other studies that connect community support with suicide prevention and mental well-being for LGBTQIA2S+ youth (Hatchel et al., 2019; SAMHSA, 2023). Participants emphasized how increased public support and genuine allyship can create a sense of safety and community for LGBTQIA2S+ youth. This finding suggests the need for education and training for professionals and community members so that they can effectively express their support.

Beyond the support of community members, many professionals in our study pointed to the platform that they have for communicating about and providing guidance on important suicide prevention topics and how this platform positions them to make a large-scale impact on the mental health of LGBTQIA2S+ youth. Participants singled out state agencies as being uniquely positioned to have an impact by providing guidelines to the programs and services they fund or license. A few of our participants were representatives of state agencies and could serve as models for the work they are doing with LGBTQIA2S+ youth, but it is difficult to assess the extent to which these efforts have been replicated in other states. It is suggested that these efforts be tracked and monitored through existing mechanisms like the Suicide Prevention Resource Center's State and Territorial Suicide Prevention Needs Assessment to ensure these simple, yet effective communication strategies are implemented across the country.

Parents and caregivers play a critical role in the mental well-being of LGBTQIA2S+ youth according to participants in our study, confirming other study findings that link parental support with positive mental health outcomes (McCurdy & Russell, 2023; Ryan et al., 2010; SAMHSA, 2023). Unfortunately, parental rejection can be common, especially in certain areas of the country; rejection increases the risk of mental health conditions and substance use among LGBTQIA2S+ youth (Ryan et al., 2010). Parents in our study talked about the challenges they face in supporting their LGBTQIA2S+ children, implying a need for education, resources, and parental support groups such as those presented in the Suicide Prevention Resource Center's Focus Guide for Parents, Families, and Communities (Suicide Prevention Resource Center, 2023) and the LGBTQ Family Acceptance Project to help them navigate these challenges.

Finally, our study highlights the significant impact of having LGBTQIA2S+ peer and adult role models, a finding which supports the

literature on the importance of safe spaces for LGBTQIA2S+youth in school, healthcare, and other community settings (Gay-Milliken & DiScala, 2020). By witnessing others like them leading joyful, fulfilling, and happy lives, safe spaces help LGBTQIA2S+youth feel accepted and validated in exploring their identities (The Trevor Project, 2015). Our findings go further in linking these safe spaces to mental well-being, implying that increasing access to peer programming and adult role models can help improve mental health and prevent suicide. This suggests the need to create and promote opportunities for youth to engage with LGBTQIA2S+peers and professionals *via* peer-to-peer programs, internships, and mentorship programs.

Limitations

Several limitations should be considered when interpreting the results of our study. First, we had a small sample of professionals, parents, and youth that was not representative of all geographical regions and racial/ethnic groups which affects the generalizability of our study findings. Though our findings may not capture the full continuum of experiences within LGBTQIA2S+communities, the qualitative nature of the study allowed for rich conversations that explored the challenges, needs, strengths, and assets of LGBTQIA2S+youth. Second, our participants self-selected into the study and may have been more passionate about mental health and suicide prevention. Many participants also identified as LGBTQIA2S+themselves, which could have increased the subjectivity in the sharing of their experiences. Finally, conducting virtual focus groups and interviews limited our ability to observe body language and to control for environmental distractions. Regardless, participants seemed to be as engaged as a typical in-person participant; in fact, virtual sessions may have felt safer and more comfortable for LGBTQIA2S+youth, eliciting more open and honest discussion than in-person sessions, minimizing the impact of this limitation.

Conclusion

Despite these limitations, our study identified simple, low-cost approaches to communicating about and interacting with LGBTQIA2S+youth that may help strengthen protective factors, promote mental-wellbeing, and prevent suicide. These approaches are significant in that they can be carried out by everyone—from professionals and lawmakers to peers, parents, caregivers, and community members—creating the potential for widespread impact. Future research should assess the effectiveness of these approaches on LGBTQIA2S+youth perceptions of affirmation, acceptance, safety, and support.

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