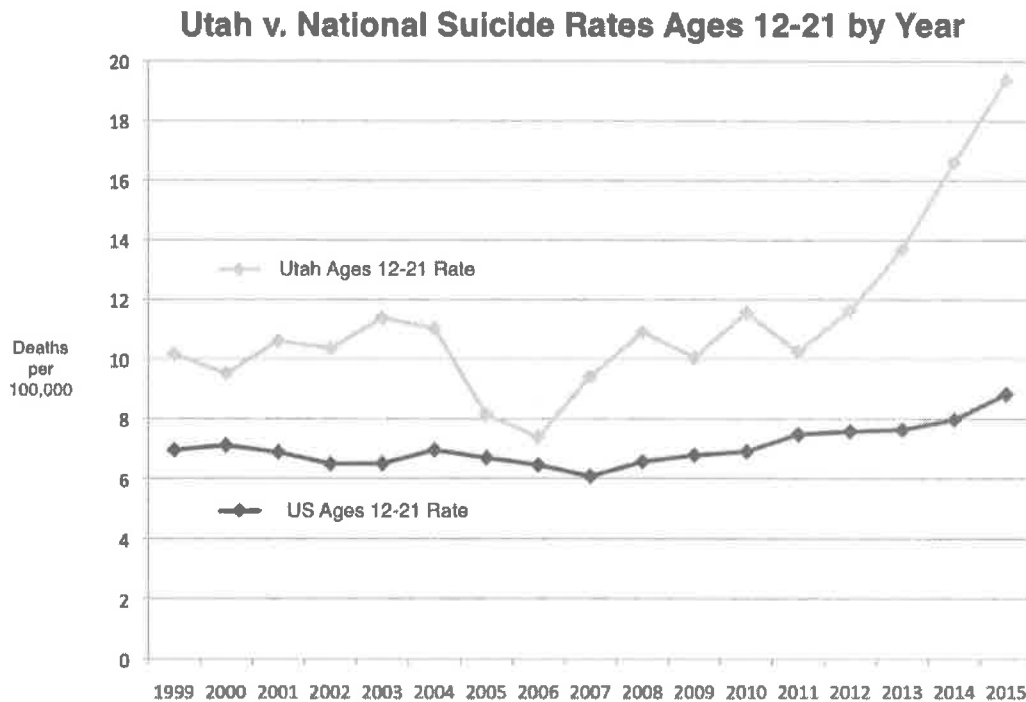


Utah's Escalating Suicide Crisis and LDS LGBTQ Despair

by Daniel Parkinson | Mar 14, 2017 | exclusion-policy, Featured, Homosexuality, LGBTQ, science, Suicide | 1 comment



The above data is publicly available from the Centers for Disease Control and Prevention at <http://www.cdc.gov/injury/wisqars/>

The CDC recently released a new set of data on suicides in Utah and it shows a terrible trend. Last year we were alarmed and shocked that the rate for 15-19 year olds had doubled in just 3 years and tripled in 9. This year we are saddened that this high rate persisted through 2015, the most recent year that data is available.

But it is not just our youth. EVERY age group below age 50 saw a substantial increase in suicides in 2015 (except the 15-19 group who maintained their already high level).

And it is worse. Like our 15-19 year olds, EVERY age group below 50 saw a substantial trend upward starting in 2009. Last years worsening numbers are on top of levels that were already dramatically elevated.

This is hitting Utah disproportionately. No other states shows these 2 trends as strongly as Utah:

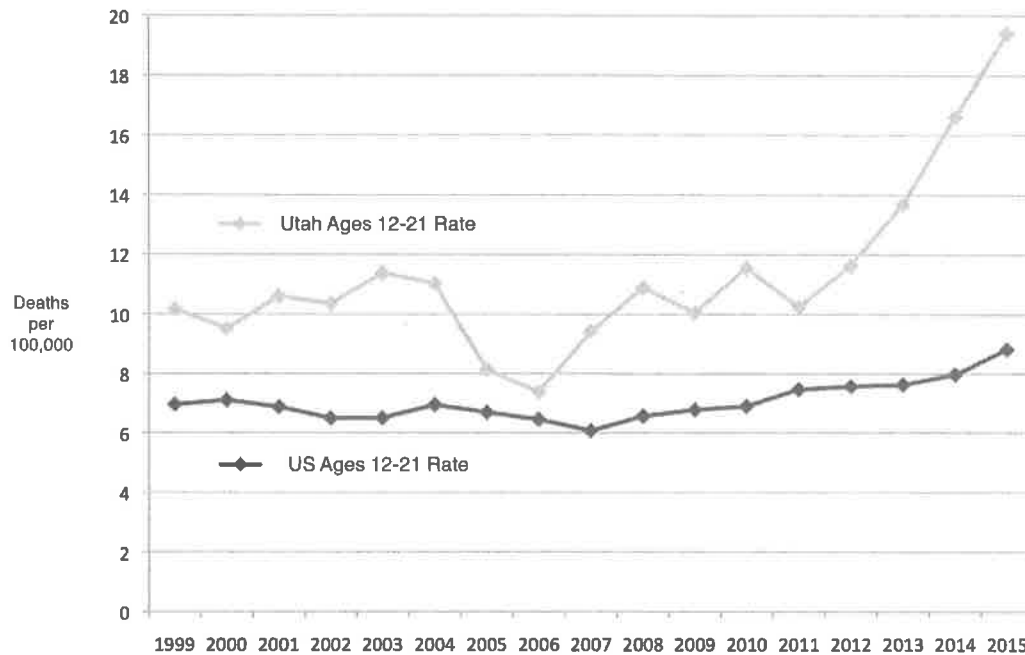
- 1) Utah suicides trending upward starting around 2009 to record levels by 2014 in all groups

below age 60

2) an alarming increase in 2015 in every age group below age 50

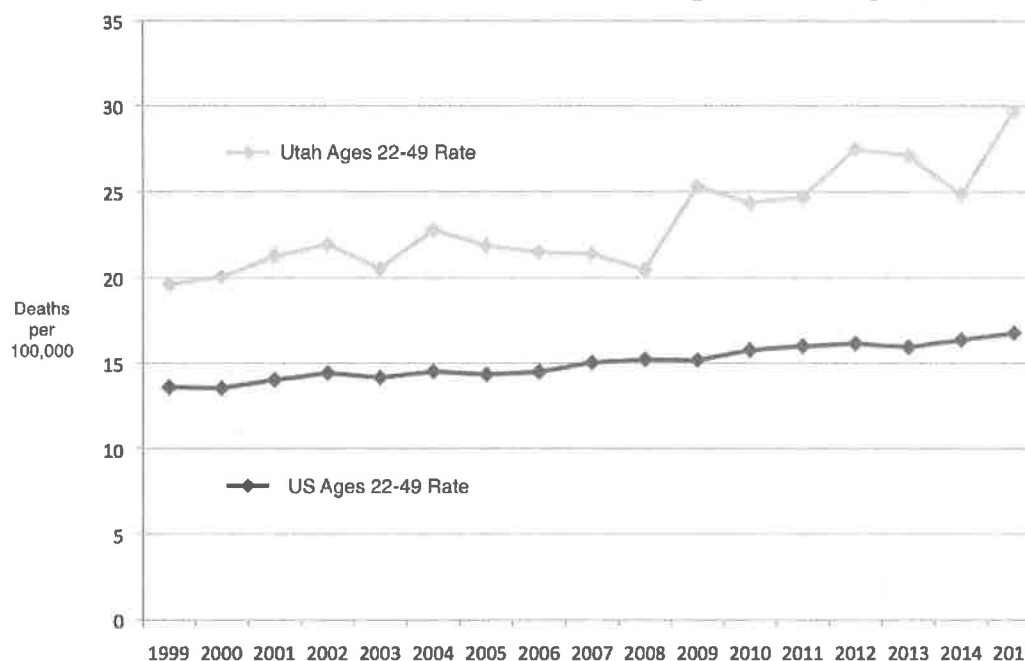
Above and below are graphs illustrating the growth of suicide among adults and youth in Utah (shown twice because this situation desperately needs to be highlighted). The adult figures are very bad, but the youth trajectory is beyond alarming.

Utah v. National Suicide Rates Ages 12-21 by Year



The above data is publicly available from the Centers for Disease Control and Prevention at <http://www.cdc.gov/injury/wisqars/>

Utah v. National Suicide Rates Ages 22-49 by Year



The above data is publicly available from the Centers for Disease Control and Prevention at <http://www.cdc.gov/injury/wisqars/>

Note: *Suicide is a complex behavior that is influenced by multiple factors that vary across individuals. We should also be careful to follow proven guidelines about how to discuss suicide without contributing to suicide contagion. See reportingonsuicide.org and lgbtmap.org.*

Although Utah is the worst hit, Colorado and Idaho show similar trends that should be raising alarms in those states as well. Other, different trends exist in other states that they should also address. Meanwhile, in Utah the escalation is hitting the younger adults hard, and the youth harder. (New Mexico and Wyoming also had increases in most groups in 2015, but they have much smaller numbers so the data is more difficult to interpret, and neither state showed the trend upward starting in 2009 that Utah shows.)

Why is this happening?

There are surely numerous complex reasons. However those of us who work with LGBT Mormons are convinced that LGBTQ people are making up a disproportionate share of these suicides and most likely make up the entirety of these notable increases. And why do we think that? Because we have talked to people who have attempted suicide, and we all know people who have killed themselves. We have seen it happen in front of our eyes. We have also analyzed the data (here and here). And we have looked at the most dramatic events of the years involved:

—2008 was the year when the anti-gay rhetoric started to explode in our congregations and in our communities, with the church's open involvement with Proposition 8. This marked the beginning of the trend up in suicides and it is not surprising to anybody involved in the LDS LGBT community that this happened. This anti-gay rhetoric escalated over the following years as the marriage equality debate was prominent.

—In 2014 we saw the fight in our own backyard in Utah with the marriage equality court cases, and we also saw a further escalation of the anti-gay rhetoric in our communities, from our church pulpits and even from General Conference addresses.

—In July of 2015 we saw statements read in every LDS congregation after the Supreme Court case granted marriage equality, and in November the notorious policy was leaked.

(2015 saw record numbers of suicides in Utah. I hate to wonder how 2016 is going to look when those numbers come in. 2016 is the year my dear friend took his life.)

We recently learned that as each state passed marriage equality laws, that state saw a drop in suicide attempts among its LGBTQ teens. Why hasn't Utah seen that benefit? We know why LGBTQ and others commit suicide. It is because of the rejection they have from their families and their communities AND their religion. In Utah and throughout Mormonism marriage equality ended up marking a deterioration for LGBTQ Mormons due to an increase in the levels of rejection they face. In general they haven't been able to achieve the improved mental health that LGBTQ people enjoy in more tolerant communities and this is reflected in our high suicides.

Utah's rank in overall suicide rate went up from #11 in 2014 to #6 in 2015. This is one area where we don't want to be #1 but we are heading that way. Sorry folks, it's not the altitude. As far as I can tell the altitude hasn't changed lately. Altitude might explain our elevated baseline

prior to these increases but it in no way explains a tripling of youth suicides nor these alarming trends among other age groups.

Can we please admit there is a problem? The solution is staring us in the face. We have to educate families about the harm that this rejection is having on their LGBTQ children of all ages. I am grateful that the Utah legislature lifted the gag order in our public schools (no promo homo) that was preventing teachers and counselors from offering appropriate help to our LGBTQ students in the schools. This was one important step but we still need a broad solution throughout our communities. The most helpful information on how to prevent suicide among our LGBTQ youth can be found at the Family Acceptance Project. It is time to adopt and promote their recommendations. The LDS community is failing to extend its love to its LGBT children and neighbors, and for many of them the rejection is lethal.

All the data is here at the CDC website.

**An analysis of the suicide problem among LDS LGBTQ people was published February 2016 at Rational Faiths blog and subsequently in Dialogue magazine, entitled: "The LGBTQ Mormon Crisis: Responding to the Empirical Research on Suicide" by Michael Barker, Daniel Parkinson, and Benjamin Knoll. The following is an abbreviated summary of the evidence that suicide is a problem among LDS LGBTQ: (Please see the full article for a full discussion of this assessment.)*

What is the direct empirical evidence?

- 1 National studies show that LGBTQ teens are at a much higher risk of suicide attempts.*
- 2 Family Acceptance Project (FAP) has done some excellent research showing that there is an exponential risk of suicide for LGBTQ teens who come from families that show rejecting behaviors. They even studied what those rejecting behaviors are, and anyone familiar with the Mormon community would recognize those rejecting behaviors as being very common in our communities. Rejecting behaviors by parents are even reinforced by local church leaders and Mormon culture (refer to FAP info). It is also important to note that the risk of suicide remains higher well into adulthood. These youth also have exponentially higher rates of drug/alcohol use, depression, and HIV infection compared to youth raised in homes that don't show these rejecting behaviors.*
- 3 Schools with explicit anti-homophobia interventions such as gay-straight alliances (GSAs) may reduce the odds of suicidal thoughts and attempts among LGBTQ students.*
- 4 Suicide is the number one cause of death of all Utah youth; this is not the case nationally. More alarming, the teen suicide rate in Utah has doubled since 2011.*
- 5 Teen suicide is lower when there is an LGBTQ supportive environment.5 Unfortunately, isolation (a risk factor for suicide) is more prevalent among LGBTQ people.*

What is the indirect evidence?

- 1 Studies show that in cities/regions where homosexuality is tolerated, mental health outcomes for LGBTQ are the same as non-LGBTQ people. We can infer from this that an elevated risk of suicide would correlate with the elevated risk of mental illness that is prevalent among LGBT people living in communities that are hostile to LGBTQ.8 In general, Utah communities are hostile to LGBTQ people.*
- 2 Another statistic that goes hand in hand with suicide is youth homelessness; the two are highly correlated. National studies show an exponentially higher risk of homelessness among LGBTQ teens. Providers and outreach workers in Utah have noticed that this also applies to Utah, and they have noted a high rate of LGBTQ teens from LDS families among the homeless teens they serve.*
- 3 The CDC data about youth suicide rates in Utah compared to other states.*

4 A study of Mormon men in Utah shows that leaving the Church puts one at a much higher risk of suicide. It appears that LGBTQ people leave the church or are kicked out at very high rates. We can, from these studies, infer that these LGBTQ men are among those who have a substantially higher risk of suicide when they lose the protection that membership in a religion provides against suicide risk.

What is the anecdotal evidence?

1 Anybody who knows a substantial number of LGBTQ people from LDS backgrounds will be astounded by how many have had suicidal attempts. (Dr. Parkinson has personally observed it among those that he knows). Those who are in a particular position of outreach such as the leadership of Affirmation, Wendy and Thomas Montgomery, or Carol Lynn Pearson are also very overwhelmed by the consistent pattern of suicidal ideation and suicidal attempts and suicides among LGBTQ people from Mormon backgrounds particularly youth and young adults.

2 Clinicians who have worked with teens in Utah including clinicians from LDS Family Services have noticed the high rate of despair and suicidal thoughts among LGBTQ teens (as well as adults). Several clinicians have discussed this trend in their practices in media interviews.

3 Polling of USGA (a support organization for LGBTQ BYU students) showed a very high rate of suicide attempts among its members. Informal polling of LGBTQ youth on a Facebook group for LDS LGBTQ youth has also revealed the ubiquitous nature of suicidal thoughts among our LGBTQ Mormon youth.

What conclusions can we draw?

When we put this data together we can't know exactly how many suicides there are among Mormon youth and how many of these are related to LGBTQ issues. However, we have some extremely compelling evidence that allows us to conclude that there is a significant problem. The direct empirical evidence alone is enough to merit a public health response.

The indirect evidence is also very compelling, because there are such close correlations between suicide and mental illness/mood disorders, as well as homelessness in general, and LGBTQ people have a higher prevalence of these, at least in homophobic communities. This truly suggests that LGBTQ suicides are higher in these communities.

Presently, a public health action is even more compelling because we have identified preventive measures that are low cost, low risk, and have already been shown to be effective. Currently the problem is not a lack of evidence, but a lack of will. We have sufficient direct evidence that is strengthened by indirect evidence, and reinforced by anecdotal evidence. The case is extremely strong. Denial and misinformation are our biggest barriers to implementing effective public health measures that have already been recommended by experts.

Homelessness, despair, depression, suicide attempts, social isolation, bullying—these all call out for an active response from the Church, the State, and our communities. There is a wealth of direct evidence showing that these problems have a huge impact on LGBTQ people including LGBTQ Mormons. Those issues on their own and the human suffering that accompanies them also warrant a public health response, even before suicide is taken into account. We shouldn't need to prove the suicides in order to address these issues that so greatly impact the lives of so many among us. (Please see full article for a more complete discussion)

*Benjamin Knoll also published an analysis of the CDC data at Rational Faith's blog and at Dialogue magazine entitled "Youth Suicide Rates and Mormon Religious Context: An Additional Empirical Analysis" in March 2016. He observed that there was a correlation between the suicide growth rate since 2009 and the proportion of LDS people living in that state. It will be interesting to see if that

correlation persists, especially considering the worsening situation in Utah as well as Idaho and Colorado.

Thanks to Michael Barker and Benjamin Knoll for their extensive insights provided last year in the above cited articles.

Thanks to Kathy Carlston for her assistance in preparing the graphs.

Thanks to Thomas and Wendy Montgomery for their insights and help in highlighting the situation. Thomas's important perspectives can be seen here.

Share This Post! Because Sharing Really is Caring!



Daniel Parkinson

DANIEL PARKINSON was born and raised in Utah to a Mormon family with a thick Mormon Heritage. He comes to this issue as a psychiatrist, with a strong sense of activism, and a desire to help the two communities that he inherited as his birthright: the Mormon community, and the gay community. He administrates the GayMormonStories.org podcast and the

NoMoreStrangers.org blog.

All posts by Daniel Parkinson

1 Comment



Mayte on March 14, 2017 at 7:42 am

Excellent , wonderful, amazing information!!!! I am going to share it big and ASAP that whoever reads this takes personal "responsability" by "knowledge of the real facts" about this critical situation. "As more knowledge more responsibility". Thank you!!!!

Reply

Search RationalFaiths

Subscribe to RationalFaiths via Email