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## Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

Kendra Rinn  
Walden University, [kendra.rinn@waldenu.edu](mailto:kendra.rinn@waldenu.edu)

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COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

Kendra Rinn

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## OVERVIEW

**Keywords:** LGBTQ+ youth, suicide prevention, rural Minnesota

### **Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota**

**Goal Statement:** For this project, my goal is to have a better understanding of the issues rural LGBTQ+ youth face and identify resources and a plan that can lead to the recognition and prevention of LGBTQ+ depression and suicide.

**Significant Findings:** The LGBTQ+ youth population within rural Minnesota faces mental health challenges, discrimination within the community and schools, and parental support issues (Trevor Project, 2021; Reisner et al., 2020). This population also has multiple barriers to quality care, supportive resources, and access to an accepting community (Israel, Willging, & Ley, 2016). Due to these socio-ecological aspects, LGBTQ+ youth who live in rural Minnesota are more likely to commit suicide. As there are relevant barriers and issues within each level of society and being that suicide is fatal, prevention methods are necessary.

**Objectives/Strategies/Interventions/Next Steps:** One evidence-based method is the Hope Squad, which uses peer-to-peer relationships and training peer leaders to recognize mental health crises, build connectedness, and help youth within the school gain self-efficacy skills to ask for help (Hope Squad, 2023). Social change is also needed by having inclusive churches or religious spaces, and community psychoeducation on the LGBTQ+ populations. Professionals can also advocate for school staff to be trained on LGBTQ+ and multicultural competencies (Reisner et al., 2020). Similarly, professionals can advocate for other helping professionals to be trained on

multicultural and LGBTQ+ topics, so when clients do need help they are provided quality care that is knowledgeable.

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## INTRODUCTION

### Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

Many adolescents battle with depression and thoughts of suicide. However, in recent times those who are struggling the most are LGBTQ+ youth. LGBTQ+ youth in Minnesota face issues such as bullying, cyberbullying, violence at home or in school, feeling unsafe and/or unloved, homelessness, and anxiety and depression. In metropolitan areas, such as the Twin Cities and surrounding cities, there are supports and resources in place that these youth can rely on, but in rural areas such as in Meeker County, there is a significant lack of support. This project will focus on how we can support rural LGBTQ+ youth to prevent suicide here in Meeker County, Minnesota.

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## PART 1: SCOPE AND CONSEQUENCES

### Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

Within our community, there is a vulnerable population that is at higher risk of suicide, substance abuse, and homelessness. LGBTQ+ youth are vulnerable due to age, sexual orientation, and gender identity. LGBTQ+ youth have high rates of suicidal ideation and attempted suicide. In rural areas, these rates are even higher. According to The Trevor Project (2021), based on the 2021 National Survey on LGBTQ Youth Mental Health Survey, 64% of

LGBTQ youth in rural communities dealt with depression compared to 61% in urban communities, 43% considered suicide in comparison to 39%, and 16% attempted suicide compared to 14%. While these comparisons show that there is only a small increase, nearly half of the respondents from rural areas (49%) reported that their communities are unaccepting of LGBTQ+ people (Trevor Project, 2021).

The CDC's Youth Risk Behavior Survey revealed that 45% of LGBTQ teenagers seriously considered attempting suicide, compared to 15% of heterosexual teenagers, and 22% of LGBTQ+ youth attempted suicide compared to 6% of heterosexual youth (Youth Risk Behavior Survey, 2021). The trends found from 2011 to 2021 show an increase in students who experienced persistent sadness or hopelessness, seriously considered attempting suicide, made a suicide plan, and attempted suicide (Youth Risk Behavior Survey, 2021). Suicide is the second leading cause of death in Minnesota for ages ten through 24 (CAMS-care, 2023). The consequence of poor peer norms is that these increases could continue.

For this project, my goal is to have a better understanding of the issues rural LGBTQ+ youth face and identify resources and a plan that can lead to the recognition and prevention of LGBTQ+ depression and suicide.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

From the lens of the social-ecological model, there are factors at multiple levels that can reduce risk (protective factors) and increase risk (risk factors) that interact with an individual to prevent or increase the likelihood of depression and suicide in LGBTQ+ youth. The factors are seen at these levels: individual, relationship, community, and societal. There are multiple risk

factors to consider concerning LGBTQ+ youth and their mental health. A study conducted by Reisner et al. (2020), found that LGBTQ+ youth in school found staff lacking knowledge on LGBTQ+ topics and issues to be a barrier to providing support, and expressed that adults working with youth should be more informed on intersectionality and LGBTQ issues. Within that same study, 30% of LGBTQ youth did not report bullying for fear of being “outed” (Reisner et al., 2020). According to Heck et al. (2014), school victimization is a risk factor for LGBTQ+ youth who feel like they do not belong in high school and display higher levels of depression. Another factor seen at the relational level is parental rejection or support. Emetu, Bowman, and Obeng (2019) found that LGBTQ+ youth who had supportive parents had positive health outcomes and better self-esteem, whereas those that did not have parental support had negative outcomes, increasing their likelihood of risky sexual behavior, turning to drugs, and bad mental health.

At the community level, LGBTQ+ youth who live in rural areas find multiple barriers to accessing mental health treatment, as well as higher levels of victimization, stigma, and chronic stress due to being a part of a minority group (Israel, Willging, & Ley, 2016). High-quality care for mental health treatment is often unavailable due to the short supply of providers so many find care with providers who are not fully competent in understanding chronic minority stress and other aspects of cultural training. Community isolation is another risk factor for those in rural areas.

Due to the LGBTQ+ population at risk of homelessness, substance abuse, sexual abuse, mental health disorders, and suicide, they are largely considered “risky” themselves (Dwyer, 2014). This is an issue when it comes to how they are treated in most settings, but especially how they are regarded in legal situations. Advocacy for the recognition of the risks that LGBTQ+

youth face is imperative. Creating new norms where they are not stigmatized would allow them to not be so isolated and reduce the currently presented risks.

As far as protective factors go, Meeker County has a large community of religious individuals, great schools, and good economic standing. Religion has proven to be a protective factor from suicide attempts, and those who were unaffiliated were more likely to attempt or complete suicide than those who were religiously affiliated (Lawrence, Oquendo, & Stanley, 2016). Religion can be seen as a protective factor at the individual, relationship, community, and societal levels. In Minnesota, there are anti-bullying laws and policies covering LGBTQ students, as well as banning conversion therapy, protections for LGBTQ youth in the welfare system, and no negative laws such as “Don’t Say Gay” and preventing transgender youth from participating in sports consistent with their gender identity (Movement Advancement Project, 2023). Minnesota also has laws in place to protect transgender health coverage and benefits (Movement Advancement Project, 2023).

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## PART 3: THEORIES OF PREVENTION

### Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

Besides the social-ecological theory that was used in the last section, there are other theories of behavior that can be applied to this problem to identify social change. One is Social Cognitive Theory (SCT). In this theory, environmental and personal factors along with human behavior interact and influence each other (National Cancer Institute, 2005). Health behaviors are influenced by a person’s belief in their ability to perform a certain behavior (self-efficacy), the goals they have for themselves, and what they believe the outcome of performing a certain

behavior will be. For example, if an individual is suffering from depression, but feels they are lacking in social skills, does not have a goal to make connections with others, and believes that trying to connect with others will result in them feeling embarrassed and ashamed, they are unlikely to try to form social connections which ultimately could decrease their level of depression. Thus implementing the SCT theory, a program can be developed to model targeted behaviors, increase an individual's self-efficacy in targeted behaviors by using skills training and reinforcements, and model positive outcomes of using targeted behaviors and developing goals. Utilizing SCT theory with LGBTQ youth to prevent suicide will allow them to gain healthful behaviors such as utilizing coping skills, help them increase confidence in their abilities, and teach them the positive outcomes they can see when they use healthful behaviors. These strategies would have a long-lasting positive effect.

Another theory is the transtheoretical model, which focuses on change as a process instead of as an event (National Cancer Institute, 2005). Within this theory, it is believed that there are five stages to behavioral change: pre-contemplation, contemplation, preparation, action, and maintenance (Sokol et al., 2023). To view these stages for suicide prevention, we must recognize that pre-contemplation can mean not intending to stop suicidal ideation or planning, and contemplation means considering stopping suicidal behaviors. The stages are not linear, and individuals will cycle and recycle through them, and it will be different depending on what type of behavior change is being targeted.

An empirically defined evidence-based program that has shown to be helpful in the reduction of teen suicide is Hope Squad. Hope Squad is a peer-to-peer, school-based program that utilizes peer relationships to reduce teen suicide and mental health stigma, increase referrals to parents or safe adults, and increase knowledge about mental health, skills, and self-efficacy

(Suicide Prevention Resource Center, 2023). This utilizes components of social-ecological theory and SCT. Hope Squad trains school staff and community members in youth suicide prevention. It also trains and empowers students to recognize suicide warning signs, how to support peers, increase help-seeking behaviors such as telling someone else when an individual is struggling, and to develop connectedness and social-emotional skills (Hope Squad, 2023).

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

In Minnesota, suicide rates are higher among youth who are a part of the LGBTQ population, but youth who are transgender are twice as likely to attempt suicide compared to their cis-gendered peers (HRC Staff, 2018). According to Toomey, Syvertsen, & Shramko (2018), trans female youth reported the highest rate of attempted suicide at 50.8%, followed by gender-non-specific youths with a rate of 41.8%. These rates of attempted suicide are alarmingly high.

Trans youth have stressors that are unique from cis peers. These include gender dysphoria, fears about transitioning, being misgendered, extreme stigma, not receiving proper health care or having uninformed health care providers and having to chronically “teach” others about the nuances of trans experiences/culture, along with the stressors seen in other sexual minority populations (Hunt, Morrow, & McGuire, 2020). These stressors may account for the higher likelihood of attempting suicide. Youth who are two-spirit Native/indigenous have the highest rate of attempting suicide, 2.5 times more likely to attempt suicide than others in the LGBTQ community (Trevor Project, 2021). American Indian and Alaska Native youth populations have the highest rate of suicide of all races in Minnesota and are three times more likely to attempt suicide than other races (Minnesota Department of Health, 2021).

To provide ethical and effective suicide prevention methods to these youth, we must take into consideration American Counseling Association’s Code of Ethics, Code A.4. Avoiding Harm and Imposing Values (ACA, 2014). This code is important because while providing care, we need to attempt to diminish any possible harm and avoid imposing our values onto our clients. One possible way to avoid harm is to use gender expansive and/or neutral language,

validating and affirming the participant's chosen terms, and having staff that is trained on transgender/gender fluid topics including issues, terminology, and experiences so that participants do not need to teach or coach staff (Deutsch, 2016). Staff should also have training on multicultural diversity and competency to ensure that those who come from different backgrounds still feel as though they belong and are welcomed. Another important code to implement is Code B.1. Respecting Client's Rights, this includes respect for their privacy, confidentiality, and the limits of confidentiality (ACA, 2014). Due to the population this prevention project targets, care must be taken about what information stays confidential. For example, if a participant goes into a crisis and suicide is an immediate concern, adults need to act to make sure that the participant is safe. However, only information that is needed should be shared and the participant's sexual minority status should never be disclosed by staff to any person, even caregivers.

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## PART 5: ADVOCACY

### Recognition and Prevention of LGBTQ+ Youth Depression and Suicide in Rural Minnesota

Counselors working with this marginalized group need to be aware of the multiple levels, such as institutional, community, and public policy, of barriers these individuals battle to receive support, care, or beneficial practices (Multicultural and Social Justice Counseling Competencies, 2015). At the institutional level, school counselors and staff are untrained in LGBTQ+ topics, as well as impose their own values and beliefs onto students. LGBTQ+ are less likely to feel supported and understood by school staff than their heterosexual, gender-normative peers (Reisner et al., 2020). Multicultural and social justice competent counselors can advocate for school staff to be trained in LGBTQ+ topics, as well as suicide and mental health warning signs

and topics. Also, advocacy for school staff to receive training on multicultural topics, including intersectionality and how to keep track of one's own biases.

Another barrier at this level would be churches that do not promote inclusivity. In metropolitan areas, there are more churches that are open to LGBTQ+ people, but in rural areas, they are still lacking. The sense of belonging, community, and support that religion offers to most, could be just another place that LGBTQ students feel the need to hide who they are to fit in or be excluded if they come out. Counselors can advocate at this level by reaching out to churches that presently do not include LGBTQ individuals in their congregation and discussing ways to welcome and include them, or empowering the community to build a religious setting that does. The Minnesota Council of Churches (2023) is a council that promotes diversity, inclusivity, and equality. They help communities and diverse populations by promoting and supporting them in religious settings (MCC, 2023). By discussing with this council, we could receive feedback on how to implement it and resources that could contribute to that goal.

At the community level, LGBTQ+ youth feel like they do not belong and do not have a place where they fit in. Community mindsets about LGBTQ+ individuals in rural communities contribute to this by being prejudiced, discriminatory, and bullying those who dare to express their sexual orientation or gender. Many within rural communities have not been exposed to or gotten to know those from a sexual minority population. To combat this, counselors can advocate to hold educational forums open to the community about LGBTQ+ populations. The more educated the community becomes, the lower the stigma. It can also include topics on parenting and issues seen within the LGBTQ+ such as mental health, to raise awareness and understanding. This can be seen in the Family Acceptance Program, started at the San Francisco State University (2023), which has seen success in LGBTQ+ youth suicide prevention.

At the public setting, Minnesota has a fair number of laws in place to protect LGBTQ+ youth as well as adults. However, rural communities often do not have healthcare providers who are nuanced in LGBTQ care (Hunt, Morrow, & McGuire, 2020). Advocating for mandatory training of health care professionals on LGBTQ+ topics, and for this training to reoccur every five to 10 years would be beneficial because many who are practicing have held their licenses for years and are not current on these topics. Also, LGBTQ youth face issues with parental consent and confidentiality from parents, which leads many unable or unwilling to seek care. While counseling professionals have ethical codes in place, advocating for client confidentiality in other healthcare aspects would be beneficial for these clients as well. Lastly, rural communities lack knowledgeable providers but allowing them access to online communities and providers opens new doors to their care and support. Counselors could advocate at this level to fund safe, online communities and public health resources for LGBTQ+ youth.

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DIRECT EMAIL ADDRESS: [kendra.rinn@waldenu.edu](mailto:kendra.rinn@waldenu.edu)