

Suicide in LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex) Individuals

LGBTİ (Lezbiyen, Gey, Biseksüel, Transseksüel, İnterseks) Bireylerde İntihar

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ABSTRACT

Although lesbian, gay, bisexual, transgender, and intersex (LGBTI) people have become more visible in recent years, in many countries, people with different sexual orientations continue to face discrimination, exclusion, labeling, violence, fines, and death penalties. Individuals with different sexual orientations are subjected to homophobic attitudes that are considered not only by society but also by their closest social environment, such as family. Homophobia within the family can lead to a loss of self-confidence, self-esteem and negative situations such as migration and homelessness. In addition to the difficulties they experience, their inability to benefit from health services negatively affects their mental health. Studies show that the rates of suicide among LGBTI people are higher than among heterosexuals due to difficulties and mental problems. In order to reduce the suicide risk of individuals with different sexual orientations, the lack of knowledge of society and healthcare professionals should be eliminated. LGBTI individuals should be supported in the coming out process, and school-family-health worker cooperation should be ensured due to the higher risk of suicide during adolescence. Preventive interventions should be prioritized, and the cultural competencies of healthcare professionals should be gained in order to determine whether individuals who commit suicide were previously receiving psychological support in some of the studies conducted. Training should be organized for health professionals to gain cultural competencies, courses for those with different sexual orientations should be added to the curriculum, and care guidelines should be created. This review aims to address the factors in suicidal behaviors of those with different sexual orientations and the strategies that can be implemented to address these factors. It is thought that this review can be used as a resource for creating training and care guidelines, which are essential factors in gaining future cultural competencies of healthcare professionals.

Keywords: Suicide, cultural competencies, different sexual orientations, homophobia, LGBTI

ÖZ

Lezbiyen, gey, biseksüel, transseksüel ve interseksler (LGBTİ) son yıllarda daha fazla görünür olmalarına rağmen pek çok ülkede farklı cinsel yönelimleri olanlara ayrımcılık, dışlanma, etiketlenme, şiddet, para cezası ve ölüm cezaları gibi yaptırımlar devam etmektedir. Farklı cinsel yönelimi olan bireyler toplumdan olduğu kadar aile gibi en yakın sosyal çevrelerinden de homofobik tutumlara maruz kalmaktadır. Aile içinde homofobi bireylerde özgüven, özsaygı kaybına ve göç etme, evsiz kalma gibi olumsuz durumları yaşamalarına neden olabilmektedir. Yaşadıkları güçlükler ek olarak sağlık hizmetlerinden yararlanamamaları LGBTİ'lerin ruh sağlıklarını olumsuz etkilemektedir. Yapılan çalışmalarda LGBTİ'lerin yaşadıkları güçlükler ve ruhsal problemlere bağlı intihar oranlarının heteroseksüellere oranla daha fazla olduğu görülmektedir. LGBTİ'lerde intihar risklerini azaltabilmek adına toplumun ve sağlık çalışanlarının bilgi eksiklikleri giderilmelidir. Ergenlik döneminde intihar riskinin daha yüksek olmasına bağlı LGBTİ'lerin açılma sürecinde destek verilmeli, okul-aile-sağlık çalışanı işbirliği sağlanmalıdır. Yapılan çalışmalardan bazılarında intihar eden bireyin daha öncesinde psikolojik destek alıyormasının saptanmasına yönelik önleyici müdahalelere öncelik verilmeli ve sağlık çalışanlarının kültürel yetkinlikleri kazandırılmalıdır. Sağlık çalışanlarının kültürel yetkinliklerinin kazandırılması adına eğitimler düzenlenmeli, müfredata bu bireylere yönelik dersler eklenmeli ve bakım kılavuzları oluşturulmalıdır. Bu derleme ile farklı cinsel yönelimi olanların intihar davranışlarındaki etmenlerin ve bu etmenlere yönelik olarak uygulanabilecek stratejilerin ele alınması amaçlanmıştır. Derlemenin ileriye yönelik olarak sağlık çalışanların kültürel yetkinliklerinin kazandırılmasında önemli bir etmen olan eğitimlere ve oluşturulacak olan bakım kılavuzlarına kaynak olarak kullanılabilmesi düşünülmektedir.

Anahtar sözcükler: İntihar, kültürel yetkinlik, farklı cinsel yönelim, homofobi, LGBTİ

Introduction

According to epidemiological data in a research report by the U.S. Department of Health and Human Services on the well-being of lesbians, gays, bisexuals, transsexuals, and intersexuals (LGBTI), 5-10% of the world's population identifies as part of a sexual minority (referring to individuals with non-heterosexual orientations) (Adam 2016, HHS 2016, Yıldız 2018). While this represents the average percentage of individuals who report their sexual orientation, it is believed that the actual population of LGBTIs may be higher. This discrepancy is attributed to ongoing societal pressures such as discrimination, exclusion, stigmatization as "perverted" or "abnormal," violence, fines, imprisonment, and even death penalties in many countries. These factors force many LGBTIs to conceal their sexual orientation or identity. The difficulties they face prevent them from fully expressing themselves and being accepted as they are, which negatively impacts their mental health by fostering feelings of invisibility and worthlessness.

As a result of these challenges, LGBTIs are known to experience higher rates of mental health issues, substance abuse, and risky behaviors. Numerous studies have shown that LGBTIs have higher suicide rates compared to heterosexuals, largely due to the discrimination and stigma they endure (Özeren 2014, Figueiredo and Abreu 2015, Poteat et al. 2015, Rodriguez 2016, Carol and Mendos 2017, Lunn et al. 2017, Yıldız 2018).

Given the elevated suicide risk, LGBTIs are considered a high-risk group, and healthcare professionals should implement preventive interventions tailored to their unique needs, just as they would for other high-risk groups. Although research has been conducted on the suicide rates and underlying factors in LGBTIs, studies focusing on protective and preventive interventions are limited. The term LGBTI serves as an umbrella for individuals with diverse sexual orientations and gender identities. While LGBTIs share some common struggles, each group—lesbians, gays, bisexuals, transsexuals, and intersexuals—also faces distinct challenges based on their specific sexual orientation or gender identity. These differences influence the factors contributing to suicidal behaviors within each group.

To effectively address suicide in LGBTIs, it is crucial to develop protective and preventive strategies by examining these distinct factors individually. This paper aims to address the gaps in the literature by highlighting both the shared and unique difficulties faced by LGBTIs, the factors contributing to their suicidal behaviors, and the strategies needed to mitigate these risks. It is hoped that this paper will serve as a valuable resource for healthcare professionals in planning and implementing suicide prevention interventions for the LGBTI community.

Challenges LGBTI Individuals Experience

LGBTIs face numerous challenges throughout their lives, often encountering difficulties across various aspects of society. These challenges typically stem from interrelated issues such as homophobic attitudes, stigmatization, marginalization, and the negative consequences that accompany them. Homophobia, which refers to prejudice and discrimination against individuals with non-heterosexual orientations, is a socially ingrained process that varies across different cultural contexts. While "homophobia" is sometimes used exclusively in reference to homosexuals, terms like "biphobia" and "transphobia" are also used to describe prejudice against bisexual and transsexual individuals, respectively. Homophobia remains a central concept when examining the negative attitudes LGBTIs face. They are subjected to homophobic behaviors and hate-driven attitudes in virtually every area of social life. Those growing up in homophobic families often fear disclosing their sexual orientation or gender identity due to anticipated negative reactions, leading them to hide their true selves. Many LGBTIs, even when unsure of their family's stance, often fail to receive supportive attitudes from their parents, which can result in a loss of self-confidence. In many cases, LGBTIs endure familial violence, which can take forms such as being forced to conform to gender norms aligned with their biological sex, restricted social and financial freedom, coerced into unwanted treatments or marriages, or outright rejection. Growing up in a homophobic family can also make it difficult for individuals to accept their own gender identity or sexual orientation. In a study by Yağcınoğlu and Önal (2014), 21.9% of the 210 homosexual and bisexual participants reported experiencing internalized homophobia. The key factors contributing to this internalized homophobia included growing up in a homophobic family, viewing homosexuality as a sin, and being under the age of 25. One of the earliest sources of loneliness for LGBTIs is the negative attitudes they face from family members. Reasons for these negative family attitudes may include a lack of understanding about sexual orientation and gender identity, uncertainty about how to support their LGBTI children, fear of how their children might be treated in a heteronormative society, or difficulty coping with the realization that their child is not heterosexual, as they had assumed. When LGBTIs lack social and family support and experience violence,

abuse, or pressure after coming out, they may feel forced to leave their homes, leading to homelessness. (Ryan et al. 2010, PAHO 2013, Yalçınoğlu and Önal 2014, Barrett et al. 2015, TODAP 2017, Demir et al. 2021).

Stigmatization that lesbians, gays, bisexuals, transsexuals and intersexuals experience may be in structural dimension like getting excluded from personally their closest ones and from society, not having social and protective laws like hate-speech, and even having prohibitory laws. LGBTIs being exposed to all these homophobic attitudes and stigmatization internalize them and feel themselves worthless. Stigmatization causes many negative economic, social and mental results in LGBTIs like discrimination, exclusion, and damaged self-image and self-respect. In this concept, it can be seen in the studies conducted that individuals depending on their sexual orientation are exposed to verbal, physical and sexual bullying, starting from childhood and growing in adolescence (Earnshaw and Chaudoir 2013, Bogart et al. 2014, Skerrett et al. 2015, Hadland et al. 2016, Logie et al. 2019). Thirteen individuals including the study by Singh (2013) on transsexuals stated that they were especially exposed to verbal violence, discrimination, exclusion and bullying by teachers and school principals. One of the participants showed how far bullying can go by being asked of the proof of sexual identity by school principal and nurse, and by being told that freaks like him/her are not welcome at school by the principal (Singh 2013). In the study by Çavdar and Çok (2016), it was identified that LGBTIs studying at high school-university themselves and those other heterosexual students who support LGBTIs are not safe at school, that they do not have social support from other students, from teachers and from their families, and that high school students are discriminated more and have less support. Russell et al. (2010) stated that a 15-year-old LGBTI was killed by someone whom s/he gave a valentines' day present to, and that another 11-year-old LGBTI committed suicide connected with being exposed to bullying and negative attitudes at school every day. As stated in the paper as well, school environment is not safe for LGBTIs, and this situation decreases the academic level of LGBTIs. Similarly, in a study in 3224 schools with 8584 participant students aged between 13-20, 71.3% of participants stated hearing homophobic statements being used, and 56.9% of teachers and other workers that they heard similar negative homophobic statements. Depending on the sexual orientation of the participants, it was identified that 81.9% was exposed to verbal abuse, 38.3% to physical abuse, 55.2% of LGBTIs to cyber bullying, and 63.5% that they do not feel safe at school. Abused LGBTIs were identified to have lower self-respect and higher depression level (Kosciw et al. 2012).

LGBTIs are being disfranchised depending on homophobia and stigmatization, and they are excluded from their full citizenship rights. In order to avoid these negative attitudes, LGBTIs' hiding their sexual orientations brings invisibility together. Lack of visibility causes fear, oppression, violence, humiliation and internalized prejudice. As long as LGBTIs' rights are not taken under full guarantee by laws, LGBTIs will continue to be deprived of their fundamental rights and freedoms. (Spairosu 2014, McGarry 2016). When all these attitudes are combined with not being able to find anyone to get help from depending on elements like social isolation and exclusion of individuals, they bring LGBTIs to be more open to future bullying, and they cause LGBTIs to have mental problems like heavy stress, depression, affective and anxiety disorders, substance abuse, and suicidal tendency (Alessi et al. 2016, Hafeez et al. 2017, Logie et al. 2019). In the 2021 national survey with around 35,000 young LGBTQ individuals, it was identified that 75% of participants are exposed to discrimination depending on their sexual orientation, that almost all of them believe that social media has both positive and negative effects on their mental health and wellbeing, and that 42% seriously think of committing suicide. 48% of participants stated that they want to take counseling from a mental health professional but that they cannot (Trevor Project 2021).

As it can be seen, depending on negative attitudes, LGBTIs belong to risky group and need health care services. In terms of LGBTIs, being an LGBTI is not a threat to their health and wellbeing, but being an LGBTI in a homophobic society is. Depending on their previous negative health care service experiences, lack of health system and school curriculum, healthcare professionals being heterosexist (accepting all individuals as female/male, getting information by thinking as heterosexual and such organized papers and system arrangements, etc.), their lack of care in giving care to LGBTIs, their not having cultural competencies prevent LGBTIs from getting qualified health services (Biçmen and Bekiroğulları 2014, Hadland et al. 2016, Hafeez et al. 2017). For elder LGBTIs, being exposed to negative attitudes for more and/or longer periods compared to young LGBTIs, experiencing barriers in health care system depending on social invisibility and isolation, having medical insurance in lower rates, fewness of healthcare professionals with cultural competence, and lack of social support systems is a great problem (PAHO 2013, Yarns et al. 2016, Soner 2019). All the mentioned negative factors cause LGBTIs to become more vulnerable by causing them both to experience more mental problems and to feel anger, desperation, regret and guilt. All the mentioned negative factors also cause LGBTIs to be under more risk by preventing them from getting full assessment, comparison and diagnosis by hindering getting a total medical

story that LGBTIs would receive, or in other words, from getting a full healthcare service (Beycan Ekitli and Çam 2017, Lunn et al. 2017).

Suicide in LGBTI Individuals

Suicide can be defined as an individual's intentionally ending his/her life. It can be divided into two categories as completed suicide where suicidal death occurs, and as suicidal attempt where death does not occur. According to 2016 data of World Health Organization, it was identified that around 800000 individuals commit suicide annually worldwide. This data shows that there is one suicidal death in every 40 seconds. Because of the difficulties they experience, LGBTIs experience chronic stress and have more mental problems like depression, anxiety, substance abuse compared to heterosexuals. When the literature is reviewed, it was identified that LGBTIs have a higher suicide rate compared to heterosexuals because of experiencing more mental problems besides the lack of support system, social isolation, and being exposed to stigmatization. It was also identified that transsexuals have more mental problems and higher suicide rates different from LGBTIs, and that the rate of suicide attempt of LGBTIs aged between sixteen and twenty-seven is 5 times higher. The study by Ream (2019) shows how important preventive measures are in that it detected some of LGBTIs who committed suicide between the ages of 12-29 received psychological support (PAHO 2013, Erdoğan and Köten 2015, Ream 2019, Akçay and Taşkın 2019, WHO 2020).

When suicide reasons of those with sexual orientation differences are studied, the factors of committing or attempting suicide depending on their special and sexual orientation and sexual identities come forward, although there are the same reasons with heterosexual individuals. LGBTIs' experiencing more mental problems depending on the negative attitudes they have experienced, and their being exposed to violence, abuse, and social isolation are factors that increase suicide risk in LGBTIs. In the meta-analysis study of De Lange et alia (2022) in which they involved 44 other studies, it was identified that negative attitudes like bullying they have experienced depending on their being LGBTI are effective. Virupaksha et al. (2016) reported that social isolation, violence, bullying, discrimination, negative experiences in healthcare, harassment by society, police, family and partner are effective in transsexuals suicide behavior. When the studies done and the underlying reasons are to be studied, in the systematic study of Wolford-Clevenger et al. (2018) found that the most outstanding reasons in transsexuals suicide are environmental stress, lack of social support, internalized stigmatization, mental illnesses, sex change process and health conditions, and that transsexuals experienced mental suffering depending on the difficulties they experience and they could not get support in dealing with this suffering (Korkmaz and Aydın Avcı 2018, Wolford-Clevenger et al. 2018). 42% of around 35000 young LGBTQ participants in Trevor Project were detected to have suicide attempt idea, and only one third of the participants stated feeling that their families approve their sexual orientation. Familial denial and exclusion in LGBTIs can cause more suicide attempts (Trevor Project 2021, Madireddy and Madireddy 2022). In the study by Haas and Drescher (2014), suicide reasons of LGBTIs were identified as mental disorders like depression, anxiety and substance abuse, sexual minority stress, and stigmatization. In the systematic study of Yıldız (2018), there were many socioeconomical, cultural, religious and psychological elements reported underlying LGBTIs' suicides. It was identified that LGBTIs attempt suicide mostly during mental crisis depending on internalized stigmatization and negative attitudes. It was detected that the ineffectiveness of positive/negative coping with crisis methods that LGBTIs use during crisis and lack of social support caused an increase in suicide rates of LGBTIs. It was also identified that there is a lack of study for transsexuals and intersexuals as LGB was studied more in systematic studies conducted (Yıldız 2018). Haas et al. (2011) in their study stated that risk factors for suicide are demographic variables like age and gender, mental disorders, individual, social and institutional stigmatization, prejudice and discrimination, HIV, and finally sex change process for transsexuals. Wang et al. (2022) identified in their study that the factors increasing suicide attempt risk are being at a younger age, being a student, having mental problems, and having a higher level of depressive symptoms.

It is rather difficult to find out net suicide rates of LGBTIs depending on not having reports about sexual orientation in suicide cases. This situation prevents the detection of real suicide rates of LGBTIs and putting forward the suicide risks (Haas and Drescher 2014, Hanımoğlu 2019). In this regard, if the studies focusing on suicide rates in LGBTIs are to be reviewed, according to the study by Feigelman et al. (2019), suicide rates of LGBTI women are 4-5 times higher than heterosexual women. Haas and Drescher (2014) reported that compared to heterosexuals, gay and bisexual men have four times, lesbian and bisexual women have twice more suicide risk. Young LGBTIs were identified to have three times more suicide risk in a lifetime compared to heterosexual youths (Haas and Drescher 2014). by Liu et al. (2019) stated that lifetime suicide risks of

transsexuals is 46.65%, and that of bisexuals is 41.47%, and that especially the young people in sexual minorities are under a great risk (Liu et al. 2019).

In the study by Wang et al. (2022), involving 1,012 LGBT participants, the rate of suicide attempts ranged from 9.1% to 24.2%. Ream (2019), in his analysis of suicide rates and psychosocial factors among LGBTs, found that 24% of suicide cases among individuals aged 12–14 involved LGBTs, with the primary contributing factor being limited social support outside their family due to restricted freedoms. The rate for those aged 25–29 was 8%, which is still considered high given that 4.5% of the general population identified as LGBT. The study also revealed that gay individuals often experience stress related to couple relationships, while lesbians face stress from romantic relationships. Based on these findings, interventions should focus on improving family relationships for gay individuals and romantic relationships for lesbians. The study further highlighted that bisexuals are at higher risk of suicide due to increased marginalization (Ream, 2019).

Levi-Belz et al. (2022) reported that transsexuals, followed by bisexuals, have the highest lifetime prevalence of suicidal thoughts, with suicide attempt rates at 39.5% for transsexuals and 36% for bisexuals. Similarly, Henry et al. (2021) found that 51.5% of the 99 LGBT participants in their study had experienced suicidal thoughts. They also noted that negative social attitudes, such as harassment and rejection, contribute to these thoughts, while adverse environments at school or work can lead to mental health issues such as depression and anxiety (Henry et al., 2021). Figueiredo and Abreu (2015) found that suicide rates among LGBTs continue to rise, with bisexuals showing higher rates of suicide compared to both heterosexuals and individuals of other sexual orientations.

Interventions towards Suicide in LGBTI Individuals

When the studies are examined, although LGBTs' suicide rates are found to be higher compared to heterosexuals, the studies discussing preventive and protective interventions towards LGBTs' suicide are limited. Ream's study (2019) proves how urgent and important preventive interventions are as LGBTs' who committed suicide were already getting psychiatric support (Haas et al. 2011, Ream 2019). It should not be forgotten in interventions towards LGBTs' suicide that each individual is special and that each group has its own needs (Haas and Drescher 2014). In this regard, interventions towards suicide in LGBTs topic will be discussed under subheadings of strengthening social support systems in LGBTs, creating safe school environment for LGBTs, removing healthcare service barriers LGBTs experience, and protecting and strengthening LGBTs' mental health.

Strengthening Social Support Systems in LGBTs

Upon reviewing the literature, Wang et al. (2022) found that a lack of social and family support is a significant factor contributing to suicide attempts among LGBT individuals. Haas et al. (2011) also suggested that fostering family connections and providing external social support are crucial for LGBTs. Additionally, another study highlighted the importance of support within the family and creating a sense of belonging in relationships with family members and peers to reduce suicide risk in LGBTs. Based on these findings, surveys conducted with LGBT youth should include questions about experiences of discrimination, stigmatization, and homophobic attitudes, whether they have disclosed their sexual orientation or identity to family members, the reactions they received, any engagement in risky behaviors, recent relational problems, and the attitudes of their living environment (Haas et al. 2011, Haas and Drescher 2014, Madireddy and Madireddy 2022).

In Ream's study (2019), it was observed that the risk of suicide increases during the process of coming out to family members among young LGBT individuals. The study recommended that LGBTs receive support during this time and emphasized the importance of working with both LGBTs and their families. Ream also suggested that online and mobile platforms could help young LGBTs connect with others in the community, reducing feelings of isolation and abnormality, and providing much-needed support.

Similarly, Haas et al. (2011) found that by becoming members of LGBT communities, young adults receive the love and support they need, which enhances their well-being. In light of these findings, both LGBTs and their families should be made aware of available social and online resources and how to access them. Healthcare professionals should guide families in their educational roles and ensure regular follow-up for both LGBTs and their families. During consultations, it is essential to recognize that just as accepting a child's sexual orientation or identity is important, accepting the role of an LGBT parent is equally significant. Families may need support in understanding how to react or relate to their children during this process. Providing them with education on effective communication and fostering a supportive family environment is crucial. Collaboration with LGBT

associations, if available, can offer additional resources, especially by connecting families with others who have undergone similar experiences (Boyacıoğlu et al. 2018).

Yıldız (2018) found that family-centered care improves the self-confidence, social support systems, and overall well-being of young LGBTIs. School nurses play a key role in supporting families during the coming out process by providing information on youth sexual identities. Through their roles as educators, case managers, and therapists, nurses can address familial challenges and help prevent rejection by family members. Based on these findings, nurses can intervene during crises to reduce the risk of suicide among LGBTIs. In addition to family relationships, interventions should also focus on romantic relationships, and if possible, include the LGBTI individual's partner in the care plan (Ream 2019).

Creating Safe School Environment for LGBTIs

Another critical factor in interventions aimed at preventing suicide among LGBTIs is the creation of a safe school environment. In the study by Wang et al. (2022), it was found that higher levels of education and self-confidence are associated with lower rates of suicide attempts. Haas et al. (2011) similarly emphasized the importance of creating a safe school environment for young LGBTIs. Additionally, a study by Whitaker et al. (2016) reported that 31.4% of 356 LGB students had suicidal thoughts, but these thoughts were reduced through the bonds and relationships they formed with other students and teachers. Establishing a safe, non-judgmental, and supportive school environment not only fosters a sense of belonging and support for LGBTIs but also contributes to better academic performance—another protective factor against suicide. Schools should implement anti-bullying and anti-exclusion policies that specifically address sexual identity to ensure a safe environment for LGBTIs. Teachers should receive training on how to respond to negative attitudes and develop intervention strategies. Schools should also create support clubs or groups and incorporate discussions of LGBTI-related issues into the curriculum. Having a supportive school counselor who is accessible to LGBTIs, especially those facing negative attitudes, is another key factor in promoting their mental health. To prevent bullying and exclusion, regular training sessions should be provided for both school staff and students, ensuring that the education system actively addresses negative attitudes toward LGBTIs (Russell et al. 2010, Madireddy an Madireddy, 2022, Wang et al., 2022).

Removing Healthcare Service Barriers LGBTIs Experience

As healthcare professionals who engage in significant interpersonal communication, nurses must first develop self-awareness. In a systematic review on suicide among sexual minorities, Yıldız (2018) identified that raising nurses' awareness of the realities faced by LGBTIs is the first step in preventing suicide within this population. Many studies have found that nurses often hold negative and even stigmatizing attitudes toward LGBTIs (Beycan Ekitli and Çam 2017, Medina-Martinez et al. 2021, Ozcan et al. 2021). By increasing awareness among nurses and other healthcare professionals regarding their own misconceptions, biases, and behaviors, and by implementing programs to combat these negative attitudes, stigmatization in healthcare services for LGBTIs can be reduced (Yıldız 2018).

Creating LGBTI-friendly hospitals through the development of cultural competence in healthcare professionals is crucial. This would help minimize the barriers LGBTIs face in accessing healthcare, thereby improving preventive services for this community. In this regard, comprehensive guidelines for healthcare professionals should be developed and widely adopted. These guidelines should address key areas such as cultural competence, equality, correcting gaps in healthcare professionals' knowledge, using inclusive language and forms, identifying LGBTI-specific risk factors, and recognizing the diverse needs of LGBTIs based on their sexual orientation. Additionally, collaboration with LGBTI communities is essential in developing these guidelines, ensuring that they are practical and relevant. The effectiveness of the guidelines should be reviewed by LGBTIs themselves to ensure their applicability and usefulness (McNair and Hegarty 2010, Biçmen Bekiroğulları 2014).

Another most effective tool that nurses can use is communication. Nurses' using empathy skills would help create a communication environment where LGBTIs would feel themselves safe and would express themselves and nurses would be able to provide effective healthcare service to LGBTIs. Some of the obstacles in creating a therapeutic communication are ignoring LGBTIs needs special to themselves and not collecting data, not reflecting the obtained data in data collection case to care, or displaying homophobic attitudes (Beycan Ekitli and Çam 2017, Korkmaz and Aydın Avcı 2018).

Cultural competencies of healthcare professionals should be provided for the mentioned obstacles to be removed. Missing information in curriculum and literature about LGBTI truth should first be provided in

providing cultural competencies of healthcare professionals and all legal problems should be overcome. For this, it is needed that LGBTI topic be included in healthcare professionals' educational curriculum, continuing educations be planned to actively working nurses, privacy area that LGBTIs need in hospital be created, appropriate terminology in language and documents be used (i.e.: the term partner be used instead of the term husband and wife), negative experiences be prevented between crew and all healthcare professionals by providing effective, respectful and therapeutic communication, and supportive politics be developed (GLMA 2006, Joint Commission 2011, Albuquerque et al. 2016, Medina-Martinez et al. 2021, Wang et al. 2022). In creating an environment where safe healthcare service would be given to LGBTIs, using unisex bathroom toilet signs instead of woman/man in the rooms where LGBTIs will stay, using accessories like brochure and flag that belongs to LGBTI associations and organizations, putting brochures for health problems that LGBTI would experience like hormone therapy, mental problems can be counted (Korkmaz and Aydın Avcı 2018). These applications will at the same time increase LGBTIs' compliance to treatment and receiving healthcare service by decreasing their previous negative health care experiences (Haas et al. 2011, Medina-Martinez et al. 2021).

Protecting and Strengthening LGBTIs' Mental Health

Nurses must remember that suicide is a preventable issue and should be familiar with suicide prevention programs. When caring for a patient with suicidal thoughts or a history of suicide attempts, nurses should focus on developing a therapeutic relationship that strengthens the individual's coping skills, connects them to family and social support systems, and creates a comprehensive suicide prevention care plan. This plan should include education on topics such as gender, sexuality, gender identity, bullying, and the relationship between sexual orientation and suicide. To combat discrimination, nurses should deliver family-centered care and ensure care is inclusive and affirming of the individual's sexual orientation (Yıldız 2018, Medina-Martinez et al., 2021).

Rivers et al. (2018) found that a lack of effective coping strategies is a significant factor in suicide attempts among LGBTIs. Strengthening these coping skills should involve promoting resilience, reducing substance abuse by offering tailored programs that address LGBTI-specific needs, and recognizing the traumatic experiences that may contribute to risky behaviors (Logie et al. 2011, Singh 2013, Mereish et al. 2014, Alessi et al. 2016). Another critical factor in protecting and promoting LGBTIs' mental health is addressing internalized homophobia. According to Yolaç and Meriç (2020), depressive symptoms should be assessed in LGBTIs, and interventions should be designed to prevent depression by addressing internalized homophobia. Mental health professionals should encourage LGBTIs to seek professional help and incorporate discussions of internalized homophobia and depression in their counseling. Further qualitative research is needed to better understand LGBTIs' emotions and experiences in relation to internalized homophobia (Yolaç and Meriç 2020).

Levi-Belz et al. (2022) identified social stigmatization as a key factor in LGBTI suicide attempts. To reduce social stigmatization, it is important to understand the factors contributing to stigmatization and the experiences of LGBTIs who face it. Nurses should work to fill the information gaps that contribute to stigmatization among both the general public and healthcare professionals. Interventions aimed at reducing suicide risks in LGBTIs should be carefully planned, and surveys should focus on current experiences (e.g., within the last two weeks) to facilitate early intervention. Demographic variables should also be explored, and efforts to reduce stigmatization—such as advocating for the removal of transsexual diagnoses from the DSM-V—should be supported. In addition to addressing negative attitudes toward LGBTIs, it is important to study their romantic and couple relationships. To further support LGBTI mental health, nurses should collaborate with government institutions to create funding and support programs for research and preventive interventions (Earnshaw and Chaudoir 2009, McNair and Hegarty 2010, Haas et al. 2011, Landry 2017).

In mental healthcare services, stressors special to LGBTIs like young LGBTIs' rejection by their families, exclusion, being labeled and having problems in accepting sexual orientation/identity should be recognized. In this regard, not only mental health specialists but also pediatrics doctors should be aware of these stressors, and LGBTIs should know mental health service areas in times of need and now mental health service principles would be applied. Similarly, mental health specialists should also give importance to LGBTIs' distinctive needs. In the study by Kirchner et al. (2022), after 483 young LGBTQ were made to watch "it will be better" videos in which two LGBTI explain the difficulties they experienced and how they handled these difficulties, although no difference was detected in suicide ideas on LGBTQ individuals, an increase in the ideas of getting help was detected in test group who watched these videos. Within the scope of the study, it was suggested that planning be made on how to discuss future suicide idea, and that videos be varied more (Kirchner et al. 2022, Madiredy and Madiredy 2022).

Another factor that can be discussed in future study planning is not failing to notice that LGBTIs' other factors like ethnical roots, education level are also effective in suicide risks. In this regard, by making high sampling selection or selection including other factors like ethnic roots, education and economic level, area resided, relationship effects together with gender identity effect, it is necessary that studies that can divide these factors into subgroups are planned. Since most of the studies done are quantitative, a deeper understanding of factors underlying suicide risk in LGBTIs can be provided through planning qualitative researches. Suicide prevention programs in LGBTIs must be developed. In these programs, the most effective approaches should be identified and the programs created should be provided to be culturally competent in terms of LGBTIs (Hottes et al. 2016, Wang et al. 2022). Besides all the mentioned interventions, it was detected that depressive symptoms in LGBTIs improved faster with the application of cognitive behavioral therapy (CBT), and that positive back replies were taken in LGBTIs with depressive and suicide ideas with attachment based family therapy. By taking training of these therapies, psychiatry nurses can make studies in order to improve mental health and well-beings of LGBTIs. National and international mental health action plans towards LGBTIs should be created. Four factors to be considered in these plans to be created are organizing education and awareness campaigns towards society, identifying the risky group through survey programs, limiting the tools used for suicide, and cooperating with the media. Finally, within their educative roles, nurses should give trainings to culturally competent hospital and healthcare professionals about communication contacts that LGBTIs can consult in identifying their feelings, self-awareness, anxiety, substance abuse, suicide risk and emergency situations (Haas et al. 2011).

Conclusion

LGBTIs experience many difficulties in every pace and moment of their lives through homophobia, stigmatization and marginalization. Not taking LGBTIs' rights for their gender identities under protecting by country laws or lack of deterrent punishments are important factors in continuation of difficulties that LGBTIs experience. This situation causes LGBTIs to experience more mental problems like depression, anxiety, stress, post-traumatic stress disorder, substance addiction and causes an increase in their suicide risks. LGBTIs that cannot get support depending on negative attitude, social isolation and barriers that they experiences in healthcare services can resort to more negative coping methods or turn to suicide attempts. In this context, nurses as one of the healthcare professionals with most interpersonal relationships should first provide their own self-awareness and cultural competences, studies should be made in order to provide missing information in literature, LGBTIs' mental health should be increased by taking trainings like CBT and attachment based family therapy, nurses with their educative roles should take active roles in providing cultural competence by providing missing information and lack of experience of LGBTIs' families, society and healthcare professionals, with their protective roles should lead in developing action, strategy and protective laws that will be created for LGBTIs, and should provide the convention of protective and early interventions by providing participation to studies towards LGBTIs. Nurses should take active roles in developing strategies towards family and school environment in protective and preventive interventions, and LGBTIs' families and partners if available should be included in care plan to be given to LGBTIs. Both LGBTIs' and their families getting support should be provided by cooperating with LGBTI associations. Moreover, the guide to be created for healthcare service to be given to LGBTIs should take active role in substance addiction and suicide prevention programs, and LGBTIs' distinctive needs should be considered in these programs.

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