

Alcohol and suicide: insights from LGBTQ+ communities' experiences

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SAMARITANS



What I will be talking about today

- Suicide Prevention Consortium overview
- What we already know alcohol and suicide
- Why we explored LGBTQ+ people, alcohol and suicide
- Our findings from our recent report - *Alcohol and suicide: insights from LGBTQ+ communities' experiences*
- What we want to see change



Suicide Prevention Consortium

- Suicide Prevention Consortium: led by Samaritans and includes National Suicide Prevention Alliance (NSPA), Support After Suicide Partnership (SASP), With You (a charity providing addiction support services).
- Part of the VCSE Health & Wellbeing Alliance for 2021-24
- Aim: suicide prevention is prioritised in England as an inequalities issue.



Alcohol and suicide

- There is no 'one - size - fits - all'. The best support people received acknowledged their personal circumstances and made them feel trusted and listened to. Unfortunately, many people did not receive this level of care.
- For many people, **alcohol is part of a bigger picture**. They described drinking alcohol as a way of coping with issues involving their mental health, trauma or suicidal thoughts.
- Some **people who had attempted suicide were dismissed** or judged by healthcare staff due to drinking alcohol.
- There's a need for further exploration of people's **experiences** of alcohol and suicide, so that voices of lived experience are at the centre of policymaking.



LGBTQ+ people, alcohol and suicide

- There is a relationship between alcohol use and increased suicide risk, associated with the impact of long -term alcohol use and the immediate effects of drinking.
- We know that risk of self-harm and suicide is higher for people in LGB+ communities than people who aren't , and higher for trans people than cisgender people.
- LGBTQ+ people are also more likely to experience alcohol-related harms.
- Being LGBTQ+ does not in itself increases risk of suicide and alcohol related harms, but many LGBTQ+ people may experience additional stressors including but not limited to discrimination, victimisation , isolation and barriers to general help -seeking behaviours, which can increase their suicide risk.

We interviewed 13 people and they identified with a diverse range of gender and sexualities, including five different genders, and eight different sexualities. They self -identified as drinking alcohol, not necessarily reporting dependency.



Finding 1: on personal identity

Identity and circumstance is complex, nuanced and highly personal. This is reflected in people's lived experience of drinking alcohol and suicidality or self harm and is a vital factor to be considered in effective support. -

“On some occasions I had deliberately drunk alcohol because I knew it would lower my inhibitions. It would make me more likely to do something to harm myself .”

“With the multiple identities I couldn't speak to the doctor, it was this and that. I'd, you know, taken much time to fill out some forms. My answer couldn't fit into the box. ”



Finding 2: on society's expectations

Cis-heteronormativity and LGBTQ+phobia were pervasive and significant for some participants in their experiences of drinking alcohol, suicidality and self-harming, and seeking support. -

“ I felt really isolated and marginalised and I'd been hating myself because of that, I've used alcohol to connect me with feelings of a better self. ”

“ I asked him what the relevance was of my marriage to a psychiatric appointment and my suicide, he really got hostile with me, and that was when the whole meeting ended up being quite traumatic. ”



Finding 3: on the role of community

Community and connection was important for many participants' sense of belonging and was one central mechanism influencing their experiences with drinking alcohol.

“ I think you risk being, like, a little bit isolated from the community if you don't drink or don't like to be around drinking. ”

“ I think that's [LGBTQ+ drug and alcohol group therapy] probably the place where I've, over time, brought so many different things and taken in so many other different things from people. ”



What we want to see:

1. When looking to provide suicide prevention support for LGBTQ+ people a variety of health support needs must be met in a holistic and integrated manner.
2. LGBTQ+ people should not be made to justify their gender or sexuality and should instead be met with inclusive and non-judgmental understanding of their experiences of suicidality, self-harm and drinking alcohol.
3. Both formal LGBTQ+ specific services and informal spaces and support within LGBTQ+ communities have an important role to play in ensuring that LGBTQ+ people have effective support regarding suicide, self-harm and alcohol use.



Thanks for listening

Both our reports on this topic can be found on our website: <https://www.samaritans.org/about-samaritans/research-policy/alcohol-suicide/>

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