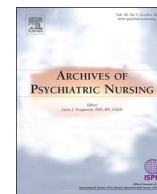




Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Suicide in sexual minority populations: A systematic review of evidence-based studies

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ARTICLE INFO

Keywords:

LGBT
Nurse roles
Sexual minority
Suicide
Systematic reviews and meta-analyses

ABSTRACT

Sexual minority populations are exposed to more forms of distress than heterosexual individuals, thereby increasing the risk of suicidal behavior. It therefore seems surprising that suicidal behavior in sexual minorities is not sufficiently addressed in the nursing literature. The aim of this review was to integrate evidence-based knowledge and experiences related to suicide in sexual minorities into the nursing literature. This study has been conducted according to PRISMA guidelines, which contains a basic systematic screening process. Fourteen articles met the research criteria. The evaluation encompassed 4 themes: 1) Suicide attempts; 2) Thoughts of suicide; 3) Suicide attempts and completed suicide; 4) Suicidal thoughts and suicide attempts. Most studies focused on the dimensions of attempted suicide. The key finding was that young people in sexual minority groups exhibit more suicidal ideation, more suicide attempts and are more at risk of completed suicide than heterosexual individuals. Family-centered care for young people can therefore be one of the basic principles of nursing practice. Nurses can routinely ask adolescents about their sexual orientation and identity to provide appropriate assessment and care. Additionally, nurses can use educational, counseling, case manager and therapist roles to avoid negative experiences such as homophobia, stigmatization and the discrimination of sexual minorities.

Introduction

Despite significant changes in developed western countries, sexual minorities (SM) continue to face legal, social, political, economic, cultural and other barriers that shape their surroundings and everyday realities (Pitoňák, 2017). Currently, 11 recognized identities are subsumed under the SM umbrella, these are: lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited. It is thought by some that these abbreviations are complicated and inadequate even though LGBT and LGBTQ abbreviations are frequently used in the literature (Taskforce et al., 2013). For the purposes of providing a standard form of language in this article, the term “sexual minority” (SM) will be used to refer to individuals with non-heterosexual identities, behaviors and attitudes. According to epidemiological data about 5–10% of people define themselves as SM in society and their health needs are unique (Lancet, 2016). One of the most important areas underpinning the health needs of SM populations is mental health. Research in relation to underlying mental disorders (depression/bipolar disorder) confirms the increased risk of suicide attempts and thoughts of suicide in SM populations (Cochran, Sullivan, & Mays, 2003; Pepping et al., 2017; Schneeberger,

Dietl, Muenzenmaier, Huber, & Lang, 2014). According to a cohort study, it was found that the reported likelihood of suicide attempts among trans-men and women was five times greater than that of heterosexuals, and 19 times greater than the probability of completed suicides (Dhejne et al., 2011).

Despite reports of a high level of suicide among the SM population, researchers in this area have provided limited information on the scope of this problem making it difficult to prioritize and improve suicide prevention programs. It is also difficult to access such information as the individuals concerned are often not included in research and the term SM is frequently used incorrectly (Muller & Hughes, 2016). The accurate measurement of the global burden of psychic distress in SM individuals, health measures and policies, monitoring of changes in health status over time, and examining specific causes of differences seem to be all factors that guide health professionals. Thus, it can be argued that there is a need for studies focused on suicide ideation and suicide attempts in sexual minorities that are multidirectional and produce a high level of evidence. In terms of evidence, systematic reviews and meta-analyses are often the most reliable sources (Stuart, 2005). Reviewing the literature on biomedical sciences and psychology, a small number of studies in the related literature providing evidence-

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<https://doi.org/10.1016/j.apnu.2018.03.003>

Received 29 October 2017; Received in revised form 13 December 2017; Accepted 6 March 2018
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based research have been conducted (Barboza, Dominguez, & Chance, 2016; Haas et al., 2010; Pepping et al., 2017; Williams, 2017). The fact that health professionals turn to evidence-based work in this regard is a key factor that will undoubtedly help to address the problem of suicide. Nurses responsible for the creation and management of the therapeutic environment, and who are important members of the healthcare team, work with individuals who have thought about suicide or attempted suicide in outpatient institutions or in treatment-driven inpatient institutions. Nurses can therefore raise awareness in society by developing programs to prevent suicide in SM. However, it has been determined that the nursing literature provides only a modest consideration of the health needs and expectations of SMs, reflecting a serious gap in the literature in this respect (Eliason, Dibble, & DeJoseph, 2010; Yingling, Cotler, & Hughes, 2017). In view of the findings obtained, this review has shown that there is a lack of evidence-based knowledge among nurses on the suicidal behavior of the SM population.

BACKGROUND

The SM population encounter health inequalities worldwide and are generally at greater risk of adverse health outcomes than heterosexual individuals (Johnson & Amella, 2014). According to a large research study on the prevalence of mental disorders, SM individuals are at greater risk of depression and anxiety disorders than heterosexual individuals. Specifically, gay and bisexual men are three times more likely to meet the criteria for major depression, five times more likely to have panic attacks and three times more likely to experience psychological distress than heterosexual males (Cochran et al., 2003). Similarly, concerns about alcohol, tobacco and drug use (Coker, Austin, & Schuster, 2010; Huebner, Thoma, & Neilands, 2015; Saewyc, 2011), rape (Tjaden, Thoennes, & CJ, 1999) sexual abuse and ill-treatment have been reported more often in SM populations than among heterosexual individuals (Corliss, Cochran, & Mays, 2002; Schneeberger et al., 2014). Evidence from other studies in the United States suggests that non-heterosexuals experience a higher prevalence of psychiatric disorders (Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007; Cochran et al., 2003; I. H. Meyer, 2013) and that these occur more often in the earlier stages of life (Fergusson, Horwood, Ridder, & Beautrais, 2005). Suicidal behavior is one of the most common phenomena in individuals with a psychiatric diagnosis. Research shows that 90% of completed suicides are associated with psychiatric illnesses (Miller, Azrael, & Barber, 2012; Tel, 2016). However, mental disorders alone may not explain the increased rate of suicide attempts in this population. According to Haas et al. in an unpublished analysis of NESARC (National Epidemiologic Survey on Alcohol and Related Conditions), after controlling for psychiatric disorders the rates of suicide attempts by SM individuals were generally two to three times higher than those of heterosexual participants (Haas et al., 2010). This may be because SM populations are exposed to discrimination, stigmatization, violence and rejection (Barboza et al., 2016; Clements-Nolle, Marx, & Katz, 2006; Nuttbrock et al., 2010) and thus experience greater levels of stress (Ilan H. Meyer, 2003). Many SM individuals report that they have encountered at least one instance of homophobic abuse, violence or discrimination (Herek, Gillis, & Cogan, 1999; Mays & Cochran, 2001). Research has also shown that LGBT youth are often exposed to minority-related stress in schools (Kosciw, Greytak, & Diaz, 2009; Ilan H. Meyer, 1995). Individuals who are routinely discriminated against because of their gender identity and who think that their identity is under attack are more likely to engage in suicidal thoughts and behaviors (Herek et al., 1999; Haas et al., 2010). Another problem in the field of health is that many SM individuals fear being discriminated against and feel that they cannot get the psychiatric help they need; thus, they express dissatisfaction with the services on offer (Pepping et al., 2017). According to the results of a large research study conducted in Turkey, 50.3% of LGBT individuals do not know where and how to get sexual

health services, and 43.2% stated that they think of suicide at least once in their life (Yılmaz & Göçmen, 2015). Moreover, nurses receive inadequate education (Carabez et al., 2015; Walsh & H, 2015), consequently prejudiced (Röndahl, Innala, & Carlsson, 2004) and homophobic (Yingling et al., 2017) attitudes among nurses towards the health needs of SM individuals are therefore perceived as the biggest obstacles in their care. In this respect, evidence-based research findings on the subject will help to clarify the health needs of these minority groups.

REVIEW

AIMS

The first aim of this review is to determine the specific elements and underlying dynamics of evidence-based information on suicidal behavior in SM populations. The second aim is to consider how nurses will integrate evidence-based knowledge skills into their approach to suicide in SM.

Methods

In the review process, all details such as the identification and selection of the articles were carried out using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, Altman, & The, P. G. 2009).

LITERATURE RESEARCH

This review covers articles published up until September 2017 in English, Turkish, Spanish and German in the databases of The Cochrane Library, Pub Med, Medline, ScienceDirect, PsycINFO and ULAKBIM Turkish National Databases. Using relevant keywords, summary and full text meta-analyses along with systematically investigated studies were evaluated. These databases are preferred because they contain a significant amount of evidence-based literature in the field of biomedical sciences and psychology. The selection process was completed in two stages. The titles and abstracts of the studies were systematically reviewed in terms of compliance, first to July 2017 and then to September 2017, to keep errors from the investigator to a minimum. Where there was insufficient information in the title and summary of the work, the necessary data were obtained and evaluated in full texts. Those full texts considered appropriate at this stage were downloaded and read to confirm the existence of each inclusion criteria. In certain cases, the authors of potentially relevant studies were contacted by e-mail and asked for missing information. Excluded articles were recorded separately and the reasons for exclusion were noted. The search terms used in the review process are given in Fig. 1.

INCLUSION CRITERIA

- Studies addressing issues related to sexual minorities and suicide, including lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited;
- Articles published in a scientific journal in English, Turkish, Spanish and German;
- Systematic review and meta-analysis studies related to the subject.

EXCLUSION CRITERIA

- Gray literature and theses, methodological or theoretical explanations, corporate reports or texts from local or non-indexed journals or books;
- All studies focusing on issues relating to education, sociology, terminology, history, civil rights and social struggles, law, ill-treatment, neglect and harassment, unless the issues of health, clinical difficulties, sexual minorities and suicide were also addressed.

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