



COMMUNITY • HEALTH • BRIGHTER TOMORROWS

HOPE
BELONGS
TO EVERYONE

SUPPORT
INCLUSION
MENTAL HEALTH
EQUITY
LIFE

SUICIDE PREVENTION IN LGBTQ+ COMMUNITIES OF PUERTO RICO

Evidence and Findings From a Surveillance Study

Initial Findings
2025-2026

Prepared by
Rodolfo R. Vega, PhD

For **Waves Ahead, Corp.**
Wilfred W. Labiosa, PhD • Seil Roman, LICSW

SUICIDE PREVENTION AWARENESS

STRONGER COMMUNITIES
BRIGHTER TOMORROWS



Contents

Introduction.....	3
Rationale.....	3
Methodology.....	4
Study Design and Population.....	4
Recruitment.....	4
Survey Administration.....	4
Measures.....	4
Results.....	5
Age.....	6
Gender Assigned at Birth.....	7
Sexual Orientation.....	8
Current Gender Identity.....	10
Education.....	11
Employment.....	12
Awareness of Suicide in Social Circles.....	13
Results: Psychological Distress (PHQ-4)(Table 3a).....	14
PHQ-4 Total Scores (Table 3b).....	15
PHQ-4 Scores by Age (Table 4a).....	16
PHQ-4 Scores by Sexual Orientation (Table 4b).....	16
PHQ-4 Scores by Gender Identity (Table 4c).....	17
Suicide Risk Factors (Table 5a).....	18
Protective Factors (Table 5a).....	20
Suicide Risk by Age Category (Table 5b).....	20
Suicide Risk by Sexual Orientation (Table 5c).....	21
Suicide Risk by Gender Identity (Table 5d).....	21
Discussion.....	23
High Exposure to Suicide Within Social Networks.....	23
Widespread Psychological Distress.....	23
Suicide Risk Concentrated in Specific Groups.....	23
Gaps in Mental Health and Crisis Service Utilization.....	23
Implications for Suicide Prevention.....	24
Conclusion.....	24

Introduction

Suicide remains a major public health issue among lesbian, gay, bisexual, transgender, and queer (LGBTQ+) populations in Puerto Rico and the United States. Research consistently demonstrates that LGBTQ+ people face unique and cumulative stressors— including discrimination, stigma, social rejection, and barriers to health care—that significantly increase their risk of suicidal ideation, suicide attempts, and death by suicide. These disparities are heightened in Puerto Rico due to structural inequities, economic instability, and limited access to affirming mental health services.

Despite the urgency of this problem, there are currently no evidence-based suicide prevention interventions specifically tailored to LGBTQ+ communities in Puerto Rico. One of the most significant barriers to developing such interventions is the lack of reliable, population-specific data. This gap exists for several reasons: authorities do not routinely collect information on sexual orientation or gender identity, families may be reluctant to disclose these identities following a suicide death, and the cultural and religious stigma surrounding both suicide and LGBTQ+ identities further complicates accurate data collection.

In response to these challenges, this study seeks to collect anonymous surveillance data directly from LGBTQ+ people in Puerto Rico. The objective is to examine the prevalence and patterns of suicidal ideation, suicide attempts, self-harm, methods used, and knowledge of suicide within participants' social networks. Findings will be used to design a culturally relevant suicide prevention program tailored to the needs of LGBTQ+ communities in Puerto Rico.

Rationale

The high risk of suicide among LGBTQ+ people in Puerto Rico is widely documented through community narratives, yet remains largely invisible in official statistics due to systemic gaps in data collection. Suicide surveillance systems in Puerto Rico do not routinely include sexual orientation or gender identity, preventing a full understanding of the scope and nature of the problem. Furthermore, cultural and religious stigma surrounding suicide and LGBTQ+ identities promotes silence, limits disclosure, and perpetuates underreporting.

Without accurate community-specific data, public health authorities and service organizations cannot effectively tailor suicide prevention strategies to the unique experiences and needs of LGBTQ+ people. The lack of evidence also limits advocacy efforts, resource allocation, and the development of culturally competent interventions.

Survey research offers a direct, confidential, and culturally sensitive method of engaging LGBTQ+ community members and collecting essential information on suicidal ideation, suicide planning, suicide attempts, and related risk factors. By bypassing traditional institutional reporting systems and prioritizing participant anonymity, this approach reduces fear of stigma and encourages honest responses.

Data generated from this study will allow for:

- Designing suicide prevention programs for LGBTQ+ people in Puerto Rico
- Identifying priority areas for mental health service delivery and community outreach
- Providing evidence for policy advocacy and funding efforts aimed at reducing mental health disparities

In summary, this study is not only a scientific necessity—it is a community-driven imperative to ensure that suicide prevention strategies in Puerto Rico are inclusive, relevant, and grounded in the lived realities of LGBTQ+ individuals.

Methodology

Study Design and Population

This cross-sectional surveillance study targeted adults aged 21 and older who identified as LGBTQ+ and resided in Puerto Rico. The goal was to include up to 600 participants to achieve broad representation of experiences and perspectives within the target population.

Recruitment

Participants were recruited through both online and in-person strategies, including social media platforms, posters, flyers, and word-of-mouth outreach in LGBTQ+ community spaces. Recruitment materials emphasized the anonymity and confidentiality of the survey and offered entry into a drawing for five \$100 gift cards as an incentive.

Survey Administration

The survey was brief, taking approximately 8–10 minutes to complete. It was offered through multiple formats:

- Self-administered online via secure platforms (e.g., Alchemer, Qualtrics)
- In-person administration by trained survey staff
- Telephone administration for participants unable to attend in person or access the online version

Participants could skip any question and were reminded of their right to withdraw at any time.

Measures

The survey included:

- Demographics: age, sexual orientation, gender identity, sex assigned at birth, ethnic origin, educational attainment, employment status
- Suicide risk assessment: adapted Columbia-Suicide Severity Rating Scale (CSSRS) and PHQ-9 assessing ideation, planning, attempts, hopelessness, and access to professional support
- Social network exposure: knowledge of suicide attempts or deaths among friends, family, co-workers, and LGBTQ+ community members; perceived community trends; instances of being asked for help
- Mental health screening: selected items from the PHQ-4 measuring depression and anxiety symptoms

Ethical Considerations and Risk Mitigation

Given the sensitivity of the topic, extensive measures were implemented to protect participant well-being and confidentiality:

- Anonymity: No personally identifying information was collected. Raffle entries were stored separately to ensure anonymity.
- Confidential data handling: Paper surveys and raffle entries were stored in locked cabinets; online data were password-protected and accessible only to authorized staff.
- Crisis support: During in-person sessions, trained crisis counselors were available for immediate support. Online participants received information for the Puerto Rico suicide prevention hotline (Línea PAS).
- Ethical oversight: The study protocol was approved by an Institutional Review Board and guided by a community advisory board providing cultural and ethical input.

Limitations

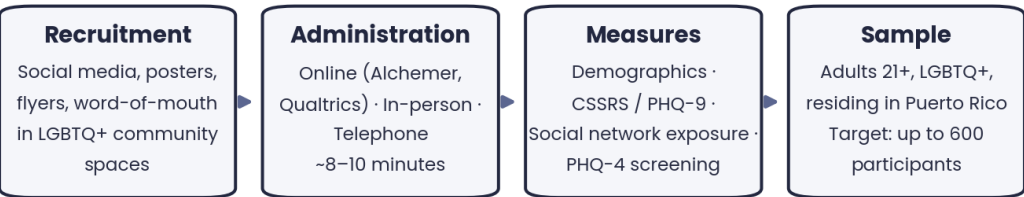
Several methodological limitations may affect interpretation of findings:

- Non-probabilistic sampling may lead to selection bias
- Self-report data may involve underreporting or recall bias
- Cross-sectional design limits causal inference
- Exclusion of minors, despite high vulnerability among LGBTQ+ youth
- Possible underreporting due to stigma, even with anonymity
- Digital access barriers may have excluded less connected individuals

These limitations highlight the need for future mixed-methods and longitudinal research using more inclusive sampling strategies.

How the survey was conducted

Cross-sectional surveillance study — Methodology



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Results

A total of 433 participants completed the survey. Table 1 summarizes the sociodemographic characteristics of the sample.

433

participants completed the survey

Non-probabilistic sample, recruited online and in person across Puerto Rico.

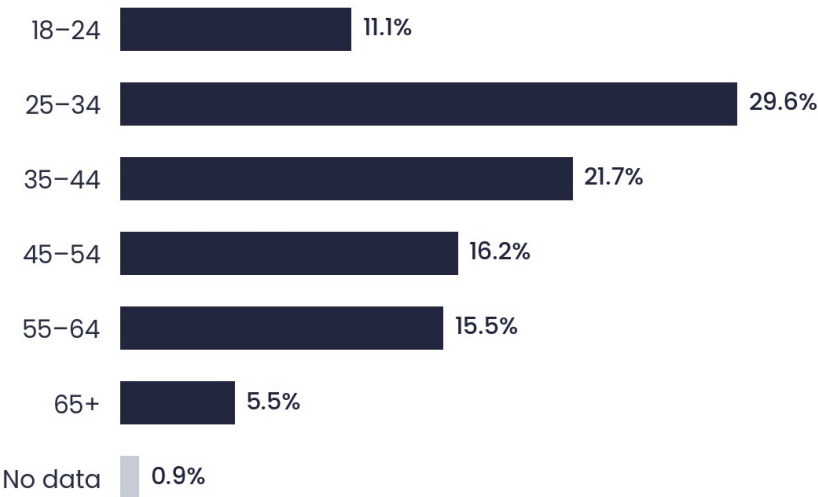
Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Age

Participants represented a broad age range. Nearly one-third (29.6%) were 25–34 years old, followed by 21.7% aged 35–44, 16.2% aged 45–54, and 15.5% aged 55–64. Younger adults ages 18–24 comprised 11.1% of the sample, while 5.5% were 65 years or older. Age data were missing for less than 1% of respondents.

Age distribution

% of respondents (n=433)



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Gender Assigned at Birth

Over half of respondents (51.7%) were assigned female at birth, 37.9% were assigned male, and 9.5% did not report this information.

Sex assigned at birth



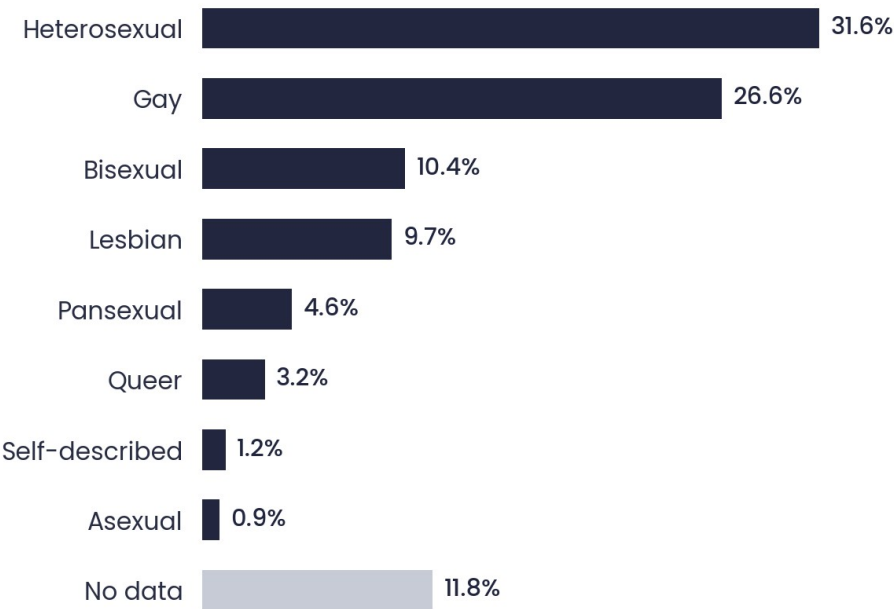
Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Sexual Orientation

Nearly one-third (31.6%) identified as heterosexual, while substantial proportions identified as gay (26.6%), bisexual (10.4%), or lesbian (9.7%). Smaller proportions identified as pansexual (4.6%), queer (3.2%), or asexual (0.9%), with 1.2% providing a self-described identity. Sexual orientation was missing for 11.8% of respondents.

Sexual orientation

Detailed categories, % of respondents (n=433)



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

When categorized, 56.1% of participants identified as LGBTQ+, 31.9% as heterosexual, and 12.0% did not report a combined category.

Sexual orientation — combined categories



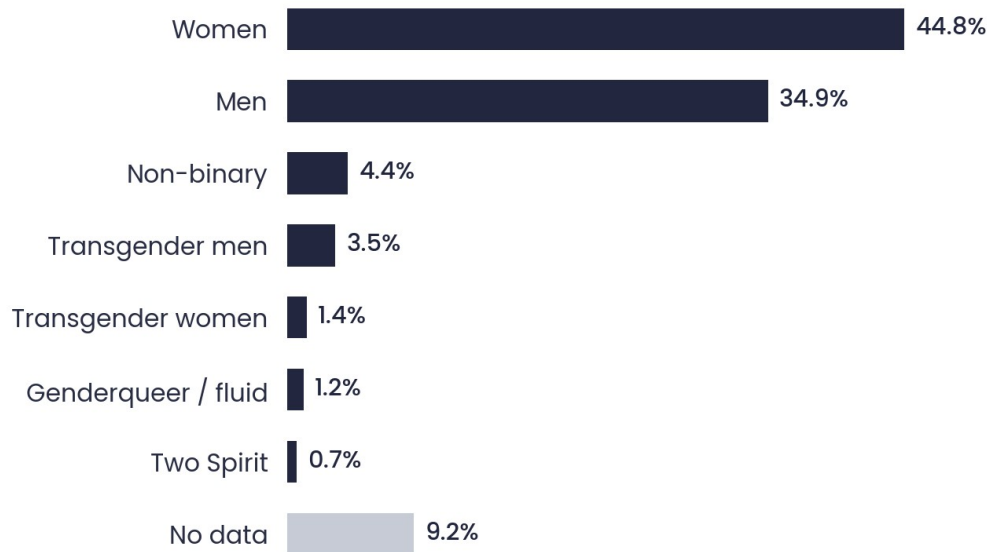
Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Current Gender Identity

Nearly half of respondents (44.8%) identified as women and 34.9% as men. Genderdiverse identities were also represented, including non-binary (4.4%), transgender men (3.5%), transgender women (1.4%), genderqueer or genderfluid (1.2%), and Two Spirit (0.7%). Gender identity was missing for 9.2%.

Current gender identity

Detailed categories, % of respondents (n=433)



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Using combined categories, 79.7% identified as cisgender, 4.8% as transgender, and 6.2% as gender diverse, with 9.2% missing.

Gender identity — combined categories

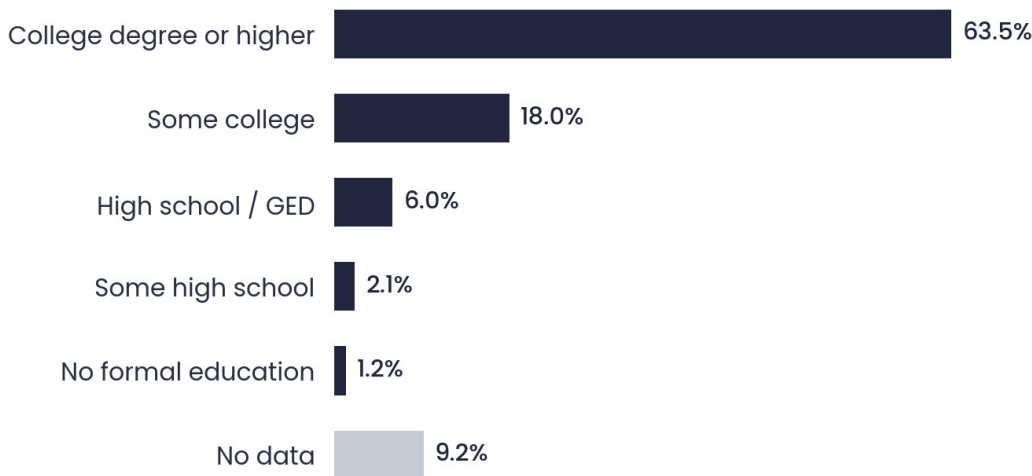


Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Education

Most participants reported high educational attainment. Nearly two-thirds (63.5%) held a college degree or higher, and 18.0% had completed some college. Smaller proportions had a high school diploma/GED (6.0%), some high school (2.1%), or no formal education (1.2%). Education level was missing for 9.2%.

Educational attainment

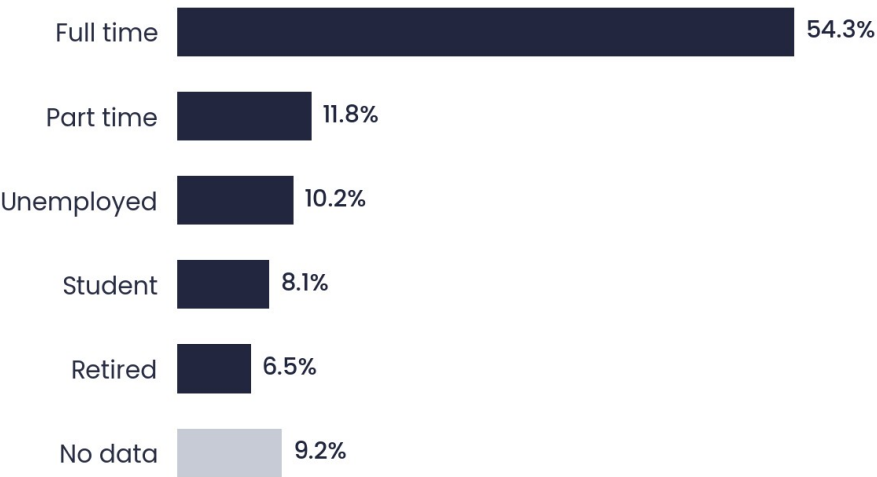


Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Employment

Over half (54.3%) were employed full time, with another 11.8% employed part time. Additional participants reported being unemployed (10.2%), students (8.1%), or retired (6.5%). Employment status was missing for 9.2% of the sample.

Employment status

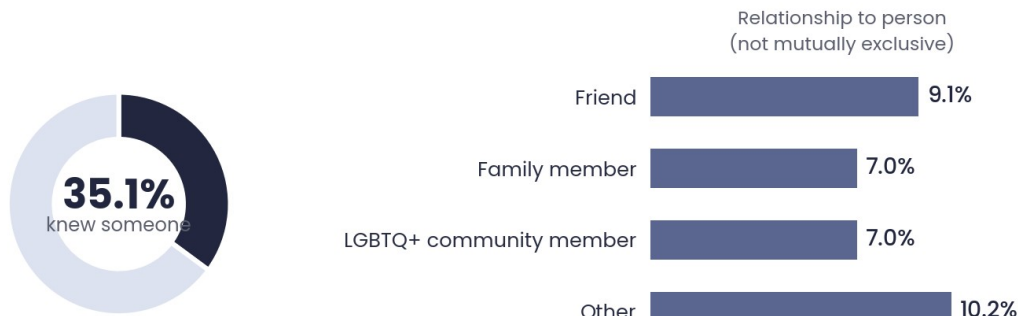


Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Awareness of Suicide in Social Circles

A substantial proportion of respondents reported direct or indirect exposure to suicide within their social networks. Over one-third (35.1%) indicated that they personally knew someone who had died by suicide in the past five years, most commonly a friend (9.1%) or family member (7.0%). Another 7.0% reported knowing an LGBTQ community member who had died by suicide, while 10.2% selected “other,” typically referring to acquaintances, neighbors, patients, or support group members. Nearly two-thirds (64.9%) reported no such exposure.

Knew someone who died by suicide (past 5 years)

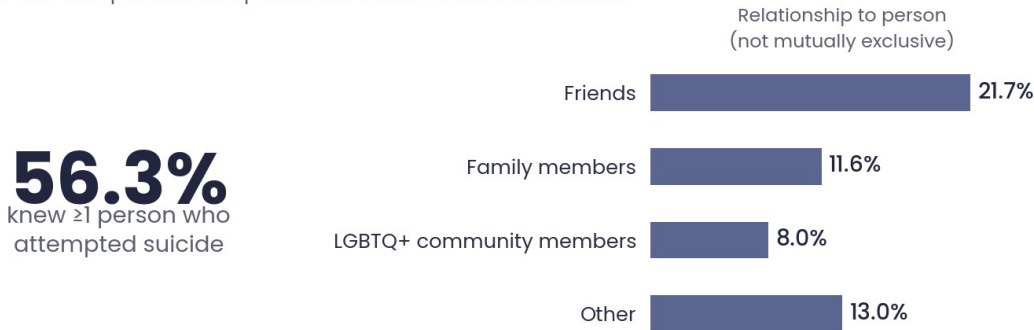


Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Exposure to suicide attempts was even more common: 56.3% of participants reported knowing at least one person who had attempted suicide, including friends (21.7%), family members (11.6%), and members of the LGBTQ community (8.0%). Thirteen percent selected “other,” typically referring to coworkers, neighbors, or multiple individuals.

Knew someone who attempted suicide

No “no” complement is reported in the source text for this item.

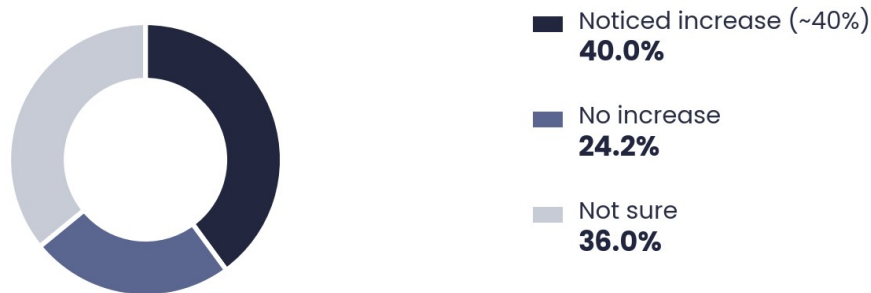


Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Perceptions of community trends were mixed. Approximately 40% reported noticing an increase in suicide attempts in their community during the past year, while 24.2% had not, and 36.0% were unsure.

**Perceived increase in suicide attempts
in the community (past year)**

Note: the source reports the first figure as “approximately 40%,” not an exact value



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Nearly half (48.8%) reported that at some point a friend or family member had asked them for help with suicidal thoughts or emotional distress, suggesting a high prevalence of informal peer support roles among respondents.

48.8%

were asked for help with suicidal thoughts by a friend or family member

No complementary “no” figure is reported in the source text.

Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Results: Psychological Distress (PHQ-4)(Table 3a)

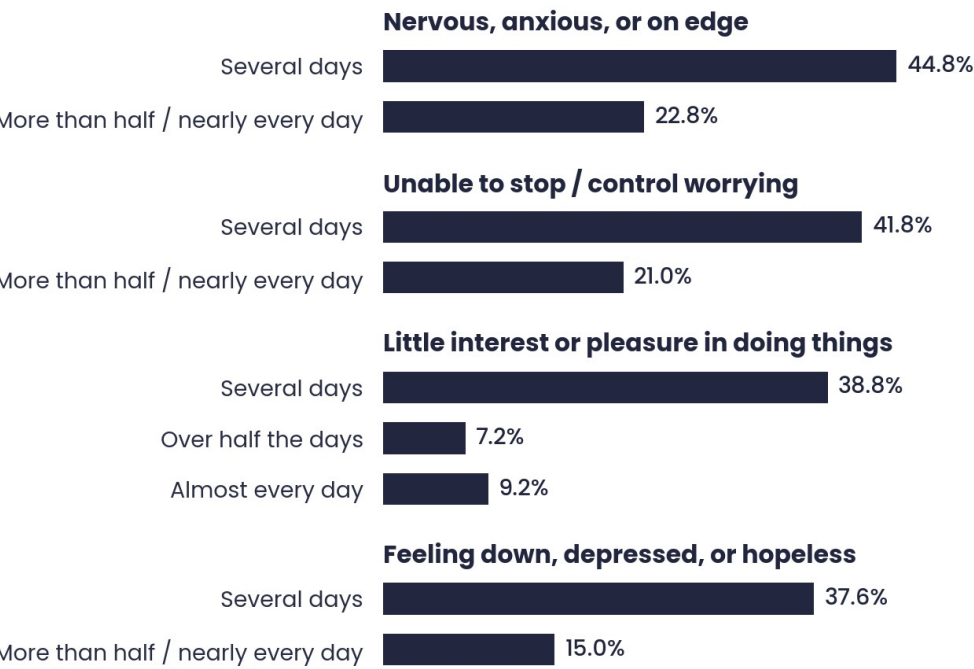
Participants reported varying levels of anxiety and depressive symptoms over the previous two weeks. Anxiety symptoms were common: 44.8% reported feeling nervous, anxious, or on edge on *several days*, and an additional 22.8% experienced these symptoms on *over half* or *nearly every day*. Similarly, 41.8% reported being unable to stop or control worrying on *several days*, while 21.0% experienced this more frequently.

Depressive symptoms were also prevalent. More than half of participants reported little interest or pleasure in doing things at least *several days* (38.8%), *over half the days* (7.2%), or *almost everyday* (9.2%). Likewise, 37.6% reported feeling down, depressed, or hopeless on *several days*, and another 15.0% experienced this on more than half of days or nearly every day. Between 32–47% reported “not at all” across the four PHQ-4 items.

Overall, these patterns indicate that symptoms of anxiety and depression were widely experienced across the sample.

PHQ-4 symptom frequency (past 2 weeks)

% of respondents; “not at all” is reported only as an aggregate range (32–47%) across all four items



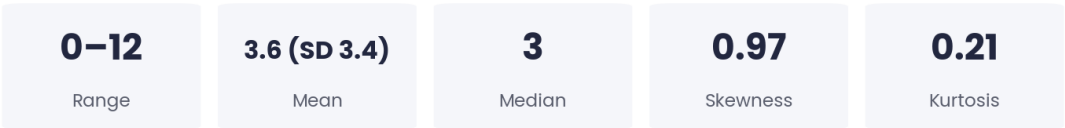
Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

PHQ-4 Total Scores (Table 3b)

Total PHQ-4 scores ranged from 0 to 12, with a mean of 3.6 (SD = 3.4) and a median of 3. The distribution demonstrated positive skewness (0.97), indicating that most participants scored on the lower end while a smaller group reported elevated psychological distress. Kurtosis was 0.21, suggesting a distribution close to normal.

PHQ-4 total score — descriptive statistics

Summary statistics only — the source does not report a frequency distribution by score



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

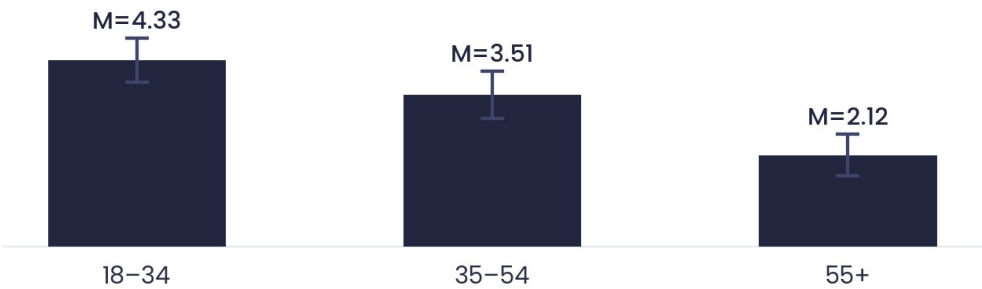
PHQ-4 Scores by Age (Table 4a)

PHQ-4 scores differed significantly by age group (ANOVA $p < .001$). Participants aged 18–34 reported the highest psychological distress ($M = 4.33$, 95% CI [3.82, 4.83]), followed by those aged 35–54 ($M = 3.51$, 95% CI [2.97, 4.06]). Participants aged 55 and older reported substantially lower distress ($M = 2.12$, 95% CI [1.64, 2.60]).

These results indicate that younger adults reported significantly higher symptoms of anxiety and depression compared to middle-aged and older adults.

PHQ-4 mean score by age group

Mean PHQ-4 score (0–12 scale), with 95% confidence intervals · ANOVA $p < .001$



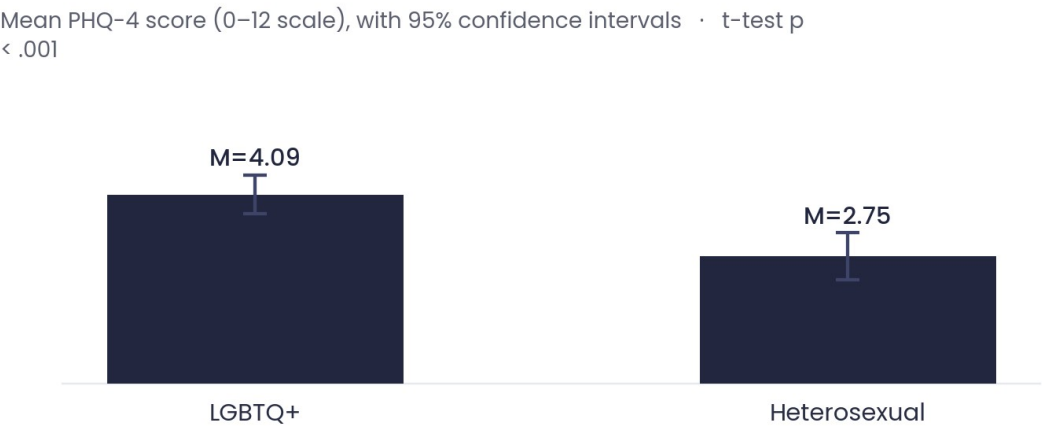
Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

PHQ-4 Scores by Sexual Orientation (Table 4b)

Psychological distress was significantly higher among LGBTQ+ participants compared to heterosexual participants (t-test $p < .001$). The LGBTQ+ group had a mean score of 4.09 (95% CI [3.67, 4.51]), while heterosexual respondents had a mean of 2.75 (95% CI [2.25, 3.26]).

This pattern indicates a marked disparity, with LGBTQ+ individuals reporting substantially higher levels of anxiety and depressive symptoms.

PHQ-4 mean score by sexual orientation



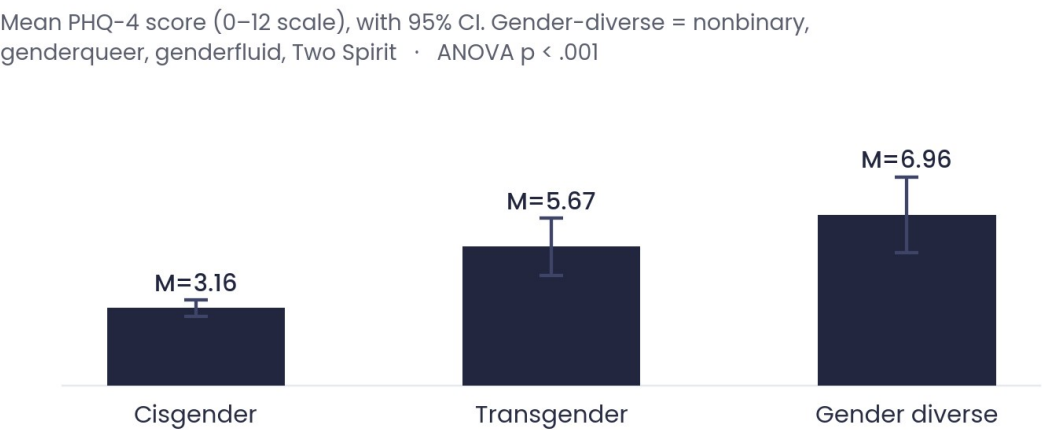
Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

PHQ-4 Scores by Gender Identity (Table 4c)

PHQ-4 scores varied significantly by gender identity (ANOVA $p < .001$). Cisgender participants reported the lowest distress (M = 3.16, 95% CI [2.83, 3.48]). In contrast, transgender participants reported nearly double the distress (M = 5.67, 95% CI [4.50, 6.83]), and gender diverse participants (nonbinary, genderqueer, genderfluid, Two Spirit) reported the highest mean distress (M = 6.96, 95% CI [5.42, 8.51]).

These findings demonstrate a steep gradient in psychological distress aligned with gender identity, with gender diverse and transgender participants experiencing the highest burden.

PHQ-4 mean score by gender identity

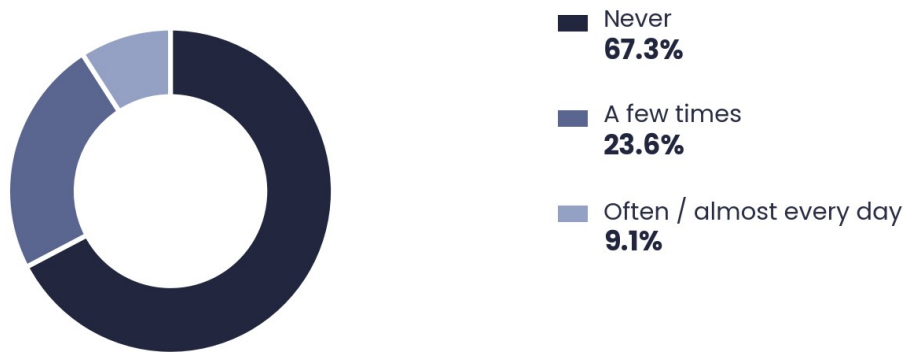


Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Suicide Risk Factors (Table 5a)

A substantial proportion of participants reported experiencing suicide-related thoughts or behaviors. In the past 12 months, 67.3% reported never having thoughts of ending their life, whereas 23.6% reported such thoughts a few times, and 9.1% experienced them often or almost every day.

Suicidal ideation in the past 12 months



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

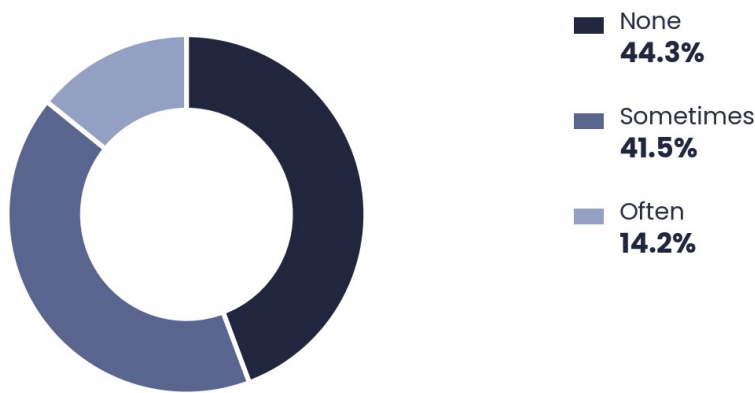
When asked about suicide planning, 23.0% of participants reported having made a suicide plan at least once (13.3% once; 9.7% more than once). Suicide attempts were also reported: 19.4% had attempted suicide at least once, including 13.3% who had attempted once and 6.2% more than once.



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

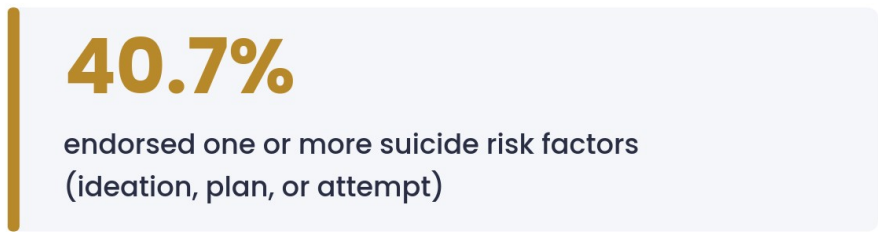
Current hopelessness was also prevalent. While 44.3% reported feeling no hopelessness, the majority experienced some degree of hopelessness: 41.5% felt hopeless sometimes, and 14.2% reported feeling hopeless often.

Current hopelessness



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Overall, 40.7% of respondents endorsed one or more suicide risk factors (suicidal thoughts, plan, or attempt), indicating a considerable level of suicide risk within the sample.



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Protective Factors (Table 5a)

Use of mental health services varied. Just under half (46.7%) had not received any type of professional mental health care in the past year. However, 38.6% reported receiving such care regularly, and 14.7% had received it once or twice.

Use of professional mental health care (past year)



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Use of crisis support services was low. Only 17.3% of respondents reported ever using a crisis hotline or online support service for suicidal thoughts, while the vast majority (82.7%) had not. Although many participants experienced suicide risk factors, relatively few had accessed crisis or emergency supports.

Ever used a crisis hotline or online support service



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Suicide Risk by Age Category (Table 5b)

Suicide risk varied significantly by age group (χ^2 $p < .001$). Younger participants were more likely to report one or more suicide risk factors:

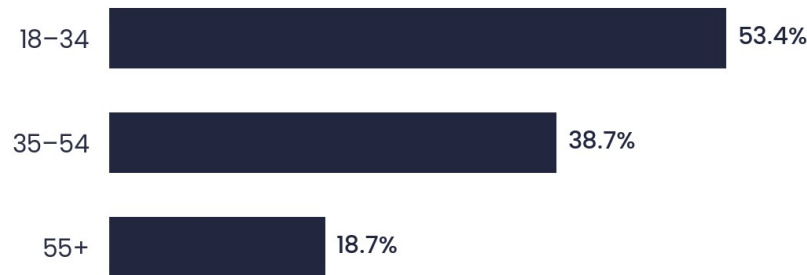
- 18–34 years: 53.4% reported ≥ 1 risk factor
- 35–54 years: 38.7%

- 55+ years: 18.7%

Older adults were markedly less likely to endorse suicide-related thoughts or behaviors, with 81.3% reporting no suicide risk factors. These results indicate a strong inverse relationship between age and suicide risk.

Suicide risk (≥1 risk factor) by age group

χ^2 p < .001. For 55+ only, the source also states 81.3% reported no risk factors.



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

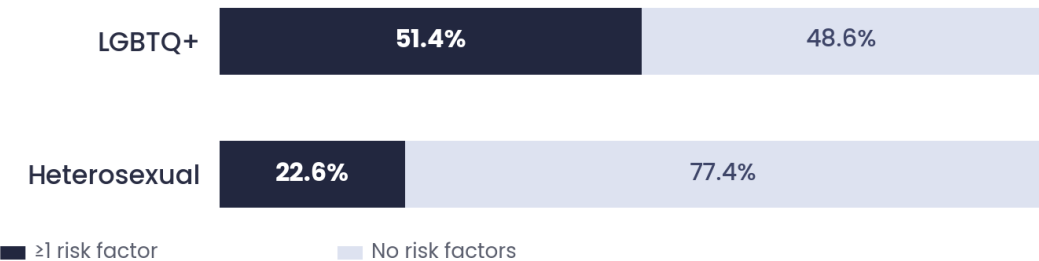
Suicide Risk by Sexual Orientation (Table 5c)

There were significant differences in suicide risk by sexual orientation (χ^2 p < .001). More than half of LGBTQ+ participants (51.4%) endorsed at least one suicide risk factor, compared to only 22.6% of heterosexual participants.

Conversely, 77.4% of heterosexual respondents reported no suicide risk factors, compared to 48.6% of LGBTQ+ individuals. This finding highlights substantial disparities in suicide risk by sexual orientation, with LGBTQ+ participants showing more than double the prevalence of suicide involvement.

Suicide risk (≥1 risk factor) by sexual orientation

≥1 risk factor vs. No risk factors (% of group, sums to 100%) · χ^2 p < .001



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Suicide Risk by Gender Identity (Table 5d)

Suicide risk also differed sharply across gender identity categories (χ^2 p < .001). Cisgender participants had the lowest prevalence of suicide risk:

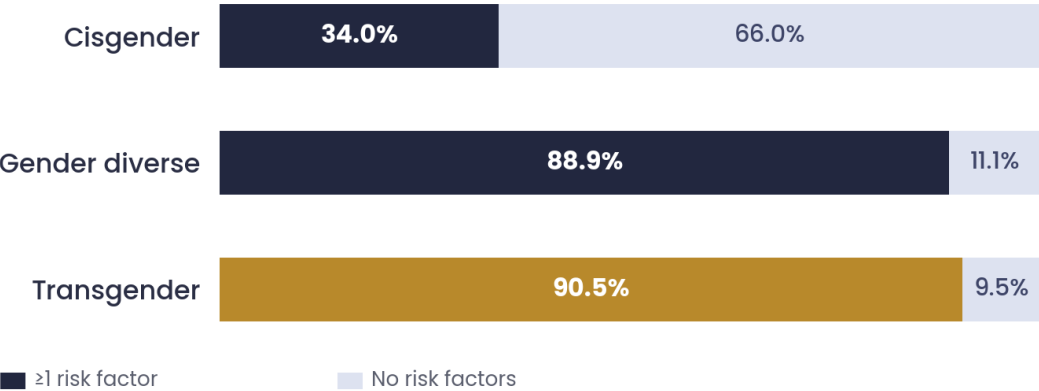
- Cisgender: 34.0% reported ≥1 suicide risk factor

- Transgender: 90.5%
- Gender diverse (nonbinary, genderqueer, genderfluid, Two Spirit): 88.9%

Only 9.5% of transgender and 11.1% of gender-diverse respondents reported no suicide risk factors. In contrast, two-thirds of cisgender respondents (66.0%) reported no risk factors. These results demonstrate extremely elevated levels of suicide risk among transgender and gender-diverse participants, with prevalence rates nearly three times higher than among cisgender respondents.

Suicide risk (≥1 risk factor) by gender identity

The report's most pronounced disparity. Gender diverse = nonbinary, genderqueer, genderfluid, Two Spirit · χ^2 p < .001



Source: Waves Ahead — LGBTQ+ Puerto Rico Suicide Prevention Survey, Nov. 2025 (N=433).

Discussion

This study provides a comprehensive overview of psychological distress, suicide risk, and protective factors among a diverse sample of adults, with substantial representation of LGBTQ+ and gender-diverse participants. Several key patterns emerged: (1) high levels of anxiety, depression, and suicide risk across the sample; (2) elevated risk concentrated among younger adults, LGBTQ+ participants, and individuals who identify as transgender or gender diverse; and (3) a notable gap between the prevalence of suicide-related experiences and the use of crisis or mental health services. These findings underscore urgent needs for accessible, culturally responsive, communitybased suicide prevention strategies—particularly within LGBTQ+ communities.

High Exposure to Suicide Within Social Networks

A striking proportion of participants reported that suicide directly touched their social circles. More than one-third knew someone who had died by suicide in the past five years, and over half knew someone who had attempted suicide. Nearly half had been approached by a friend or family member for help regarding suicidal thoughts. These findings suggest that participants—not clinicians or crisis providers—often serve as firstline emotional supports within their communities. This high degree of informal caregiving reinforces the importance of community-based training models (e.g., gatekeeper training, sentinel surveillance models), which equip community members with the skills to recognize and respond to distress.

Widespread Psychological Distress

Consistent with national trends, symptoms of anxiety and depression were common. Over 60% of participants experienced anxiety at least several days in the past two weeks, and similar levels of anhedonia and hopelessness were reported. Although mean PHQ-4 scores fell within the mild range, the distribution revealed a meaningful subset of participants experiencing moderate to severe psychological distress. Younger adults, LGBTQ+ respondents, and gender-diverse individuals consistently reported the highest levels of symptom burden.

These patterns align with existing evidence documenting elevated psychological distress among LGBTQ+ populations due to minority stress, discrimination, stigma, and social exclusion. The sharp gradient in PHQ-4 scores by gender identity—lowest among cisgender respondents and highest among gender-diverse participants—highlights structural and interpersonal factors such as transphobia, threats to gender-affirming care, and social isolation as significant contributors to mental health disparities.

Suicide Risk Concentrated in Specific Groups

Across the sample, nearly one-quarter had made a suicide plan and almost one in five had attempted suicide—figures far above population norms. Although 67% had not experienced suicidal ideation in the past year, the remaining 33% reported such thoughts, and 9% reported frequent or daily ideation. Overall, 40.7% endorsed at least one suicide risk factor (ideation, planning, or attempt), indicating a high-risk population.

These risks were not evenly distributed. Younger adults (18–34) had more than double the suicide risk of those aged 55 and older. LGBTQ+ participants were more than twice as likely as heterosexual participants to report at least one suicide risk factor. Most strikingly, 90.5% of transgender respondents and 88.9% of gender-diverse respondents endorsed at least one suicide risk factor—nearly three times the rate among cisgender participants. These findings reflect well-documented vulnerabilities driven by discrimination, lack of acceptance, barriers to affirming care, economic marginalization, and heightened social stress.

Gaps in Mental Health and Crisis Service Utilization

Despite high levels of distress and suicide-related experiences, nearly half of respondents reported no use of mental health services in the past year. Only 17% had ever used a crisis hotline or online support service for suicidal thoughts. This mismatch between need and service use suggests significant barriers to accessing care—including

stigma, limited availability of affirming providers, financial constraints, concerns about confidentiality, or lack of trust in formal systems.

The gap may also reflect the strong reliance on informal support networks revealed earlier: many community members serve as de facto helpers during suicidal crises. While a powerful protective factor, untrained community support alone is insufficient to meet the scale of need identified.

Implications for Suicide Prevention

Taken together, these findings demonstrate the urgent need for:

1. Culturally responsive, LGBTQ+-affirming mental health services, with particular emphases on transgender and gender-diverse individuals.
2. Peer-based and community-led models of suicide prevention, especially given the high rate at which participants provide informal support to others.
3. Sentinel surveillance approaches, which leverage community networks to detect distress earlier and link individuals to care.
4. Youth-focused interventions, given the substantially higher distress and suicide risk among younger adults.
5. Improved crisis service accessibility and visibility, to close the gap between suicidal distress and help-seeking.

These results strongly align with minority stress theory and the social determinants of mental health, illustrating how structural and interpersonal experiences—such as discrimination, inequity, stigma, and restricted access to gender-affirming care—shape mental health outcomes. They also reinforce that prevention requires more than clinical treatment: it must address community context, belonging, safety, and protective environments.

Conclusion

This study highlights critical mental health disparities affecting LGBTQ+ and gender diverse communities, including disproportionately high psychological distress and suicide risk. At the same time, the high prevalence of community-based caregiving represents an important asset that prevention strategies can engage. Community-led, culturally grounded, and structurally informed approaches—such as those implemented by Waves Ahead through its sentinel surveillance model—are uniquely positioned to address these needs and reduce suicide risk among some of the most vulnerable populations.