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## Effects of Peer Support Group on Rates of Suicide Attempts, Suicidal Thoughts, and Incidences of Self-Harm for Sexual-Minority High School Students

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## Abstract

**Aim:** The torment sexual minority youth experience can take a psychological toll without access to a support system. The purpose of this proposal is to determine whether an after-school peer support group for sexual minority youth could decrease incidences of suicidal thoughts, attempts, and/or self-inflicted injuries.

**Background:** Youth who identify as a LGBTQIA+ (sexual minority) are more likely to have self-harm behaviors and thoughts when compared to their heterosexual peers. Many high schools neglect to provide safe spaces, resulting in poor support structures for this population. There is a need to create a place where sexual minority students can socialize and build support networks.

**Methods:** Researchers propose an intervention, referred to as a peer support group, that would be a weekly discussion-based forum running for nine weeks. Each week, the group will cover a different topic provided by researchers. The intervention will include counseling graduate students to handle mental health issues that may arise in discussion. Additionally, possible weekly topics offer potential for interdisciplinary collaboration to provide education and discussion prompts for the group.

**Analysis:** Pre- and post-testing of suicidal thoughts, suicide attempts, and instances of self-harm will be administered. Quasi-experimental quantitative data analysis will include paired samples t-test ( $p = 0.05$ ), one-way MANOVA ( $p = 0.05$ ), and separate ANOVA ( $p = 0.05$ ).

**Expected Findings:** Researchers anticipate that a peer support group offers an opportunity for at-risk youth to gain health promotion skills and address disproportionately high rates of self-harm behaviors and ideation.

## Background & Significance

- Sexual minority youth are more at risk for suicide
- Lack of support poses a higher threat for self harm, thoughts of suicide, and suicide attempts
- Sexual Minority Prevalence:**
  - 3.5% of adults identify as LGBT
  - 0.3% transgender
  - 11% attraction to same sex
  - 8.2% engaged in same sex practices
  - 30% physically attacked due to sexual orientation
- Effectiveness**
  - Non-sexual minority youth will be more open to other viewpoints and accepting to sexual minority youth
  - Provide social support, which can reduce rates of suicide attempts, thoughts of suicide, and incidences of self-harm in high-school-aged sexual-minority youth

**Research Question:** Will an after-school support group help minimize self-harm and suicide attempts?

**Hypothesis:** A peer support group will minimize the incidences of self-harm, suicidal ideations, and suicide attempts in sexual minority youth.

## Methods

- Sample:** convenience sampling, n=40 sexual minority high school students
- Recruitment:** flyers, tabling, visiting classrooms, morning announcements
- Intervention:** A nine week after-school focus group called 'Peer Support Group.'
  - This group will meet for nine weeks, every Wednesday, from 2:45 – 3:45 PM
  - Researchers will provide topics, but discussion will be student-led
- Instrument:** 20-question survey, Likert scale
  - Three dependent variables = self-harm, suicide, suicidal thoughts
  - Pretest – posttest design

## Interprofessional Roles

**Counseling:** professional counseling services if serious issue arises during peer group session

**Public Health:** suicide prevention talk from sources such as the Virginia Beach Psychiatric Center (partnered with The National Action Alliance for Suicide Prevention) to identify risk factors and signs of individuals who may be considering self-harm

**Dental Hygiene:** local dental hygienist could discuss how self-harm behaviors manifest in oral care (i.e. tooth decay/enamel loss with eating disorders, cigarette smoking, drug use, oral health neglect)

**Exercise Science:** recreational component led by physical education staff to demonstrate various exercises and present on ability to stimulate endorphins to improve mood and reduce depression and stress

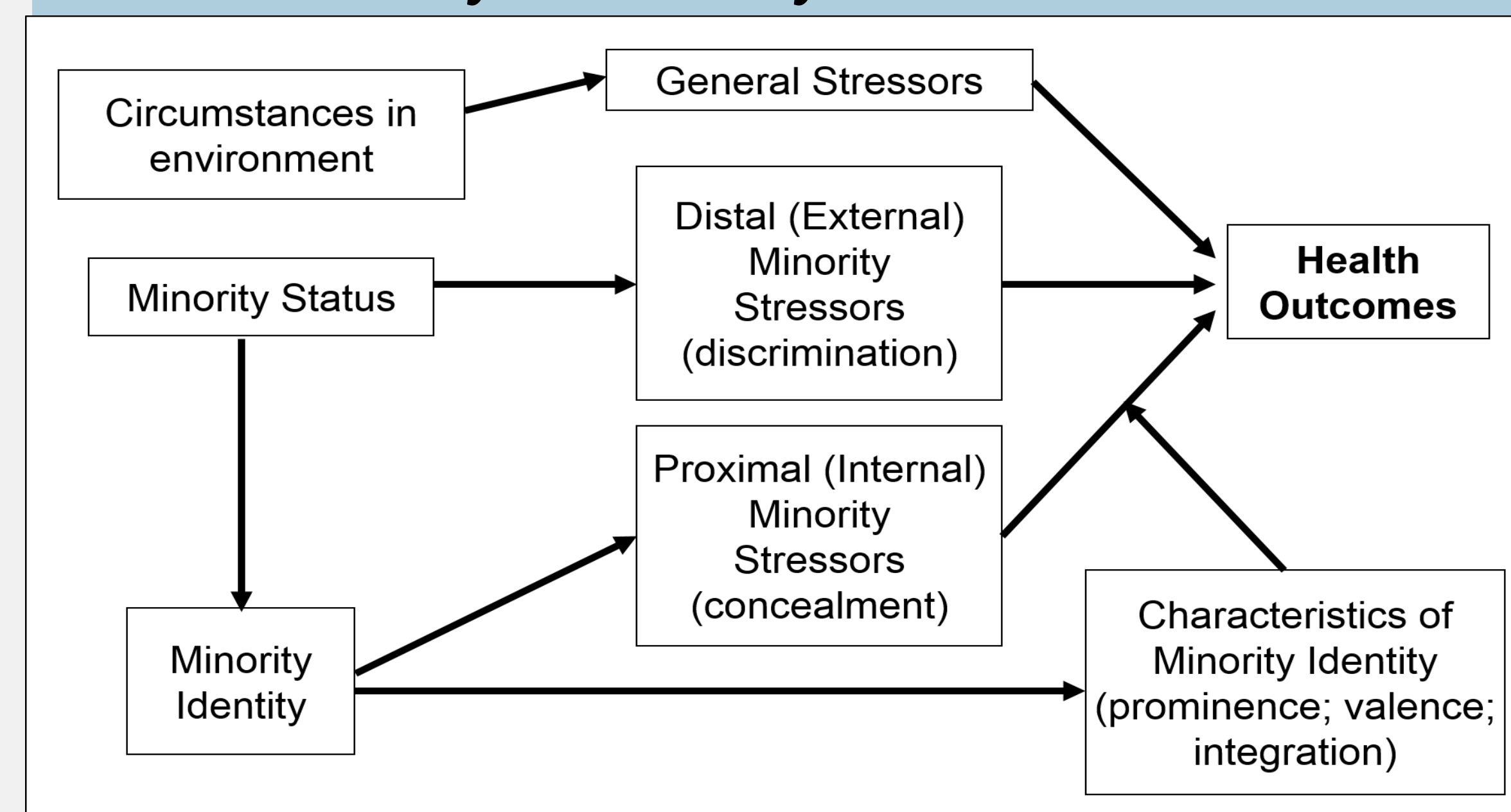
## Data Analysis

- Quasi-experimental quantitative analysis
- Each question scored 0 – 4, and final score totaled from sum of 20 questions
- Number of sessions attended will be collected on posttest
- Paired samples t-test** ( $p = 0.05$ ) to determine any difference between pre- and post-testing scores.
- One-way MANOVA** ( $p = 0.05$ ) to determine any relationships between the three dependent variables (incidences of self-harm, suicide attempts, and thoughts of suicide)
- Separate ANOVA** ( $p = 0.05$ ) to see if effect between number of sessions attended and change in post-test scores

## Limitations

- Small sample size** of 40 or less: attrition, specific generation, and sensitive population; discarding non-sexual minority youth surveys
- Bias: telling the researchers what they believe they want to hear, not the truth
- Change of thought: change of sexuality, counseling outside of our peer support group, and poor attendance over the 9 weeks
- Further studies:
  - Longitudinal study where participants are followed for several years to see duration of effect
  - Repeat to include the non-sexual minority youth in the peer group and their pre- and post scores

## Meyer's Minority Stress Model



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