Abstract word count: 189

Text word count: 4,477

Running title: *Suicidal behaviour among sexual minority youth*

Suicidal behaviour among sexual minority youth: A review of the role of acceptance and support

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ABSTRACT

Sexual minority youths have two- to three-fold higher risk for suicidal behaviour compared to their peers. They also face increased levels of different mental health risk factors, such as depression and substance abuse, and are often victims of homophobia and discrimination. However, available data are unable to provide a clear understanding of the psychosocial factors contributing to these unfavourable mental health indicators. Therefore, this study reviews current knowledge about the impact of factors such as acceptance and support as possible risk or protective factors for the development of suicidal behaviour among sexual minority youth. Thirty four articles were eventually included in the review process; their content was contextualised at three different levels (society, social network and individual) and then integrated into a model. This study shows how negative social environments, such as non-acceptant school climate, lack of support within closest social network, and absence of LGBT support movements in communities, contribute to the development of suicidality in young persons. Unsupportive reactions are internalised and played out at the individual's level as internalised homo-/bi-/transphobic patterns. In order to prevent suicidal behaviour, all these aspects need to be taken into consideration.

KEY WORDS: Sexual minorities, youth, suicidal behaviour, suicide, risk and protective factors

INTRODUCTION

Suicide represents one of the most important causes of death in the age group up to 25 years[1]. Under the age of 15 years, rates of suicide were reported as 0.94/100,000 for girls and 1.52/100,000 for boys[2], increasing with age. For the age group 15 to 19 years the estimated global suicide rate was observed as high as 8.4/100,000[3]. Peculiarities of the developmental phase of adolescence are of particular relevance regarding the risk for suicide. For example, the developmental task of becoming autonomous and independent frequently prevents youth to seek adults' or professional help in a crisis situation. In addition, when such circumstances arise, young people often do not recognise their severity.[4] Moreover, the development of mental health problems (feeling depressed, anxious) and unhealthy behaviours (such as substance abuse) usually begins in adolescence and is often accompanied by impulsiveness or other risk factors related to young age.[5] Psychosocial factors are recognised as important determinants of suicidal behaviour. The Interpersonal Theory of Suicide considers aspects such as *thwarted belongingness* and *perceived burdensomeness* as the most proximal mental states that precede the development of suicide ideation across the lifespan[6].

Sexual orientation and gender identity also provide a framework to understanding risk of suicide among youth[1]. Namely, in this period, it is very likely that young persons are developing their sexual orientation (feelings of physical, emotional and/or romantic attraction towards other people[7]) as well as gender identity, which is understood as the gender(s) a person considers him/herself to be defined as.[7] Lesbian, gay, bisexual, and transgender (LGBT) persons represent sexual minorities[8,9]. For the purpose of this article, we will mostly refer to all groups together.

Previous studies have indicated that sexual minorities have increased risk for suicide ideations, attempts and deaths due to suicide, both for youth and the adult population.[10-12] A longitudinal study in a large community-based sample of gay and bisexual men showed that the risk of suicide is greater during adolescence and young adulthood: it was found that those in the youngest group (16-26 years) were seven times more likely to have attempted suicide in the previous year than those aged 45 and over.[13] As sexual orientation is not usually included in cause of death reports or death certificates, the exact suicide rates of LGBT people are not known.[14] During the last decade, two systematic reviews focussed on the epidemiology of suicidal behaviour among sexual minority youth. They considered the differences between sexual minority and heterosexual youth in terms of depression and suicidality. Results evidenced from 2.26 [15] to 2.92 [16] times higher rates of suicidality (ideation, intent, plans, attempts and serious attempts) in sexual minority individuals, a figure that became bigger with the increasing severity of suicidal behaviour.

Importantly, the prevalence of commonly mentioned risk factors that contribute to suicidal behaviour is also higher in sexual minorities: depression, anxiety, and substance abuse were found to be at least

1.5 times higher in lesbian, gay and bisexual adults,[11] while other investigations reported additional and specific risk factors (Panel 1).

Even though numerous studies indicate elevated risk of suicidal behaviour among sexual minorities, the knowledge on how different psychosocial factors interact for a young gay, lesbian, bisexual, or transgender person to progress towards suicidal behaviours remains limited. Also, not much attention has been paid to possible protective factors. Today the acceptance of sexual minorities appears to be generally greater than in previous times, therefore it could be easier to explore these matters more closely and to discuss them in the framework of changing societies. This article aims to review the current knowledge about the role of the psychosocial factors, such as acceptance and support, as possible risk or protective factors for the development of suicidal behaviour among sexual minority youth. Youth is here considered within the age period from 13 to 25 years.

The role of psychosocial factors

To understand the importance and the role of psychosocial factors in the development of suicidal behaviour, the themes emerging from the literature in our view may identify essentially three levels of psychosocial contexts: society, close network and individual level. These contexts interact with each other, as individual's difficulties are likely to be interconnected at several levels, at the same time.

The society level: public attitudes

Public attitudes toward sexual minorities play an important role and vary across different cultures and historical periods. The differences can be explained by the strength of democratic institutions, level of economic development and religious context.[17] Even different geo-cultural regions may show commonalities. Generally, greater acceptance of homosexuality can be found in more developed countries, e.g. in North-Western Europe, Australia, Canada, New Zealand, and the United States. [18] Low levels of acceptance appear to be evident in ex-communist nations and Muslim countries. However, in many parts of the world, there is lack of reliable data regarding attitudes toward sexual minorities.[18]

In recent decades, relevant changes in attitudes and legislations concerning sexual minorities occurred. Public events, such as gay pride parades – in the Seventies attended by a small number of people – can now attract broad masses. The existence of more permissive attitudes was made evident by several studies. For example, in 2005, the World Values Survey (WVS) found that judgments around homosexuality as "never being justified" declined in 42 out of 51 countries.[19] The overall acceptance of same-sex attraction has thus remarkably increased; however, not universally. In

numerous countries homosexuality is still considered as illegal[18] and there are controversies around how legal statuses influence diagnostic procedures, and what is considered as 'pathology'.[7,20]

Media representations of sexual minorities also have an important role in changes of public attitudes.[21] Today, sexual minorities are often present in mainstream media: in the news, talk shows, as fictional characters etc. Apart from an increase in the last 20 years in reporting frequency about sexual minorities, content of reports often conveys more accepting attitudes. Nowadays, for many young people media provide an opportunity for identification with role models and learning coping strategies that may help to face their own dilemmas.[21] Even more, social media can provide opportunities to connect. In terms of suicidal behaviour, all these aspects may constitute important protective factors.[21]

Acceptance and support and the risk of suicidal behaviour

At the society level, understanding the psychosocial determinants that might influence the development of suicidal behaviour in sexual minority youth possibly involves two main factors. One could be *the role that non-acceptance of sexual minorities has on suicidal behaviour*. For example, for a young individual experiencing same-sex attraction in a country or environment open to homosexuality, life can be very different than growing up in a homophobic society characterised by discriminating attitudes towards sexual minorities [18,22]. In the latter case, young persons would probably feel forced to conceal their sexual orientation. Furthermore, LGBT individuals are more likely to experience victimisation and psychological distress in homophobic societies. However, suicidality in sexual minority youth should not be understood as a direct consequence of stressful life events due to non-accepting society [23,24]. These circumstances should rather be considered as additional risk factors that increase the risk of suicide in adolescence, which is a critical period in its own.[21] Moreover, Hightow-Weidman et al.[25] found that 85% of young men who had sex with men experienced sexuality-related bullying and this was significantly associated with psychopathology and suicide attempts. Other studies support similar findings in LGBT youth aged 14 to 19 years [26] or among young people on the trans-spectrum sexual identity.[27]

Harmful effects of negative attitudes in relation to sexual minorities can also be observed for what concerns help-seeking behaviour, once an individual experiences suicidality. For example, the attitudes of youth towards suicidal behaviour of LGBT community members following their 'coming out' were not viewed in any particularly forgiving or empathic ways.[28] In turn, this can result in a reluctance to seek professional help.

These findings are in line with the minority stress theory,[23, 24] which states that the high trends of violence, discrimination, targeted harassment, victimization, stigmatisation and other unpleasant

behaviours are partly responsible for the high levels of depressive symptoms and suicidality[11,29,30]. However, some youths seem to be able to reframe the social rejection of their identities by using a variety of self-affirming strategies.[27] These individuals would be likely to respond to discrimination through activism, and many of them may hold high hopes for the ways in which they might impact their world in the future.[27]

The second important factor is represented by *the systems a society adopts to provide support for sexual minorities.* Young people struggling with their sexual orientation or identity may benefit from support systems for suicidal prevention. In fact, studies have shown that anti-bullying policies [31] or initiatives such as Gay–Straight Alliance Groups [32,33] were significantly associated with a reduced risk for suicide attempts among lesbian and gay youth. The protective effect of a good school climate was found even after controlling for socio-demographic characteristics (sex, race/ethnicity) and exposure to peer victimization. [34] Lesbian, gay, and bisexual youths living in provinces and cities with more protective school climates reported fewer past-year suicidal thoughts.[35] Further on, an inverse effect was also noticed, with negative reactions at school being related to suicidal ideation and suicide attempts, while victimization in the neighbourhood was only related to suicidal ideation.[36] Peer and dating victimization were found to be significantly related to suicidality among LGBT individuals, as were perceptions of school violence and crime, which in those cases indicated non-supportive school climates for LGBT youth.[37] Victimization at school was also found to be a stronger predictor of suicidal behaviour compared to negative reactions from parents.[36] These findings demonstrate the relevance of fighting against negative reactions, bullying and victimization, towards sexual orientation, and providing support that buffers the negative impact of these experiences within the school systems.

Close-network level: acceptance and support from family and friends

Close networks, representing the significant others of an individual, such as family and friends, and their (non-)acceptance of the sexual orientations or identities, form the next category that impacts the suicidal behaviour of sexual minority youth. Two sub-themes may emerge here, the first one focussing on the *non-acceptance from the close network of the sexual orientation or identity of the LGBT individual..* Schneider et al., in their 1989 study,[38] examined suicide ideation and attempts in the previous six months of self-identified gay youths attending supportive groups. The authors reported that those who were suicidal perceived more people in the close network rejecting their sexuality compared to the non-suicidal ones, but at the same time they appeared to be more dependent on these networks, attributing to them high importance or value. These findings suggest that suicidal crises could alienate the young individual from their sources of support because they provoke additional shame and feelings of burdensomeness on others, even though emotional help from the network would be much needed on those occasions. Schneider and associates underlined that suicidal

behaviour in gay youths may be the by-product of both family-related factors (family dysfunction) and social and intrapersonal stressors involved in coming to terms with an emerging homosexual identity[38].

On the other hand, parental reactions play a very significant role, and may serve as either risk or protective factor. For example, positive reactions and acceptance from mother appear to be an important protective factor,[39] while family acceptance in adolescence is associated with young adults' positive health outcomes (higher self-esteem, better social support and general health conditions) and is protective against negative health outcomes (depression, substance abuse, and suicide ideation and attempts).[40] Homophobic rejection by parents has indeed shown to be related to suicide attempts, [36] with greater level of rejection associated with higher risk of suicide ideation. Also, it has been evidenced that a rejecting maternal attitude would be more of a risk factor for suicide ideation than a rejecting paternal attitude.[41] In addition, findings from Pearson, Thrane and Wilkinson demonstrated that the health risks associated with being thrown out by parents due to homosexuality in adolescence have lasting consequences into adulthood [42.] For sexual minority men, being rejected and dismissed by parents would have long-term impacts for health, as rejected young men were more likely to report suicide ideation, smoking habits, and substance use as adults [42].

However, not all sexual minority sub-groups of youths do experience the same quantity or quality of rejection. For example, in a study from Thailand, transgender adolescents experienced more rejection from their family than did their cisgender counterparts. They experienced more physical punishment, financial deprivation, exclusion from family activities, ejection from the house, social discrimination, and risk of suicide[43].

Another important issue in developing risk for suicidal behaviour is *the social support of the close network*. In a study, the majority of gay males and lesbian youths who were open about their sexual orientation could identify a significant number of people who were supportive to them[44,45]. Close friends were the most frequently reported source of support, with almost all participants listing at least one close friend. Parents, on the other hand, were cited by 80% of the respondents.[44,45] Both gay and lesbian individuals reported that they were from "moderately" to "very satisfied" with the support received by the people in their networks. In line with these findings, family support was also shown to be significantly protective against suicide attempts or other forms of suicidal behaviours.[46-49]

On the contrary, not having enough friends and feeling lonely correlates positively with suicide ideation and attempts.[44,45] Stress and lack of social support mediated about one third of the relationship between same-sex attraction and suicidal tendencies.[50] Support is especially relevant at the time of disclosure of sexual orientation: results of a study on young lesbian, gay and bisexual

youngsters done in the late Nineties show that those who had disclosed were generally more open about their sexual orientation than those who had not [51]. Interestingly, those who had disclosed reported also verbal and physical abuse by family members, and a significant difference was detected in history of suicide attempts: this was present in 51% of those who disclosed and in only 12% of those who did not.[51] However, in another study, the presence of mental health symptoms in youths was related to parents not knowing about their sexual orientation or having negative reactions to it.[52] In addition, youths who did lose a friendship when they came out as lesbian, gay or bisexual were at the greatest risk of suicide attempt,[50] which underlines the value of support from the close network. The study evidenced also a correlation between marginalization by friends and psychological maltreatment by family members or parents and history of suicide attempts in sexual minority youths.[50] Suicide attempters were seen to be characterised by higher frequency of parental psychological abuse, parental discouragement of atypical gender behaviour during childhood, and lifetime gay-related verbal abuse.[53]

An important aspect of social support is perceived social closeness, represented in warm and safe attachment style, which was identified in intervention studies as an important protective factor for suicidal behaviour among lesbian, gay, and bisexual adolescents.[54]

Studies show that support in relationships is not always perceived in the same way but it depends on who the provider of the support is.[50] What is more, a recent study has shown that help seeking cannot be understood in the same way for the different sub-groups of sexual minority youths. For example, of the four sexual orientation groups (heterosexual, lesbian, bisexual and questioning), bisexual female youths demonstrated a combination of high risk for non-suicidal self-injury and suicide ideation, with an inclination to rely on the informal support of a partner/significant other rather than professional help. [55]

Individual's level: internalised (non-)acceptance

Social and close-network aspects further influence the development of suicidality at the individual level through *internalized homo-/bi-/trans-phobia*. So far, only a few studies have explored this link, which could represent an important indicator of how social norms are absorbed and translated into individual's feelings. Namely, views about oneself do not develop independently from the influences of others or society. For example, this was examined in a study on religious conflict and suicidal behaviours among LGBT young adults, which conceptualized internalized homophobia as discomfort with being LGBT, desire for not being LGBT, and desire to change from being LGBT [56]. This was found to be connected with suicide thoughts but not with attempts in the last year.[56]

A study that compared heterosexual and lesbian/gay youths aged 16-25 found internalized negativity towards same-sex attraction to be related to higher levels of psychological distress (especially during the stage of coming out) but not directly to suicidal behaviour. [57] Internalized sexual stigma was found to have a significant effect on life repulsion as an aspect of suicide ideation in Spanish and Italian gay and lesbian individuals aged 18-35 years [58], and to be positively associated with lifetime history of suicide attempts in transgender people (mean age 30 years) in Argentina.[59] To summarise, at the individual level, non-accepting attitudes of society and close network and related prejudices, stigma, victimization and discrimination may lead to internalized homo-/bi-/trans-phobia in sexual minority young persons; this, in turn, may exacerbate psychological distress and lead to self-hate feelings and suicidality.[22]

Interaction of non-acceptance and lack of support

The role of non-acceptance and non-supportive environments as risk factors for suicidal behaviour of sexual minority youths could be integrated in the model depicted below (Figure 1). The model represents three levels: society, close network and the individual. Non-acceptance seems to be one of the main issues that influences suicidality, as it was found that social stress (e.g. perceptions of prejudices by others, victimization experiences, family problems) and social support (feelings of social acceptance and perceptions that others care about an individual) mediate about one third of the relationship between same-sex attraction and suicidality.[50]

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The levels of the model interfere with each other, as there is no individual that would remain isolated from its culture or surrounding people. Non-acceptance and support were previously recognised as risk and protective factors for mental health problems and suicidal behaviour. This model offers a suggestion of how these processes on different levels may contribute to the development of suicidal behaviour. We assume that levels closer to the individual have a more direct influence on suicidal behaviour than the more distal ones, and this is in line with the proximity of the circles around the individual.

At the level of society and social networks, the indirect (but strong and significant) role of the non-acceptance of own sexual orientation and the lack of support push the individual into a non-favourable situation, which is - in accordance with the minority theory - a risk factor for suicidal behaviour. If the people close to a sexual minority young person are non-acceptant or do not offer support, this will actually contribute to the risk of suicidal behaviour. There seem also to be an important difference in non-acceptance and support at each of the levels; so, it is not the same if it is

distant people instead of the close ones that do not accept the person. The most direct influence on suicidal behaviour of this process is manifested in internalised patterns of the individuals. Young LGBT persons themselves may have hard time accepting their sexual orientation or identities, because they also internalise stigma or homophobia.

Resilience or vulnerability to mental health problems and suicidal behaviour is associated with the ways the minority members respond to, cope with or counteract the described stressors related to the non-acceptance of sexual minorities. At the beginning of exploring own sexuality, the young LGBT person will probably face all mentioned aspects of non-acceptance; this might influence mental health outcomes. On the positive side, even though changes in societies are slow, they are noticeable through the last decades and are also reflected in the greater acceptance of sexual minorities and more encouraging reactions of close networks (such as friends, and family in particular). This in turn might lead to greater resilience of young people regarding their coping with specific sexual orientations, diminishment of internalised stigma, and greater self-acceptance as LGBT minority. A recent study from the Netherlands – where attitudes, acceptance, legal status and rights of sexual minorities are amongst the most advanced in the world [36] – seemed to confirm this cascade of events [57]. Namely, the authors observed the differences between heterosexual and lesbian/gay youth regarding risk and protective factors and concluded that, generally, heterosexual youth reported higher levels of suicidality than their same-sex attracted peers[57]. In this study, heterosexual youth expressed more internalized negativity and less openness to family and other people, and also less specific community involvement.[57]

Conclusions and future directions

Non-acceptance and lack of support as risk factors can be evidenced at three different levels: societies, close networks and individual level.

The recent greater acceptance of sexual minorities can potentially have several implications for suicidal behaviour. We can assume that young people would feel less burdened or distressed in disclosing their sexual orientation or identity. In line with this, we may expect the suicide risk to decrease; thus, on the long term sexual minorities would not be considered as a high-risk group anymore. Greater acceptance might indeed influence easiness to open up, and also – hypothetically – increase the number of people prepared to declare themselves as gay, lesbians, bisexual, transgender or members of other sexual minorities. Obviously, we cannot assume that this will necessarily decrease the risk of suicide. In fact, besides acceptance, our model suggests that sexual minority

young people also need to experience the support of others and if this is not provided, suicide figures might not decrease.

Suggestions

In order to effectively address the problem of suicidality in sexual minority youths, we would firstly need to secure the availability of reliable datasets. Mortality databases should then be able to provide information on sexual orientation of deceased individuals; this would make epidemiology of suicide in sexual minorities more credible than what presently is. Moreover, a more integrated way of making research and prevention is needed, as suicidal behaviour of sexual minority youths is an issue for several different disciplines, such as medicine, psychology, sociology, anthropology, law and others. For example, in order to explore the above-proposed model we would need a broad enough research approach able to address all three levels, such as – for instance - a qualitative type of research with bottom-up principles. It would be valuable to explore the proposed model further, and consider if changes in suicidal behaviour could also be captured within it. For example, it would be important to be able to follow the experiences of young people while struggling with their sexual identity and/or coming out as sexual minority, and then integrating the acquired information in relation to the development of their suicidal behaviour.

Future research in this field would benefit from better methodological and conceptual standards. In this article, we did not focus on the critical evaluation of the quality of research findings, which *per se* is a remarkable limitation. Understanding and conceptualisation of diverse sexual orientations have developed with distinct pace and sensitivity in countries around the world and with different timeframes. As a consequence, there is considerable variety in the quality of scientific research in the area. Moreover, the concepts used lack unified definitions or common assessment procedures, and are therefore very hard to compare. As an example, sexual orientation has been described as a continuum, rather than a simple dichotomy of hetero- and homosexual orientation.[60,61] A 7-point scale to measure sexual orientation has been introduced decades ago by Kinsey et al. [60]; however, until recently, it has rarely been used in studies on suicidal behaviour of sexual minority youths. The model we have proposed might provide a tentative framework to approach the problem of standardising acceptance and support for sexual minority youths, but the overall nomenclature issues in suicidology (for example: how we define and assess suicide ideation) would remain.

Policy implications need to address a more integrated care for sexual minorities. The three identified levels can help to conceptualise different intervention levels: at the level of society, we should be able to provide more universal awareness programmes. For example, interventions would need to address common myths about sexual minorities (e.g., all gay men are working in fashion). To prevent myths from representing an additional problem, awareness programs need to start at early age. Another

possible intervention would aim at promoting the development of compassionate and integrative communities able to provide good living conditions and good quality of life to all community members, regardless of their sexual preferences. Panel 4 provides examples of good practices at society level.

At the level of close networks, more selective and indicated interventions would be needed, such as direct work with relatives of sexual minority youths in order to increase their sensitivity and acceptance. The work at the level of individuals should not only focus on psychiatric interventions, but also emphasise greater self-acceptance and promote resilience.

For practitioners, the available literature suggests that special attention needs to be paid to the development of a therapeutic alliance with sexual minority young people. Acceptance and empathy seem to be the key factors to properly develop this process; so, professionals need to be aware of it, especially when young people are "coming out" about their sexual orientation and/or identity.

To conclude, there is a clear lack of randomised-controlled studies able to provide well-documented, high-quality data on effectiveness of different interventions in this field. Most studies are cross-sectional in design, and therefore provide limited data that can be transferred into policies. Future endeavours could focus on the implementation of best practices at different levels. In line with what has been discussed above, we might speculate that the innermost circles of our model can protect from the negative influences of more distal circles. However, future studies should not only focus on the identification of most effective level of interventions, but also try to gather information about the synergistic effects of multi-level interventions[1].

Key messages

- Youth sexual minorities generally have higher risk for suicidal behaviour than their heterosexual peers.
- The higher risk for suicidal behaviours of youth sexual minorities is a complex combination of common risk factors and specific ones related to sexual orientation and identity; social acceptance and support represent significant protective factors.
- Social acceptance and support can be represented at the level of societies, as public attitudes conform the legislative rights sexual minorities must benefit from. Acceptant environments may prevent suicidal behaviour of young people sexual minorities.

- Acceptance and support are of special importance in case of close relationships, such as those with friends and parents; accepting attitudes from closest people may prevent suicidal behaviour in sexual minorities.
- Non-acceptance of sexual identity or orientation from societies or close-networks might be internalised as homo-/bi-/trans-phobia and self-stigmatisation at the individual's level; this can be linked to suicidal behaviour.
- Policy implications need to address a more integrated care for sexual minorities: from awareness programmes for societies to the development of more accepting social networks.

Contribution

This article was prepared by all authors; initial examination of the literature was done by two authors (TP, NZS) and was validated by a third one (VP). The full texts of selected articles were included in the review process and an in-depth analysis of the content of the articles was done by three authors (VP, TP, NZS) and supervised by another (DDL). VP wrote the first draft of the manuscript, TP, NZS and DDL contributed to it. VP and DDL prepared the final version of the paper.

The authors acknowledge partial financial support by the Slovenian Research Agency (project title: *Slovene men: mental health, quality of life, social connectedness and help-seeking*; ID: *J5-8244* and program *Alive? Alive! Research and prevention of suicide;* ID: P3-0384).

The authors declare no conflicts of interest.

Appendix

Panel 1. Risk and protective factors in sexual minority youth

Factors contributing to suicidal behaviour of sexual minorities show elevated levels of frequently recognised risk factors, as well additional specific or more significant risks due to sexual orientation or identities.

Common risk factors (often more prevalent among sexual minorities)	Specific risk factors
• Psychopathology: high levels of identified depression, anxiety, alcohol abuse, drug abuse, PTSD[11,62] • Higher level of impulsivity.[63] • Lower socioeconomic situation,[64] homelessness.[65] • Relational: perceived burdensomeness,[6,66] interpersonal difficulties and lack of social support.[67]	• Having an experience of homelessness, being runaway and thrown out because of sexual preferences or identity have persistent negative effects on health.[42] • Perceived micro-aggression (defined as brief and commonplace daily verbal, behavioural, and environmental indignities that communicate hostile, derogatory slights and insults to the target person or group) effects the

	mental health in negative way.[68] • Homophobia, transphobia, self-hatred, fear, and shame on cyber-talks linked to self-harm.[69] • Rejecting maternal attitudes due to sexual orientation.[41] • Homosexual or bisexual orientation as independent risk factor.[70]
Common protective factors: • Sense of belonging,[71] social support.[72] • Coping skills, resilience. [73]	Specific protective factors: • Perceived parental support in cases of declaring sexual preferences or identity.[41] • School climates that protect sexual minorities.[35] • Positive media representations of sexual minorities.[21] • Self-affirming strategies, activism.[25]

Panel 2. Search strategy and selection criteria

This narrative review of the literature was done in accordance with international guidelines.[73] Articles were retrieved through PubMed, PsycINFO, and Web of Science (WoS) databases including the search terms: *suicid* and (gay or lesbian or bisexual or transgender or intersexual or lgb*) and (youth* or adolesce*)* with the limitation of English language and age group filters (for adolescents 13-18 years in PubMed and 13-17 years in PsycINFO, as well as for young adults 19-24 years in PubMed and 18-29 years PsycINFO). Search terms were scouted in titles or abstracts of the papers (in PubMed and PsycINFO) or titles and topics of the papers (in WoS). On the basis of this automated search, 182 items were indicated in PubMed, 101 in PsycINFO and 86 in WoS. The search was done for the period from 1st February 1966 to 29th May 2018. Additionally, we included one article that was identified through other sources. After the elimination of duplicates, 288 abstracts were screened, resulting in 85 full-texts, out of which 34 met the eligibility criteria. Articles were selected if they focussed on the role of psychosocial factors, such as social perspectives, attitudes, public opinions, supportive environments and acceptance of sexual minority youth in connection to broad spectrum of suicidal behaviour (including ideations, thoughts, attempts). We did not focus on epidemiological data or on other risk factors rather than psychosocial ones. Records were excluded if the main topic was not in line with review aims or the connection between sexual minority-related risk factors and suicidality was not empirically studied, or if the paper did not focus on the aspects of social acceptance.

Panel 3. Summary of articles focussing on the levels of sexual minority youth risks for suicidal behaviour due to non-acceptance and lack of support

Throughout the review process we could identify that the role of the social factors, such as public attitudes, opinions and acceptance in the development of suicidal behaviour of sexual minority youth could be described across three different contexts:

- Society level (12 articles): 5 articles focussed on the direct role of societies' non-acceptance of sexual orientation on suicidal behaviour, and another 7 articles on the role of non-discriminating support systems of societies on suicidal behaviour.
- Close-network level, which includes family and friends (18 articles): 6 articles addressed the acceptance of close network as a moderator in the development of suicidal behaviour of sexual minority youth, while another 12 focussed on its impact in a more indirect way (through offering support).
- Individual level (4 articles): it was the least represented theme, with recently published articles addressing the issue of internalized homophobia and shame.

Three articles addressed more than one subtheme or theme: in this case, we attributed to them the 'category' that best represented aims or findings of the study.

Panel 4. Creating a safe environment by promoting acceptance, positive coping and anti-bullying policies: practice recommendations for schools and communities

- When exploring difficulties a student might be experiencing, inquire about sexual orientation[31]
- Use correct terminology and discourage use of offensive terms[31]
- Avoid making heterosexist assumptions[31]
- Offer information and resources for sexual minority youth (e.g. books, posters, within-curriculum discussions, workshops, support groups, and programs with specific topics on mental health and suicide prevention)[31]
- Offer resources for parents and friends of sexual minority youth[31]
- Organize groups promoting social identification among same-sex attracted youth and positive support of sexual minorities identification by heterosexual members of the society (Gay–Straight Alliance Groups)[32, 33, 65]
- Implement anti-bullying policies[34], e.g. form a task force on violence against sexual minority youth[31]

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