

Suicidality, self-efficacy and mental health help-seeking in lesbian, gay, bisexual and transgender adults in Taiwan: A cross-sectional study

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Abstract

Aim and objectives: The study aimed to investigate the associations of suicide risk, self-efficacy and mental health help-seeking among the lesbian, gay, bisexual and transgender (LGBT).

Background: The LGBT individuals were found to have higher risk of suicide. However, mental health promotion and suicide prevention strategies were lacking in this population.

Design: A cross-sectional survey with two-group comparison.

Methods: The LGBT group was recruited through snowballing method, which was then age-matched with the comparison group as the reference. The questionnaire contained demographics, self-rated health, suicide risk assessment and help-seeking indicators including formal (e.g. medical or psychiatric services) and informal (e.g. family or friends) help sought. Chi-square tests, t-tests, two-way ANOVA and multi-variable regression were performed to test the differences between two groups. The methods followed STROBE criteria.

Results: The LGBT group had a significantly higher prevalence of lifetime/recent suicide ideation, prior suicide attempts and mental distress or depressive symptoms. Their self-rated health and health-related self-efficacy were poorer than those of the comparison group and were associated with increased suicide risk levels. Among the 27.1% of LGBT who intended to seek help for depression, one in five visited psychiatric services. The LGBT were 2–4 times more likely than the comparison group to disclose their distress or seek informal help. However, psychiatric and medical service contacts were relatively low for suicide high-risk individuals in the LGBT group.

Conclusions: The LGBT individuals had a lower level of self-efficacy and higher suicidal risks than the general public. Healthcare professionals and the public should be aware of their informal help-seeking signals such as disclosure of suicide ideation to friends/relatives and connect them to proper mental health resources for further assessment.

Relevance to clinical practice: The LGBT with suicide risks require early detection and proper referrals by first-line nurses to promote suicide prevention in this population.

KEYWORDS

help-seeking behaviour, LGBT, mental health promotion, nursing, suicide risk assessment

What does this paper contribute to the wider global clinical community?

- The LGBT individuals had a lower level of health-related self-efficacy and higher suicidal risks compared to the general public.
- Suicide high-risk individuals in the LGBT group had fewer professional help-seeking behaviours
- yet they may send signals to seek help such as disclosure of suicide ideation that worth further professional attention.
- The nurses should facilitate professional help-seeking for mental health issues of the LGBT individuals while identifying those at lower self-efficacy or high suicide risks for proper management

1 | INTRODUCTION

Gender and sexual minorities are a diverse population across cultures in the world. This minority group includes lesbian, gay, bisexual and transgender, questioning (queer) and intersex. The first four terms, also called the LGBT, were commonly used in the literature as the target for research. Previous studies in the nursing literature revealed the care needs of LGBT individuals and their complex characteristics (Yildiz, 2018). The US prevalence of self-reported identity of homosexuality lies between 3.5% and 6.8% (Herbenick et al., 2010); other surveys identified higher rates of 8.9–28.5% when adopting a broader definition of sexual and gender minorities (Raifman et al., 2017; Yang & Li, 2016). In Asia, the Taiwan Social Change Survey indicated that 4.4% of Taiwan's population was non-heterosexual (Chang et al., 2013). Given the traditional perceptions of gender roles, homosexuality tends to be a prohibited issue for families in the oriental societies. Taiwan has taken the leading role in Asia in fighting for the rights of health care and welfare for this population (Hsu & Yen, 2017). The Taiwanese society has passed the Same-sex Law and started to develop a more supportive environment for the sexual and gender minorities. The yearly parade, helpline service or other social activities held by LGCT-related organisations have received more public attention in Taiwan. However, the LGBT individuals remained to have substantial disparities in health and access to health care across countries, with all ages of the LGBT reporting worse physical and mental health outcomes than cisgender and heterosexual people due to stress (Gilbert Gonzales, 2014). Little is known about stress and suicide risk/protective factors in this population due to methodological limitation or lacking of evidence (Hass & Lane, 2015). Suicide attempts among LGBT adults may stem from environmental stressors at home, in the communities or at schools. The nurses in different fields of profession play a key role in providing a safe environment to reduce sexual orientation victimisation and suicide risks (Reynolds, 2011).

1.1 | Background

Stress reactions and internalised psychological factors were main contributors to poor mental health outcomes such as depression or anxiety for the sexual and gender minority (Meyer, 2003; Skerrett et al., 2017). Based on the stress processes model, the experience of prejudice events, expectations of rejection, hiding and concealing, internalised homophobia and ineffective coping reactions were key elements of psychiatric disorders or suicide (Meyer, 2003). According to literature reviews, depression was found to be prevalent in the sexual minority, which risk of depression was 2.6 times higher among gay men (Wang et al., 2014). Furthermore, research has shown that compared to heterosexuals, LGBT adolescents in America have 4–5 times greater odds of suicidal attempts stemming from bullying and discrimination in schools (Ahuja, 2016).

The nursing roles have been emphasised in promoting the awareness of the risk and protective factors of suicidal behaviours as well as appropriate assessment and nursing care for the LGBT population at high risk of suicide (Yildiz, 2018). A systematic review suggested that 45–77% of transgender youth had suicidal ideation, and 28–52% had made one or more suicide attempts (Makani & Sholevar, 2018). Early in the developmental process of suicide ideation, multiple stressors, health-related self-efficacy and resilience may determine the risk of suicide (Isaac et al., 2018; Moody & Smith, 2013). It is critical for nurses to assess the suicide risk of LGBT individuals and promote the self-efficacy or resilience of these clients in order to reduce accumulative and multifactorial risks. However, the evidence-based nursing studies to inform protective policies for LGBT youth at risk of suicide were still limited.

Another obstacle to suicide prevention is that LGBT individuals do not usually get mental health help they need or express satisfaction with the medical services on offer (Pepping et al., 2017). Promoting help-seeking behaviour is a key strategy in suicide prevention. Help-seeking can be dichotomised by sources of help into formal, involving medical or psychiatric professionals (e.g. physicians

or psychiatrists), and informal, involving predominantly friends and/or family (Wu et al., 2011). Prior help-seeking from informal sources or from medical consultation provides important opportunities for emotional ventilation and service engagement; however, the intentions for help-seeking prior to a suicide attempt were low (Wu et al., 2012). One study revealed that 22.7% of LGBs sought treatment prior to a suicide attempt, but the rate decreased to 15.6% for serious attempters who used more lethal methods of suicide (Meyer et al., 2015). The prevalence of formal medical seeking appeared to be as low as that for informal help sources such as religious or spiritual treatment.

Under a highly accessible healthcare system in Taiwan, unlike other developed or western countries, easy access to medical and mental health care for LGBT adults should provide important protection from suicide risk. However, barriers such as stigma or discrimination towards the LGBT may limit their help-seeking at lay people or professional services, particularly psychiatric consultations. It is hypothesised that help-seeking from formal or informal sources would be fewer among the high-risk suicidal LGBT compared to the general public in Taiwan. The study aimed to analyse suicide risk and help-seeking experiences among a sample of LGBT adults in order to identify mental healthcare needs of this minority group.

2 | THE STUDY

2.1 | Aims

The study aimed to investigate the associations of suicide risk, self-efficacy and mental health help-seeking between the LGBT and a comparison group from the general public in this cross-sectional study. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines (von Elm et al., 2007) were followed, as shown in File S1.

2.2 | Sample/Participants

The study participants comprised a convenient sample of LGBT individuals and a comparison group from a representative sample of the general population. The LGBT individuals were recruited via snowball sampling method, with the starting point of recruitment began with twenty-eight transgender cases by psychiatrist referral at the study hospital. In total, seventy LGBT individuals across the ages of 21–39 completed the research questionnaire online during the study period. On the other hand, the research team took the participants of the Nationwide Mental Health Survey (NMHS) conducted in the Taiwan Suicide Prevention Center as the comparison group. The NMHS participants comprised 2147 respondents completing anonymously the computer-assistant telephone interview with structured questions; they were selected by a stratified proportional

randomising method from the nationwide telephone number bank according to the distribution of population size, gender and age in different geographic areas of Taiwan. Of the 2147 representative surveyed subjects, 515 participants aged between 21–39 years were the comparison group.

2.3 | Data collection

All the study participants responded to a questionnaire containing demographic and self-rated health information, suicide risk assessment and mental health help-seeking experience. The LGBT individuals either completed the paper-and-pencil questionnaire at the study hospital or the online version in the survey, while the comparison group received telephone interview of the same version of questions. All the study questions or variables were listed in the interview manual with standardised interview procedure with consistent contents and definitions in order to make comparison.

2.4 | Ethical consideration

The Institutional Review Board approval was acquired at the study hospital before the study was carried out (IRB No. 201204034RIC & 201303092RIND). All the participants agreed to take part after providing informed consent. All the data were coded for each participant to ensure anonymity.

2.5 | Validity and reliability

2.5.1 | Demographic and self-rated health information

Apart from the demographic variables of age, gender, education and occupation, two health-related variables were collected, health-related self-efficacy and self-rated health. Self-efficacy rated the confidence a person had in having control over his/her own health condition, on a scale of 0 to 100, suggesting self-rated confidence in maintenance of personal health. Self-rated health assessed the participants' perceived physical or mental health condition and was rated on a 5-point Likert scale, with lower scores represent poorer health (i.e. 0 as very poor and 4 as very good). The questions of self-efficacy and self-rated health have been used previously in the research team's suicide-related studies (Isaac et al., 2018; Wu et al., 2016).

2.5.2 | Mental health help-seeking experiences

Participants were asked whether they had experienced any depressive symptoms presented in the case vignette and their help-seeking tendencies about such experiences, which was reported elsewhere

(Wu et al., 2016). Positive responders were then asked whether they had sought help due to these symptoms and their source(s) of help through close-ended questions. Help-seeking experience was divided into two types of help, formal or informal. Formal help-seeking' referred to contacts with physicians or psychiatrists at different service sites including emergency, outpatient and inpatient services. 'Informal help-seeking' referred to help sought or disclosure of mental distress to friends, family, colleagues or any other non-professional help. The participants may choose from either or both types of help they ever sought in the past year in the questionnaire. Moreover, the actual experience of disclosure of suicide ideation or mental distress during the process of help-seeking was also recorded.

2.5.3 | Suicide risk assessment

The Concise Mental Health Checklist (CMHC-9) was used in this study to assess a person's overall suicide risk in the past, present (past 7 days) and the future. It contains two main factors including psychopathology (5 items of insomnia, anxiety, hostility, depression and inferiority) and suicide risk assessment (4 items of previous suicide attempts, stated future suicide intent, excessive ethanol or drug use impairing life, and lacking of social support under emotional distress) (Wu et al., 2019). Each of the nine items was rated one point for a positive response, resulting in a total score of 0–9 points. A score of 4 points or higher indicates a person at higher level of general suicide risks. The Cronbach's alpha of the scale was 0.79 in this study, which was comparable to the original validation results (Wu et al., 2019). Moreover, past week and lifetime ideation of suicide were assessed using a binary variable with yes/no responses from the participants.

2.6 | Statistical analysis

Basic descriptive statistics including percentage and mean scores with standard deviations for categorical and continuous variables were applied in this study. Moreover, comparisons between the LGBT and the comparison groups were performed by chi-square test for the categorical variables and t-test for numerical data. Further, two-way ANOVA was performed to compare the difference of suicide risk by demographics and levels of self-rated health and health-related self-efficacy between the LGBT and the comparison groups; multivariable regression to estimate the effects of LGBT/comparison groups to suicide risk level (CMHC-9 score) after adjusting the impacts from the significant demographics; and chi-square test with estimation of odds ratios in 95% CI to examine the association of suicide risk levels with self-rated depression in a year, help-seeking for depression, disclosure of suicide ideation to anyone and disclosure of mental distress to a doctor among the LGBT and comparison group, respectively. The significance level was set at 0.05 for all statistics. The SPSS (version 16; SPSS, Chicago, IL, USA) was used for analyses in this study.

TABLE 1 The sociodemographic characteristics of the study subjects

<i>n</i> (%)	LGBT (<i>n</i> = 70)	Comparison group (<i>n</i> = 515)	<i>p</i> - Value
Age, Mean ± SD	29.6 ± 6.2	30.2 ± 5.8	.427
<i>Biological sex</i>			
Male	25 (35.7)	251 (48.7)	.041
Female	45 (64.3)	264 (51.3)	
<i>Sexual/gender orientation</i>			
Transgender	28 (40.0)	–	
Homosexual	21 (30.0)	–	
Heterosexual	17 (24.3)	–	
Bisexual	4 (5.7)	–	
<i>Education</i>			
Below college	52 (74.3)	468 (90.9)	<.001
Graduate and above	18 (25.7)	47 (9.1)	
<i>Marital status</i>			
Single	69 (98.6)	313 (60.8)	<.001
Married/ Cohabitation	1 (1.4)	200 (38.8)	
Divorced/ Separated	0	2 (0.4)	
<i>Employment</i>			
Employed	52 (74.3)	365 (70.9)	.554
Unemployed ^a	18 (25.7)	150 (29.1)	

Abbreviations: LGBT, lesbian, gay, bisexual and transgender populations; SD, standard deviation.

^aThe unemployed contained students, housekeepers and those who were looking for jobs.

3 | RESULTS

A total of seventy LGBT individuals were collected during the four-month period and then matched with 515 representative sample as the comparison group. Table 1 showed that the mean ages of the two groups were 29.6 (LGBT) and 26.1 (comparison group) years. The LGBT group had slightly more females of biological sex, a significantly higher level of education (71.4% below college and 25.7% at graduate level) and higher percentage of singles (98.6%) than the comparison group. However, the employment rates were similar (73.2% for LGBT vs. 70.9% for the comparison).

The LGBT group scored predominantly lower than the comparison group in both self-rated health and health-related self-efficacy (Table 2). Both physical and mental health were rated lower by the LGBT individuals, who also reported lower efficacy in self-control of health conditions, at 72.7 points on the 0–100 scale. In terms of psychological distress and suicide risk, results of the three scales consistently showed that the LGBT group had significantly higher levels of psychological distress and suicide risk than the comparison group ($p < .001$, Table 2). In particular, the LGBT group had significantly higher prevalence rates of five main symptoms (44–54%) than

TABLE 2 Assessment of health-related suicide risk and protective factors between the two groups

n (%)	LGBT (n = 70)	Comparison group (n = 515)	p	ES	Mean difference (95%CI)
<i>Self-rated health (1–5)^a, Mean ± SD</i>					
Physical	2.7 ± 0.8	2.0 ± 0.8	<.001	0.076	0.72 (0.52, 0.92)
Mental	2.6 ± 1.1	1.8 ± 0.8	<.001	0.10	0.82 (0.57, 1.11)
Health-related self-efficacy (0–100) ^a , Mean ± SD	72.7 ± 15.0	80.5 ± 11.7	<.001	0.041	–7.72 (–11.42, –4.01)
Recent suicide ideation (in the past week)	8 (11.4)	2 (0.4)	<.001		
Lifetime suicide ideation	26 (37.1)	65 (12.6)	<.001		
<i>Items of the CMHC-9</i>					
Insomnia	28 (40.0)	38 (7.4)	<.001		
Anxiety	38 (54.3)	41 (8.0)	<.001		
Hostility	31 (44.3)	46 (8.9)	<.001		
Depression	31 (44.3)	33 (6.4)	<.001		
Inferiority	35 (50.0)	19 (3.7)	<.001		
Prior suicide attempt	12 (17.1)	7 (1.4)	<.001		
Stated future intent	14 (20.0)	4 (0.8)	<.001		
Ethanol or drug use	4 (5.7)	7 (1.4)	.012		
Lack of emotional support	13 (18.6)	33 (6.4)	<.001		
CMHC-9 (0–9), Mean ± SD	2.94 ± 2.38	0.44 ± 1.05	<.001	0.288	2.50 (1.93–3.07)
High risk (≥4)	26 (37.1)	15 (2.9)	<.001		
Low risk (<4)	44 (62.9)	500 (97.1)			

Abbreviations: CMHC-9, The 9-item Concise Mental Health Checklist; ES, Effect size; LGBT, lesbian, gay, bisexual and transgender populations; SD, standard deviation.

^aSelf-rated health and self-efficacy were rated according to perceived health conditions and confidence of controlling one's own health conditions, with the scores ranging from 1(the most healthy) to 5(the least healthy) and 0(the lowest rating) to 100(full rating), respectively.

TABLE 3 Comparison of suicide risk level among the LGBT and comparison groups by demographic and health-related variables

Mean ± SD	CMHC-9 scores				
	LGBT (n = 70)	Comparison group (n = 515)	p	Total	p
Biological gender					
Females	2.9 ± 2.3	0.5 ± 1.2	<.001	2.4 ± 0.4	.788
Males	2.9 ± 2.5	0.4 ± 0.9	<.001	2.6 ± 0.5	
Education					
Below undergraduate	3.1 ± 2.5	0.4 ± 1.1	<.001	2.6 ± 0.3	.160
Above graduate	2.6 ± 2.1	0.4 ± 0.9	<.001	2.2 ± 0.5	
Self-rated health					
Physically good	2.2 ± 2.1	0.3 ± 0.8	<.001	1.9 ± 0.4	<.001
Physically poor/fair	3.4 ± 2.4	1.0 ± 1.6	<.001	2.4 ± 0.4	
Mentally good	2.5 ± 2.1	0.3 ± 0.7	<.001	1.9 ± 0.5	<.001
Mentally poor/fair	3.3 ± 2.6	1.4 ± 1.8	<.001	2.3 ± 0.4	
Health-related self-efficacy					
High (≥60)	2.6 ± 2.3	0.4 ± 1.0	<.001	3.78 ± 0.7	.073
Low (<60)	5.2 ± 1.7	1.4 ± 1.5	<.001	2.19 ± 0.3	

Abbreviations: CMHC-9, The 9-item Concise Mental Health Checklist; LGBT, lesbian, gay, bisexual, transgender populations; SD, Standard deviation.

the comparison group (3.7–8.9%). Dividing the summed scores of CMHC-9 into high/low levels, it was found that the LGBT group was nearly 12 times as likely as the comparison group to be in a high-risk subgroup for suicide risk. For example, 37.1% of LGBT individuals were in the high-risk group compared to 2.9% of the comparison group. Nearly all of the CMHC suicide risk items were rated significantly higher in the LGBT group. Notably, the rates of prior suicide attempt were 17.1% for the LGBT group and 1.4% for the comparison group, indicating a higher suicide risk in this sexual and gender minority group.

The suicide risk levels (CMHC-9 scores) among the LGBT and comparison groups by demographic and health-related variable were shown in Table 3. As the table showed, gender and education were not associated with suicide risk in the two groups. Poor self-rated health and lower self-efficacy were related to higher suicide risk for both groups, but perceived mental health levels did not correlate with suicide risk for the LGBT group. This finding illustrates that low perceived physical health of the LGBT individuals was associated with high suicide risk ($p < .05$), but the level of suicide risk was similar irrespective of their self-rated mental health conditions. Moreover, only the LGBT individuals with low self-efficacy scored higher than the cut-off of 4 in the CMHC-9, indicating a higher risk of suicide (Wu et al., 2019). Thus, it should be noted that those with low self-efficacy may have the highest suicide risk in the LGBT group.

The results of two-way ANOVA in Table 4 revealed a significant difference in suicide risk level based on CMHC-9 score by demographics, self-rated health and health-related self-efficacy between LGBT and comparison groups. The p -values of significant tests for the main effects and the interactions were listed in Table 4. The results indicated that the interaction exists (p -value $< .05$) between the self-efficacy and the LGBT/comparison groups. The interactions were not significant between gender and the LGBT/comparison groups, between education level and the LGBT/comparison groups, and between self-rated health and the LGBT/comparison groups. Due to the significant interaction between health-related self-efficacy and the LGBT/comparison groups, we further inspected the

mean difference of two levels of health-related self-efficacy under either LGBT group or comparison group (shown in **bold** in Table 3). For self-rated health, insignificant interactions but significant main effects are observed, the readers would be referred to the mean comparison of self-rated health without considering the LGBT/comparison groups (i.e. 'Total' column; shown in **bold** in Table 3). For gender and education, both the interaction and the demographical main effect were insignificant. It can be observed in Table 3 that the mean-response patterns of CMHC-9 scores in LGBT and comparison groups for males are similar with those for females. So as the mean-response patterns of CMHC-9 scores in LGBT and comparison groups for 'below undergraduate' were similar with those for 'above graduate'.

The multivariable regression (Table 5) was applied to estimate the effects of LGBT/comparison groups to the suicide risk level (CMHC-9 score) after adjusting the impacts from the significant demographics. We have tested the full model (i.e. the multivariable regression with all four significant variables listed in Table 3 and LGBT/comparison groups) as well as the reduced model (i.e. the multivariable regression with all significant variables listed in Table 3 but not LGBT/comparison groups). The F -test for testing the significant difference of full and reduced models revealed yielded the F -statistic = $(1056.610 - 840.586) / (1056.610 / 580) = 118.581$ with degrees of freedom 1 and 580; p -value $< .001$. The result implied the significant effect of LGBT/comparison groups on the suicide risk level (CMHC-9 score) without the influences from the other significant demographics (Table 6).

Regarding the association of suicide risk with depression or mental health help-seeking, the study examined whether high or low suicide risk would affect the LGBT or the comparison groups differently in help-seeking behaviours. Despite between-group differences, with LGBT individuals having a higher tendency to seek help, the in-group significance between suicide risk and help-seeking associations were not found in LGBT individuals (Table 6). As shown in Table 6, the LGBT group had significantly higher rates of depression, mental distress disclosure intentions and formal or informal help-seeking experiences than the comparison group. Specifically, the prevalence of seeking help for depression and disclosure of suicide ideation were equally high (23.1%). On the other hand, the analysis of in-group differences in the association between suicide risk and help-seeking behaviours revealed that the LGBT high-risk and low-risk groups did not differ significantly in any variables (Table 6); however, in the comparison group, nearly all variables of disclosure or help-seeking for suicide risks were significantly different, with higher suicide risk associated with more intentions to seek help, except for disclosure of suicide ideation.

4 | DISCUSSION

The study findings suggested that the LGBT adults had higher suicide risks and lower self-rated health perceptions than the general public. However, suicide high-risk individuals in the LGBT group may

TABLE 4 The results of two-way Analysis of Variance (ANOVA) on the suicide risk level (CMHC-9 scores) among the LGBT and comparison groups by demographic and health-related variables

Demographic variable	Group main effect	Demographical main effect	Interactions
Gender	<0.001	0.788	0.670
Education	<0.001	0.160	0.232
Self-rated physical health	<0.001	<0.001	0.152
Self-rated mental health	<0.001	<0.001	0.330
Health-related self-efficacy	0.176	0.073	0.015***

*** $p < .001$.

TABLE 5 Multivariable regression analysis on the suicide risk level (CMHC-9 scores) among the LGBT and comparison groups by demographic and health-related variables

	Error sum of squares	Error degrees of freedom	F	p-Value
Full model	1056.610	580	118.581	<.001
Reduced model	840.586	579		

Note: The multivariable regression was performed after adjusting the demographics to test the full model (regression with all four significant variables listed in Table 3 and LGBT/comparison group) and the reduced model (i.e. regression with all the above significant variables except for LGBT/comparison groups).

TABLE 6 Comparison of self-reported depression experience and mental health help-seeking among the LGBT individuals and the comparison group based on suicide risk levels

n (%)	Low risk		X ²	Odds ratio	High risk ^a		X ²	Odds ratio
	LGBT (n = 44)	Comparison (n = 500)			LGBT (n = 26)	Comparison (n = 15)		
Perceived depression in a year	14 (31.8)	34 (6.8)	2.65	2.16 (0.86, 5.48)	7 (26.9)	6 (40.0)	0.38	1.50 (0.41, 5.43)
Seeking help for depression	13 (29.5)	34 (6.8)	21.74***	5.75 (2.76, 11.99)	6 (23.1)	6 (40.0)	1.29	0.45 (0.11, 1.79)
Disclosure of suicide ideation to anyone	13 (29.5)	11 (2.2)	42.34***	18.64 (7.72, 44.99)	6 (23.1)	1 (6.7)	1.60	4.20 (0.45, 38.84)
Disclosure of mental distress to a doctor	7 (15.9)	33 (6.6)	4.79	0.37 (0.16, 0.90)	6 (23.1)	7 (46.7)	2.37	2.92 (0.75, 11.41)
Informal help sought	10 (22.7)	22 (4.4)	19.40***	6.38 (2.80, 14.54)	4 (15.4)	1 (6.7)	0.64	2.55 (0.26, 25.20)
Formal help sought at GM	5 (11.4)	12 (2.4)	8.77**	5.21 (1.75, 15.56)	2 (7.7)	4 (26.7)	2.46	0.23 (0.04, 1.45)
Formal help sought at PS	8 (18.2)	17 (3.4)	15.89***	6.31 (2.55, 15.62)	6 (23.1)	5 (33.3)	0.51	0.60 (0.15, 2.46)

** $p < .01$, *** $p < .001$; NS, Non-significant; GM, General medical services; PS, Psychiatric services; LGBT, lesbian, gay, bisexual and transgender populations.

^aHigh risk refers to higher suicide risk defined by 4 points and over in the 9-item CMHC scores.

have fewer professional help-seeking behaviours. High-risk suicidal individuals of the LGBT adults may not seek professional help given the high prevalence of distress disclosure to other people (i.e. a form of informal help-seeking behaviour).

The study was among the few to investigate the association of suicide risk with self-efficacy and help-seeking behaviours in the LGBT population. The lifetime prevalence rates of suicide ideation versus suicide attempt were 50% vs. 17.1%, which were at the lower limit or below those of transgender teens (45–77% vs. 28–52%) (Makani & Sholevar, 2018). Another LGBT study estimated the range of lifetime suicide attempt as 25–43% (Hass & Lane, 2015), a range also higher than our findings. The lower suicide attempt rate in this study may be partly explained by the small sample size in comparison to previous studies of 200–400 participants. The low prevalence may also be true because these individuals had never self-harmed, yet suppressed their feelings and lived with suicide ideation; thus, nearly half of LGBT participants thought about suicide at some time in their lives. Less tolerance to pain (Makani & Sholevar, 2018), social taboo or thoughts of family

shame may prevent LGBT individuals from suicidal behaviours in the cultural context of Taiwan; however, the significantly higher suicidality and experience of depressive symptoms among LGBT adults compared to the general population were still alarming and call for targeted approaches in mental and general health services (Skerrett et al., 2014).

Another key dimension of analysis in help-seeking behaviours included three components: intention of help-seeking due to depressive symptoms, intent to disclose mental distress or suicide ideation, and formal or informal help-seeking acts experienced within a year. With 30% exposure to depressive symptoms, the LGBT group was more prone to seek help in all three components. However, the in-group differences between the LGBT group and the comparison group indicated that the former group sought help irrespective of suicide risk level, while the latter group was affected by the risk level for help-seeking intentions and experiences. This finding reflected that suicide risk was determinant in the general public but irrelevant to mental distress disclosure or treatment-seeking for the LGBT group partially due to their

equally high intention to seek help. Our data of 20% psychiatrist consultation rate was similar to that of another study (Meyer et al., 2015), suggesting that one in five LGBT adults chose professional consultation regardless of their degree of suicide risk. Although the study did not probe the results of their mental health treatment, this finding reminds healthcare providers that LGBT adults are more willing to seek professional help than the general public, indicating potential opportunities for them to express their negative thoughts and be supported in a medical environment or receive destigmatised services (McCauley et al., 2018).

The nursing implications of this study are multifaceted, given that LGBT adults had high suicide risk and low self-efficacy. Firstly, nurses can target LGBT individuals with lower self-efficacy (e.g. below 60 points on a 0–100 scale) for early detection of suicide risk, since this group had the highest risk of all subgroups with different levels of health-related perceptions. A previous study of health self-efficacy and mental health intervention showed that, in non-LGBT clients with breast cancer, the effects of expression and reception of treatment information on emotional well-being were significantly greater for those with higher health self-efficacy (Namkoong et al., 2010). Likewise, nurses should promote the health self-efficacy of LGBT clients by increasing mental health literacy or promoting medical-seeking willingness to enhance their acceptance of treatment so as to moderate suicide risk. Secondly, similar to other studies on the importance of identifying gender identity by nurses, a brief and structured nursing assessment of suicide risk for all LGBT clients may help in patient referral to psychiatric or mental health services, since medical-seeking LGBT individuals may be at high risk of suicide. Meanwhile, nurses and other healthcare providers should be sensitive to the suicide risk of LGBT individuals and be prepared for further referral and management, given their motivation to seek professional help.

4.1 | Limitations

The current study offered scientific evidence about a critical mental health issue for the LGBT. Although performed in 2015, the noticeable suicide events happened to some LGBT individuals right after the Taiwan referendum against same-sex marriage in 2018 revealed the importance of comprehensive suicide prevention strategies among this population. In promoting LGBT health and well-being, this study in Taiwan has provided reference for policy makers and healthcare providers an urgent need for advanced strategies to facilitate mental health help-seeking among the LGBT. Notably, the study has several limitations. Firstly, the sample size of LGBT was small and the recruitment source was from a single medical centre, which may potentially cause selection bias. However, a large comparison group of a representative sample in Taiwan was used to make comparison of the target variable, mental health help-seeking. Although there might be a certain number of sexual and gender minorities in the comparison group, the low prevalence of this minority group in general

public may not affect the results. To explore the issue of help-seeking, qualitative methods may be considered for future studies to get a deeper knowledge in this minority. Further, the findings of help-seeking among the LGBT in our study were comparable to other studies; thus, we believe that the sample size was adequate in the current study design. Secondly, the sexual orientation of the comparison group was not confirmed due to template gender question designed in the yearly national survey; we simply collected the biological gender of the general public due to cultural and time limitation in the national survey. Thirdly, suicidality and help-seeking might be under-estimated due to social desirability, and the use of telephone survey or online data collection may lead to potential differences in responses for the two groups. But we have used self-administered questionnaire with standardised procedures to enhance reliability and comparability between participants. In addition, the research team did not prospectively follow up all the participants, thus limiting the generalisability of the results. Future studies could consider prospectively investigating facilitators of professional help-seeking to formulate further health policy for the LGBT population.

4.2 | Conclusions

The LGBT individuals had a lower level of health-related efficacy and higher suicidal risks than the general public. Given a high likelihood of disclosure of their distress to the informal sources of help such as friends or relatives, the LGBTs at high risk of suicide need further referral to professional help resources.

4.3 | Relevance to clinical practice

Given a higher tendency of distress disclosure or informal help-seeking, psychiatric and medical service contacts were relatively low for suicide high-risk LGBT individuals compared to the general public. The nurses should facilitate professional help-seeking for mental health issues of the LGBT individuals while identifying those at lower self-efficacy or high suicide risks for proper management and suicide prevention. Future clinical studies could target at the barriers and facilitators to psychiatric and mental health services among the high-risk LGBT individuals using longitudinal designs to inform better strategies of long-term resource engagement. Qualitative exploration could also be performed to identify the facilitators of effective mental health treatment in order to reduce suicide risk among this population.

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Questão 1

Não respondido

Vale 1,00 ponto(s).

v7 (mais recente)

Avalie as seguintes afirmações sobre o texto e selecione a alternativa **CORRETA**:

Escolha uma opção:

- ☐ Indivíduos LGBT em Taiwan enfrentam menos disparidades de saúde em comparação com cisgêneros e heterossexuais, uma vez que Taiwan desempenha um papel líder na garantia dos direitos de saúde para essa população.
- ☐ A prevalência de depressão entre homens gays é significativamente menor do que entre indivíduos heterossexuais. Isso é evidenciado em pesquisas citadas no artigo, especialmente na introdução.
- ☐ O risco de suicídio entre indivíduos LGBT é atribuído, entre outros fatores, principalmente a fatores genéticos. Tais fatores são elencados e debatidos no texto, mais especificamente nas seções 1 e 1.1.
- ☐ Apesar dos esforços em Taiwan para criar um ambiente mais favorável para minorias sexuais e de gênero, o texto afirma que os indivíduos LGBT ainda enfrentam disparidades substanciais na saúde e no acesso aos cuidados de saúde.



Questão 2

Não respondido

Vale 1,00 ponto(s).

v10 (mais recente)

Com relação aos principais aspectos metodológicos do estudo, analise as proposições a seguir e selecione a alternativa **CORRETA**:

I – Todos os participantes, incluindo o grupo de comparação, responderam ao questionário, sendo que os indivíduos LGBT podiam escolher entre completar a versão impressa ou online.

II – A autoeficácia relacionada à saúde foi medida em uma escala de 0 a 100, refletindo a confiança dos participantes em controlar sua própria condição de saúde.

III – A busca de ajuda em saúde mental foi categorizada em dois tipos: formal (contatos com médicos ou psiquiatras) e informal (divulgação de angústia mental a amigos, familiares ou não profissionais).

IV – A aprovação da Comissão de Ética do Hospital de Estudo foi obtida antes da realização do estudo, com números de aprovação IRB No. 201204034RIC e 201303092RIND.

V – A avaliação de risco de suicídio foi realizada usando a *Concise Mental Health Checklist* (CMHC-9), que inclui fatores como insônia, ansiedade, hostilidade, depressão, e avaliação de risco de suicídio.

Escolha uma opção:

- ☐ As proposições II e V apresentam incorreção.
- ☐ As proposições I e III apresentam incorreção.
- ☐ A proposição IV apresenta incorreção.
- ☐ Não há proposição que apresente incorreção.

Questão 3

Não respondido

Vale 1,00 ponto(s).

v7 (mais recente)

Com relação aos principais resultados do estudo e à discussão, analise as proposições a seguir e selecione a alternativa **CORRETA** considerando V para proposições verdadeiras e F para as falsas:

- ☐ O grupo LGBT apresentou uma média de idade significativamente menor do que o grupo de comparação.
- ☐ A taxa de emprego foi significativamente mais baixa no grupo LGBT em comparação com o grupo de comparação.
- ☐ Os indivíduos do grupo LGBT relataram níveis mais elevados de autoeficácia relacionada à saúde em comparação com o grupo de comparação.
- ☐ A análise de dois fatores revelou interações significativas entre autoeficácia relacionada à saúde e os grupos LGBT/comparação.
- ☐ O estudo constatou que o risco de suicídio entre os grupos LGBT e de comparação não estava associado à autopercepção da saúde mental.
- ☐ O grupo LGBT demonstrou uma tendência significativa para buscar ajuda profissional em comparação com o grupo de comparação, independentemente do nível de risco de suicídio.

Escolha uma opção:

- ☐ V, F, V, V, F, F
- ☐ F, F, V, V, F, V
- ☐ V, F, V, F, V, F
- ☐ F, V, F, V, F, V

Questão 4

Não respondido

Vale 1,00 ponto(s).

v2 (mais recente)



Avalie a afirmação a seguir e selecione a alternativa que a melhor suporta ou se relaciona com base no estudo, nos dados e nos resultados obtidos:

O texto sugere que LGBTs com alto risco de suicidalidade apresentam uma tendência maior de buscar ajuda informal do que de procurar serviços médicos e psiquiátricos profissionais.

- ☐ O texto sugere que LGBTs com elevado risco de suicídio necessitam de mais encaminhamento à ajuda profissional.
- ☐ O texto sugere que os LGBTs têm níveis mais baixos de risco de suicídio em comparação com o público em geral.
- ☐ O texto sugere que os LGBTs com alto risco de suicídio tendem a evitar completamente buscar qualquer forma de ajuda, seja informal ou profissional.
- ☐ O texto sugere que a baixa autoeficácia está associada a um menor risco de suicídio entre os LGBTs.

Questão 5

Não respondido

Vale 3,00 ponto(s).

v8 (mais recente)

Extraia três dos seis principais testes/procedimentos estatísticos empregados no estudo. Em seguida, determine a razão ou finalidade de sua utilização.

Questão 6

Não respondido

Vale 3,00 ponto(s).

v7 (mais recente)



Considerando as limitações apresentadas no estudo, discuta a importância e as implicações dessas limitações para a validade e generalização dos resultados do estudo. Além disso, apoiando-se em possíveis abordagens ou estratégias que poderiam ser adotadas em futuras pesquisas para superar ou mitigar essas limitações, aponte o papel da exploração qualitativa no âmbito deste tipo de estudo conduzido.