

Congress of the United States
Washington, DC 20515

October 26, 2010

The Honorable Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
1 Choke Cherry Road, Room 8-1065
Rockville, MD 20857

Dear Administrator Hyde:

We write with alarm at the recent rash of suicides by lesbian, gay, bisexual, and transgender (LGBT) youth and to ask the Substance Abuse and Mental Health Services Administration (SAMHSA) to take immediate additional steps to combat the risk of LGBT youth suicides. Further, we have questions and concerns about SAMHSA's current policies to fight LGBT youth suicide and its recently released draft plan, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014* ("*Leading Change*").

As you know, sadly a disproportionate number of young LGBT Americans are pushed to consider or attempt suicide. Studies have shown that lesbian, gay, and bisexual young people are anywhere from two to as many as four times more likely to have attempted suicide than their heterosexual peers. And, almost half of transgender youth are reported to have seriously considered suicide.

In the past few weeks we have had a series of tragic reminders of this serious problem:

- Tyler Clementi was an 18 year-old student at Rutgers University in New Jersey. After a video of him having sexual contact with a man was posted on the internet without his prior knowledge or consent, he took his own life by jumping off the George Washington Bridge.
- Raymond Chase, 19, was an openly gay student at Johnson & Wales University in Rhode Island. He hanged himself in his dorm room.
- Seth Walsh was a student at Jacobsen Middle School in California who was bullied because he was gay. Only 13 years old, he tried to hang himself in his backyard. He died after being in a coma for 10 days.
- Zach Harrington killed himself at his family's home in Norman, Oklahoma. He was 19 years old and committed suicide after attending a city council meeting in which strong homophobic remarks were made.

- Asher Brown was a 13 year-old student at Hamilton Middle School in Texas who endured bullying at school because he was gay. When he could not take it anymore, he killed himself by shooting himself in the head.
- Billy Lucas, a 15 year-old student at Greensburg High School in Indiana, hung himself in his family's barn. He had been harassed by classmates at school over his perceived sexuality.
- Aiyisha Hassan, a 20 year-old lesbian former student at Howard University in Washington, DC, died by suicide while in California after struggling with her sexual orientation.
- Chloe Lacey, an 18 year-old transgender teenager from California fatally shot herself due to fears of harassment and abuse after beginning the transition from male to female.

The epidemic of suicides among LGBT youth is not merely an issue of individual factors; it is caused by a culture of bullying, hostility, and violence against the LGBT community. Young LGBT Americans thus face unique challenges which require specific and targeted prevention efforts.

While we applaud SAMHSA for its past and ongoing work in supporting general suicide prevention, we are concerned that SAMHSA's existing policies may not fully meet the needs of LGBT youth. For example, in contrast to other groups, SAMHSA does not appear to provide special emphasis on young LGBT Americans for specific suicide prevention efforts. SAMHSA should take immediate and specific steps right now to help reduce the risk of additional suicides by young LGBT Americans. This is a serious public health problem which cannot wait.

Moving forward, we recognize and appreciate that SAMHSA does seem to plan a greater focus on LGBT youth in its suicide prevention efforts, as explained in *Leading Change*. Specially, Objective 1.3.1 details SAMHSA's intent to "[i]mprove mental, emotional, and behavioral health and well-being among military families, youth, and American Indians and Alaska Natives with a focus on ethnic minority and LGBT youth." However, this Objective is subsidiary to Goal 1.3, which, unfortunately, fails to recognize LGBT youth specifically as a population at high risk for suicide. Goal 1.3 is written as follows: "Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and Americans Indians and Alaska Natives."

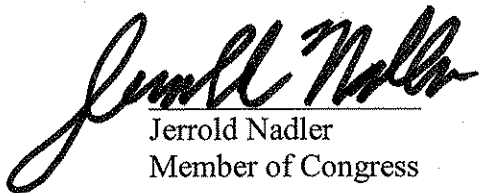
SAMHSA should, as it plans its future suicide prevention efforts, recognize LGBT youth as a population at high risk for suicide and target its prevention efforts accordingly. We encourage you to work with outside organizations with expertise in this area, such as The Trevor Project, which specializes in suicide prevention among young LGBT Americans. LGBT-inclusive programs, like those produced by such organizations, are what is needed to address the distinct challenges faced by LGBT youth.

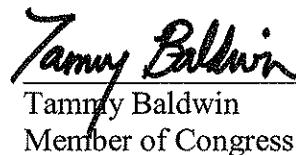
Finally, to better understand SAMHSA's current and planned efforts to combat the problem of LGBT youth suicide, we would appreciate answers to the following questions:

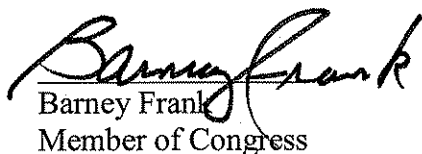
1. How are SAMHSA's programs and those that it supports nationwide with respect to suicide prevention specifically designed to help young LGBT Americans?
2. Does SAMHSA plan to take any immediate steps to reduce the risk of suicide among LGBT youth, before the *Leading Change* plan is finalized? If so, what does SAMHSA intend to do?
3. Please elaborate on the meaning of Objective 1.3.1 of *Leading Change*. What does it mean that there will be a "focus on LGBT youth"?
4. Has SAMHSA utilized or supported programming targeted at preventing LGBT youth suicide developed by any outside organizations, such as The Trevor Project's Lifeguard Workshop Program, which is an educational program for schools using age-appropriate messaging, or the Human Rights Campaign's Welcoming Schools Program, which uses an LGBT-inclusive curriculum designed to address family diversity, gender stereotyping, and bullying in K-5 learning environments? Does it plan to do so in the future? If so, how?
5. When will a final version of *Leading Change* be produced? Does SAMHSA anticipate needing additional resources or legal authority to accomplish any planned efforts relating to combating suicide among LGBT youth, now or in the future?

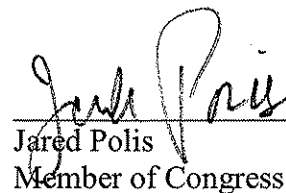
Thank you for your prompt consideration. We look forward to working with you to reduce the risk of LGBT youth suicides.

Sincerely,


Jerrold Nadler
Member of Congress


Tammy Baldwin
Member of Congress


Barney Frank
Member of Congress


Jared Polis
Member of Congress