



Closing the Loop

Understanding LGBTQA+SB suicidal behaviour and improving support: insight from intersectional lived experience

This series is designed to 'close the loop' between research and policy by translating research evidence into policy directions and advice. These papers review key findings from National Suicide Prevention Research Fund projects and identifies evidence-based policy recommendations. This edition focuses on understanding LGBTQA+SB suicidal behaviour with insight from intersectional lived experience with recommendations for suicide prevention for these communities.

The acronym LGBTQA+SB (lesbian, gay, bisexual, transgender, queer, asexual, and sistergirls and brotherboys) is used to recognise the diverse genders and sexualities of participants in the research and acknowledge that, despite attempts, researchers were unable to recruit participants who identified with intersex variations.

Research summary

The research investigated improving policy and service responses to suicidal behaviour in LGBTQIA+ communities, including First Nations LGBTQIA+SB people and LGBTQIA+POC. (First Nations LGBTQIA+SB refers to Aboriginal and / or Torres Strait Islander participants including those who use the term sistergirl or brotherboy (SB). LGBTQIA+POC is used to identify participants who identified as a person of colour.)

This research is a collaboration between researchers at RMIT University (Katherine Johnson and Nicholas Hill), the University of Sydney (Vanessa Lee-Ah Mat) and partners specialising in LGBTQIA+ community support (Switchboard) and lived experience of suicide (Roses in the Ocean). The research design adopted an intersectional lens with an explicit focus on understanding how LGBTQIA+ identification intersected with First Nations status and racial and ethnic difference. Twenty LGBTQIA+SB adults were recruited from across Australia with participants located in QLD, VIC, NSW, WA and SA. Participant experiences are organised into five thematic areas which are summarised in this edition.

Understanding LGBTQA+SB lives: Intersectional insights

Protective factors to reduce the risk of suicide, including acceptance, affirmation and connection, were found to help participants live affirmatively. Whilst family life, friendships, and various social spaces can be significant sources of acceptance and affirmation, they can also be drivers of distress and shame that shape help-seeking behaviours and influence what support may be accessible and appropriate.

Experiences of suicidal distress

Participants reported suicidal distress can begin at an incredibly young age, and participants often found ways of living with suicidal thoughts and feelings throughout their lives. Contributing factors to suicidal distress included feelings of isolation, fear of rejection, and experiences of social and cultural rejection associated with homophobia, transphobia and racism. Social and cultural isolation was a strong contributor to suicidal distress among LGBTQIA+ people of colour and First Nations LGBTQIA+SB.

Help-seeking and informal support for LGBTQA+SB suicidal behaviour

Seeking support was identified as a challenge by participants, and that help-seeking behaviour often changes over time, with people becoming more adept at managing their suicidal distress. Of concern, not disclosing suicidal distress was associated with being young of age and experiencing suicidality for the first time.

Family support was identified as a protective factor for suicide, however it was reported that this is not always available or positive. LGBTQA+ people of colour may be more likely to seek support from friends. This can be due to cultural sensitivities around LGBTQA+ identities, not knowing where to get support, and wanting to protect family.

Many people liked the support gained from LGBTQA+ groups, but they can be exclusive or limited (especially re: intersectional or diverse experiences).

The role of formal mental health support for LGBTQA+SB suicidal behaviour

Identifying and accessing appropriate support was identified as a key challenge, with accessibility issues related to participants' own lack of knowledge about where and how to access services. These challenges were often compounded by barriers encountered within the healthcare system, which include limited knowledge and awareness about gender, sexuality and cultural diversity, a lack of appropriate services in rural and regional areas, and out of pocket expenses.

Discrete service providers that provide anonymity, particularly for First Nations LGBTQA+SB people, living in community was also seen as important.

The role of LGBTIQ+ specialist support in responding to LGBTQA+SB suicidal distress

Key elements for support for LGBTQA+SB suicidal distress were identified including accessibility, trust and affirmation of all aspects of identity, not just gender identity and/or sexuality. Participants found LGBTIQ+ services to be more affirmative than mainstream formal support, but there are still challenges to be met to improve accessibility and inclusion for those located at the intersections. This includes First Nations LGBTQA+SB and LGBTQA+ people of colour, but also less visible gender identities, sexualities and geographical location.

Policy implications

The findings of the research provide much needed understanding and insight into intersectionality among LGBTQA+SB populations and identifies key recommendations to develop safe and appropriate supports to mitigate suicidal distress among these communities.

In acknowledging the small sample size of this study (n=20), and the absence of participants born with intersex variations, more research is needed to build upon the evidence base.

In 2023, the Commonwealth Government announced a national 10-year LGBTQIA+ health action plan, establishment of an LGBTIQ+ Health Advisory Group, and \$26 million investment into LGBTQIA+ health research. [1] There is opportunity for this research to influence the direction of investment into enhancing the existing evidence base for suicidality among LGBTQA+SB populations, and developing safe and appropriate service provision.

Key Policy Recommendations

1. When commissioning suicide prevention, postvention, and mental health services, policy makers must include LGBTQA+SB lived experience within service design and ensure services will attend to intersectional LGBTQA+SB experiences, including First Nation LGBTQA+SB people and LGBTQA+POC.
2. Health and social care providers should undertake mandatory training provided by LGBTIQ+ organisations to improve knowledge and awareness of LGBTQA+SB lived experiences of suicidal distress, with particular emphasis on trans and gender diverse issues, intersectional identities, and the socio-cultural context of LGBTIQ+SB lives.
3. Specific LGBTQA+SB suicide prevention training should be developed for workplaces and education settings to support managers to respond affirmatively and effectively to LGBTQA+SB students and employees experiencing suicidal distress.

Research authors:

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References

1. Department of Health and Aged Care. (2023). Minister for Health and Aged Care and Assistant Minister for Health and Aged Care, Press Conference Transcript, 1 March 2023, available online: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-for-health-and-aged-care-and-assistant-minister-for-health-and-aged-care-press-conference-1-march-2023>.

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Note: recommendations are proposed by Suicide Prevention Australia based on the above research, they are not recommendations of the researchers referenced.

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Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

For general enquiries

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