

TIPS FOR WORKING WITH PEOPLE WHO ARE AT RISK

- Risk assessments for LGBTI clients should always be made in the context of their life histories, their mental health history, histories of self-harm, other risk-taking behaviours and any past or current psychiatric diagnoses.
- Be willing to explore a potentially common narrative where LGBTI individuals describe feeling worn down by battling regular instances of discrimination against their sexuality, gender, intersex status, relationships or with other life issues. Acknowledging external factors and effects can be vital to then strategising for effective care.
- If you identify the need for additional support options or immediate referrals to mental health services or crisis teams, talk to clients about the referrals you are making and why, be aware that for some people, concern about discrimination or prejudice from services or other providers may be high. Offer emergency or crisis options for later reference.
- Be prepared to ask your client about suicide thoughts or ideations. While not assuming all LGBTI clients experience suicidality, due weight should be given to the higher risk factors outlined above, and exploration should be a part of early counselling work.

- If a client indicates that they are feeling depressed or experiencing suicidal thoughts, explore whether feelings of depression and suicidal ideation may be related to wanting the pain to stop, rather than wanting to die.
- If the client conveys suicidal thoughts, ask about whether these are current or in the recent past. If these thoughts in the present, complete a safety check and take appropriate action.
- Ask if they have planned how they would hurt themselves or have a suicide plan. Evidence shows that asking will not make things worse. Asking specific questions can be a relief, as suicide is a difficult and sometimes shameful topic for clients to raise. If someone has a plan and the means to carry it out, discussing a safety plan is essential, including discussing your role/responsibility as a practitioner.
- Aim to approach these discussions sensitively, and without disapproval, judgment or trepidation.

SUICIDE PREVENTION

A Q LIFE GUIDE FOR HEALTH PROFESSIONALS

Despite significant social change and increased inclusion, lesbian, gay, bisexual, transgender and intersex (LGBTI) people have a far greater risk of suicide than the national population average.



CONTACT Q LIFE

Health Professionals wanting to know more can contact us at ask@qlife.org.au

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SUICIDE PREVENTION

LGBTI people have amongst the highest rates of suicidality of any population in Australia.

Studies report that 84% of trans participants have thought about ending their lives at some point and up to 50% of trans people have attempted to end their life at least once. A range of recent studies have found that 20% of trans Australians and 16% of lesbian, gay and bisexual Australians have current thoughts of suicide. A recent survey of Australian people with intersex variations found that 60% of respondents had considered suicide, and 19% had made suicide attempts.

By comparison, figures show that overall, less than 3% of Australians consider or attempt suicide. Evidence shows that the greater risk of suicide for people who are LGBTI is not due to solely being LGBTI, but is related to the effects of discrimination, stigma, isolation, medicalisation and other negative experiences for LGBTI people.

Despite these studies, there is a lack of data in official records, including police databases, about how many LGBTI people have died by suicide. LGBTI status may be unknown due to information not being sought, not provided, or not being recorded when it is known.

TRAUMA AND EFFECTS

Thoughts of suicide may focus specifically on ending one's own life but can also reflect a desire to end emotional pain and suffering, and not seeing an alternative to suicide to alleviate this pain. Exposure to discrimination and prejudice, and the potential to then internalise negative societal attitudes about LGBTI people can lead to both acute and chronic stressors on LGBTI people which can increase risk of suicidality.

The types of pain and trauma experienced by LGBTI people can vary widely in scope and intensity. For instance, a sense of hopelessness and worthlessness may be strong for LGBTI people who have

experienced rejection or separation from their family, friendship networks and significant others and whose ability to trust and rely on others has been compromised. Some LGBTI people describe being exhausted by a sense of remaining strong and proud in the face of ongoing experiences of prejudice and discrimination. Some people have experienced suicidal thoughts or attempts at suicide earlier in life and an acute stressor, such as the end of a relationship or the loss of a job, may prompt a resurfacing of suicidal thoughts.

A person who has already experienced rejection and discrimination may be less likely to seek support from professionals. This may be further complicated by someone not having shared their inner experience of gender, sexuality or intersex status, or not being out about their experience. Many LGBTI people are likely to seek primary emotional support, health information and advice from friendship and peer support networks, in particular other LGBTI people. At the same time, less than half of LGBT people state that they would feel confident dealing with a situation if someone close to them had thoughts of suicide. This can then contribute to LGBTI people remaining vulnerable to risk and isolation with suicidal feelings.

Studies in Australia and internationally suggest that on average LGBTI people may have higher rates of substance use than their non-LGBTI peers, linked to factors such as discrimination and isolation rather than specifically being LGBTI. Increased substance use has been linked to higher rates of suicidal actions, and higher impulsivity when using substances may be a factor in the higher rates of suicide in LGBTI populations.

RESILIENCE

The experiences of discrimination and stigma that LGBTI people may encounter are not experienced passively and for some people, may lead to the development a range of strategic coping skills as a matter of survival. While this may lead to strong internal resources and resilience, it may include learning to rely solely on themselves. This can come at the cost of developing connections, being able to trust and rely on others for support and feeling comfortable and confident in revealing important aspects of themselves to others.

BEING LGBTI IS NOT THE RISK!

Sexuality, gender identity and having intersex variations are not the causes of suicidal ideation, but can be the subject of discrimination and lead to fear and anticipation of discrimination and pain. Many LGBTI people lead lives unaffected by mental ill health and have positive well-being, while facing challenges that other people or groups do not, and may be more susceptible to extra life pressures and stressful events. For people with intersex variations, there are specific factors upon mental health such as medical interventions and surgical complications, secrecy or misinformation related to variations or interventions, and prescribed gender that does not fit with the person's experience of their gender.

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WHO IS MOST AT RISK?

The average age of a first suicide attempt in the Australian population is 16 years, which for a LGBT person may be before they have 'come out' or for a trans person, before they have started to express their gender and discuss their feelings or experiences with

others. When a young person is struggling to express who they are while also experiencing pressures such as homophobia/transphobia, rejection and isolation, suicide risk can be particularly high.

There is increasing concern that older LGBTI Australians may have an elevated risk of suicide, with many having endured persecution, including psychiatric, medical and surgical interventions, (including 'conversion treatments'), legal condemnation and ostracism over the course of their lives. Indigenous LGBTI Australians, LGBTI people of CALD backgrounds (including migrants and refugees) and LGBTI people residing in rural and remote areas are likely to be at increased risk of suicide, due to the additional risk factors associated for these populations.



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