

**Submission
No 30**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

Organisation: National LGBTI Health Alliance and Twenty10 inc GLCS NSW

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To Whom It May Concern:

Twenty10 incorporating GLCS NSW and The National LGBTI Health Alliance welcomes the opportunity to provide a written submission to the Committee on Children and Young People on recommendations on approaches aimed at preventing youth suicide in New South Wales.

This submission will be focused on the experiences and needs of LGBTI young people aged 12 to 25 who have specific experiences and needs that impact on their risk of suicide.

About Twenty10 incorporating GLCS NSW

Twenty10 inc GLCS NSW is a Sydney based service working across New South Wales with people who are lesbian, gay, bisexual, transgender and gender diverse, non-binary, intersex, questioning, queer, asexual and more (LGBTIQA+) and others of diverse genders and sexualities, their families and communities.

We provide a broad range of specialised services for young people aged 12-25 including housing, mental health, counselling and social support. For adults we provide social support and for people of all ages, we offer telephone and webchat support as the NSW provider for the national QLife project. We also deliver equity and inclusivity training and consulting services for organisations and service providers across most sectors.

About the National LGBTI Health Alliance

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.

A key area of work for the Alliance is the improvement of mental health outcomes in LGBTI population. The Alliance has been funded by the Department of Health since 2011 to deliver the MindOUT: National LGBTI Mental Health and Suicide Prevention Project to build the capacity of mental health and suicide prevention sectors to meet the support and wellbeing needs of LGBTI populations.

LGBTI Young people

In Australia, the initials 'LGBTI' refer collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex, with the category of 'LGBTI' people and populations is now recognised by the Commonwealth Government in some federal legislation, policies, and programs^{i,ii,iii}.

LGBTI people make up a significant proportion of the Australian population, and are estimated to represent 11% of the population^{iv}, and this has also been shown to be true for young people. 8% of young men and 4% of young women in years 10, 11 and 12 reported sexual attraction only to people of the same sex, and 5% of young men and 15% of young women were attracted to people of both sexes. Additionally, 12% of young men and 5% of young women report their most recent sexual encounter was with someone of the same sex.^v

85% of LGBT young people know their identity by the age of 15, and there is a growing trend for disclosure at younger ages, with 97.5% having disclosed their feelings to at least one person^{vi}. 32% of transgender and gender diverse young people have always questioned their gender identity for as long as they could remember, with 14 being the average age^{vii}.

LGBTI young people are part of all population groups, including those living with mental illness, disability or chronic illness, Aboriginal and Torres Strait Islander people, those living in rural and remote areas, and culturally and linguistically diverse populations

LGBTI Young People and Suicide

A disproportionate number of LGBTI young people experience poorer mental health outcomes and higher risk of suicide than their peers, with LGBTI young people are five times more likely to attempt suicide, twice as likely to engage in self-injury than their peers of a similar age.

Research of the risk of suicide for LGBTI young people in Australia has revealed

- 16% of LGBTI young people aged 16 to 27 reported that they had attempted suicide^{viii} compared to 1.1% of young people (1.7% females; 0.5% males) aged 16 to 24 have attempted suicide in the past 12 months^{ix}
- 42% of LGBTI young people aged 16 to 27^x, and 38% of transgender young people aged 14 to 25^{xi} reported having thoughts about suicide, compared to 3.4% of the general population aged 16 to 24 in Australia have had suicidal ideation in the past 12 months^{xii}
- 33% of LGBTI young people aged 16 to 27 reported having self-harmed, 41% reported thoughts of harming themselves^{xiii} compared to 14.1% of people aged between 15 and 19; and 21.25% of people aged between 20 and 24 have engaged in self injury in their lifetime^{xiv}

- LGBT young people aged 16 to 24 average K10 score of 23.8, indicating high levels of psychological distress^{xv}

However it is unknown how many LGBTI people die by suicide. This is due to the lack of inclusion of standardised questions regarding gender identity, sexuality or intersex status, it is unknown how many LGBTI young people die by suicide. Additionally, LGBTI people are most at risk of suicide after they have realised their identity, but prior to disclosing this to another person, meaning that LGBTI young people are both an incredibly vulnerable and invisible group within suicide research.

Impact of Experiences of Abuse on Suicide Risk

These increased risks of suicide and self-harm are directly related to experiences of stigma, prejudice, discrimination and abuse, with LGBT young people who experience abuse and harassment are even more likely to self-harm, have thoughts of suicide and to attempt suicide.

- 37% of Same-Gender Attracted and Gender Diverse young people between 14 and 21 years who have experienced physical abuse, and 18% of those who have experienced verbal abuse have attempted suicide. This is compared to 7% of young people who had not experienced abuse^{xvi}
- 60% of Same-Gender Attracted and Gender Diverse young people between 14 and 21 who have experienced physical abuse, and 30% who have experienced verbal abuse have had thoughts of suicide. This is compared to 22% of young people who had not experienced abuse^{xvii}
- 81% of Transgender and gender diverse young people aged 14 to 25 who had experienced abuse, harassment or discrimination reported having thoughts about suicide. 37% attempted suicide, 70% self-harmed, 80% thoughts of self-harm^{xviii}
- 54% of Same-Gender Attracted and Gender Diverse young people between 14 and 21 years who have experienced physical abuse, and 32% of those who have experienced verbal abuse have self-harmed. This is compared to 18% of young people who had not experienced abuse^{xix}

Although rather than being a rare occurrence, 61% Same-Gender Attracted and Gender Diverse young people between 14 and 21 years reported verbal abuse and 18% physical (and often verbal) abuse experienced based on their sexuality or gender. Young men and gender diverse young people are more likely to report experiencing abuse^{xx}

69% also reported other type of homophobic abuse with the most frequent being rumours (58%), tolerating homophobic language (46%), social exclusion (39%) and humiliation (32%)^{xxi}. 66% Transgender and gender diverse young people aged 14 to 25 had experienced verbal abuse because of their gender and 21% experienced physical abuse, based on their gender^{xxii}.

School is the most common location where abuse is experienced with 80% of Same-Gender Attracted and Gender Diverse young people between 14 and 21 years experiencing abuse,

encountering this at School. ^{xxiii} 66% of transgender and gender diverse young people aged 14 to 25 experienced discriminatory language in their school^{xxiv}

National LGBTI Mental Health and Suicide Prevention Strategy

Released by the National LGBTI Health Alliance in February 2017, The National LGBTI Mental Health and Suicide Prevention Strategy is a plan for strategic action to prevent mental ill-health and suicide, and promote good mental health and wellbeing for LGBTI people and communities across Australia.

This strategy contains six recommended actions areas, including

1. Inclusive and Accessible Care: LGBTI people will experience equitable access to mental health and suicide prevention services and receive support that is appropriate to their experiences and responsive to their needs.
2. Evidence, Data Collection and Research: Establish an evidence base about LGBTI populations that adequately represents their histories, lives, experiences, identities, relationships and accurate recording of deaths by suicide
3. Diversity of LGBTI Population: The diversity within and between LGBTI populations will be recognised and responded to with strategies and approaches that consider their individual and unique needs.
4. Intersectionality and Social Inclusion: LGBTI people from across all populations, backgrounds and circumstances will experience an increase in social inclusion and a reduction in stigma and discrimination.
5. Skilled and Knowledgeable Workforce: The mental health and suicide prevention sector workforce will be knowledgeable regarding LGBTI people, and skilled, confident, and competent in responding to their support needs
6. Promotion and Prevention: Mental health promotion and suicide prevention programs, activities and campaigns will address the underlying factors that compound the mental health outcomes for LGBTI populations.

Recommendations

1. Recognition and specific inclusion of LGBTI young people in the development of any child, youth or family strategies, frameworks, programmes and services.
2. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for LGBTI children and young people, and their families.
3. Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and support groups for LGBTI children and young people.
4. Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI children and young people and where available be implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to LGBTI children and young people.

5. Youth suicide prevention programs and services that receive state funding to have specific LGBTI inclusion in their service agreements and program guidelines that clearly describe service delivery expectations and standards for LGBTI young people
6. Person-centred approach to services provides timely access to clinical and non-clinical services mental health and suicide prevention support to LGBTI young people to be delivered via integrated, multi-disciplinary services that are tailored to meet the individual needs of LGBTI young people and their families. This should include hospital based, community based, physical health, sexual health, employment, justice, drug and alcohol, homelessness, social inclusion, bereavement, and domestic and family violence services.
7. Demographic information about sexuality, gender, intersex bodies and relationships to be standardised and mandatorily collected to facilitate understanding of LGBTI young people behaviours, experiences and identities within suicide prevention services.
8. Suicide registers and standardised reporting on suicide to include LGBTI identifiers and population indicators.
9. Analysis of demographic information regarding LGBTI young people to be conducted regularly to inform resourcing and service planning of LGBTI youth supports.
10. Establish and implement targets and local organisational performance measures and targets for services provided to LGBTI young people.
11. Implement evaluation of suicide prevention service provision to assess the level of inclusion and accessibility to LGBTI young people.
12. Person-centered approach initiatives are to acknowledge and respond to the specific and individual needs of young people within LGBTI populations, with the recognition that different approaches will be required for different individuals and population groups including Bisexual people, Transgender people and people with Intersex characteristics.
13. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for Transgender young people and their families
14. Services within the public health system to provide affordable access to the health care that Transgender young people need that support mental wellbeing and reduce risk of suicide, including psychosocial assessments, hormone therapy and surgery.
15. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for people with Intersex characteristics and their families.
16. Person-centered approach initiatives developed are to acknowledge and respond to the specific and individual needs of LGBTI young people who belong to multiple marginal identities, with the recognition that different approaches will be required for different individuals and population groups including Aboriginal and Torres Strait Islander People, culturally and linguistically diverse people, people with disabilities, and people living in rural, regional and remote locations.
17. Development of online mental health support initiatives and online therapeutic counselling initiatives targeted to LGBTI populations, by consulting services already

doing face-to-face mental health work with LGBTI people and communities, and other services providing generalist online services.

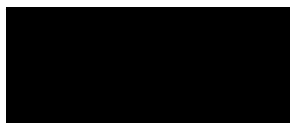
18. Recognition and specific inclusion of LGBTI young people in the development of any practice standards for mental health and suicide prevention workforces.
19. Develop, resource and facilitate opportunities for training and professional development on LGBTI young people to be accessible and available for the mental health and suicide prevention workforce, including GP's
20. Facilitate the dissemination of existing resources, and creation of new resources on LGBTI populations that support the ongoing professional development of the mental health and suicide prevention sector.
21. Development of mental health and suicide prevention health promotion and prevention campaigns, resources, programmes and services that target and focus on LGBTI young people
22. Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and groups supporting LGBTI young people
23. Community capacity building initiatives to be developed and implemented with LGBTI young people, to increase their capacity to identify and respond to mental health needs of people in their communities.
24. LGBTI-inclusive language and representation to be used when developing or reviewing youth suicide prevention health promotion campaigns, resources, programmes and services.
25. Resourcing community-based social and emotional wellbeing promotion, prevention activities and primary mental health care supporting the prevention, early detection and treatment of mental health problems experienced by LGBTI young people
26. Facilitation of psychosocial and non-clinical support connection with and participation in LGBTI-specific community events, social networks, employment, education, sport, clubs and other activities
27. Due to family unacceptance suicide prevention activities for LGBTI young people are also access to youth allowance, unreasonable to live at home and access to affordable housing.

Summary

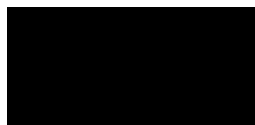
We thank you for this opportunity to provide recommendations to Committee on Children and Young People on recommendations on approaches aimed at preventing youth suicide in New South Wales.

We thank you for taking the time to consider this submission. We invite you to contact myself on [REDACTED] or [REDACTED], to discuss this submission further.

Yours Sincerely,



Rebecca Reynolds
Executive Director
NATIONAL LGBTI HEALTH ALLIANCE



Jain Moralee
Co Executive Director
Twenty10 inc GLCS NSW

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- ⁱ Australian Government (2013) Australian Guidelines on the Recognition of Sex and Gender: Updated November 2015, Australian Government, Canberra
- ⁱⁱ Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)
- ⁱⁱⁱ Australian Human Rights Commission (2015) Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights, National Consultation Report, Australian Human Rights Commission, Sydney
- ^{iv} Commonwealth of Australia (2012) National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy. Department of Health and Ageing, Australian Government
- ^v Mitchell A, Patrick K, Heywood W, Blackman P, Pitts M. 2014. 5th National Survey of Australian Secondary Students and Sexual Health 2013, (ARCSHS Monograph Series No. 97), Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.
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- ^{vii} Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier L. (2014). *From Blues to Rainbows; the mental health & well-being of gender diverse and transgender young people in Australia*. Melbourne: The Australian Research Centre in Sex, Health and Society
- ^{viii} Robinson, K.H., Bansel, P., Denson, N., Ovenden, G. & Davies, C. (2014), Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne.
- ^{ix} Johnston, A., Pirkis, J. & Burgess, P. (2009) Suicidal thoughts and behaviours among Australian Adults: findings from the 2007 National Survey of Mental Health and Wellbeing, The Royal Australian and New Zealand Journal of Psychiatry, 43, pp. 635-643
- ^x Robinson, et al. (2014)
- ^{xi} Smith, et. al (2014)
- ^{xii} Johnston et al (2009)
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- ^{xiv} Martin, G., Swannell, S. V., Hazell, P. L., Harrison, J. E., & Taylor, A. W. (2010). Self-injury in Australia: a community survey. *Medical Journal of Australia*, 193(9), 506.
- ^{xv} Leonard, W., Lyons, A. & Bariola, E. (2015) A Closer Look at Private Lives 2: Addressing the mental health and well-being of LGBT Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
- ^{xvi} Hillier. L, Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010) Writing Themselves in 3: The third national study on the health and wellbeing of same sex attracted and gender questioning young people, Australian Research in Sex, Health and Society, La Trobe University, Melbourne
- ^{xvii} Hillier, et al. (2010)
- ^{xviii} Smith, E., Jones, T., Ward, R., Dixon, J., Mitchel, A., & Hillier, L. (2014) *From Blues to Rainbows: the mental health and well-being of gender diverse and transgender young people in Australia*. The Australian Research Centre in Sex, Health and Society. La Trobe University. Melbourne
- ^{xix} Hillier, et al. (2010)
- ^{xx} Hillier, et al. (2010)
- ^{xxi} Hillier, et al. (2010)
- ^{xxii} Smith, et al. (2014)
- ^{xxiii} Hillier, et al. (2010)
- ^{xxiv} Smith, et. al (2014)