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Suicide prevention for LGBTIQ+ communities

Learnings from the National Suicide Prevention Trial

April 2021



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Acknowledgements

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Black Dog Institute would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the mental health and wellbeing of Aboriginal and Torres Strait Islander people across Australia.

Brisbane North PHN

We acknowledge the traditional custodians of this land, the Turrbal and Jagera People of Brisbane, the Gubbi Gubbi people of Caboolture and Bribie Island, the Waka Waka people of Kilcoy and the Ningy Ningy people of Redcliffe. We pay our respects to Elders past, present and emerging for they hold the memories, the traditions, the culture and the hopes of Aboriginal Australia.

North Western Melbourne PHN

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Acknowledgement of lived experience

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Use of the "Progress" Pride Flag

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Joint launch of Yarns Heal and Talking Heals held in Brisbane North, including local elder, Aunty Dawn Daylight (centre).



Setting the scene

This document explores the experiences, challenges and opportunities of delivering suicide prevention activities for LGBTIQ+ communities during the National Suicide Prevention Trial (NSPT). Specifically, it aims to capture the journeys and learnings of the Brisbane North and North Western Melbourne PHNs who worked with LGBTIQ+ priority populations in their local regions.

You may be looking for an executive summary; however, this document captures a detailed narrative journey that, if reduced to a single-page summary, would lose much of its meaning. The following content is the result of four in-depth interviews facilitated by the Black Dog Institute. Three interviews explored the experiences of the Brisbane North and North Western Melbourne PHN suicide prevention coordinators¹ who led the delivery of local interventions as part of the NSPT. A fourth interview brought the suicide prevention coordinators together with staff from LGBTIQ+

Health Australia (LHA), the national peak body working to promote the health and wellbeing of LGBTIQ+ communities in Australia.

As those who work in suicide prevention will know, there is a severe shortage of data to support effective interventions for LGBTIQ+ communities. This document aims to contribute to the conversation, even anecdotally, by exploring the hands-on work of the trial site teams.

While it's impossible to capture all eight hours of discussion in a single document, this publication is focused on identifying and highlighting the recurrent themes that emerged during these interviews. The stories, findings and guidance captured within this publication have the potential not only to shape on-the-ground practice for LGBTIQ+ suicide prevention but to provide a meaningful perspective for leaders and funders who are grappling with the 'what's next' of suicide prevention policy for priority populations in Australia.

1. The terms 'suicide prevention coordinator' will be used as the de facto position title for the PHN staff members interviewed for this publication. While the actual role title varies from PHN to PHN, the suicide prevention coordinator title is widely recognised in mental health and suicide prevention sector and is an accurate reflection of the work that was done at both PHNs during the NSPT. Its use will ensure clarity and consistency across the document.



Amelia Arnold, Suicide Prevention Training Project Officer at Thorne Harbour Health in Victoria, works on the LGBTIQ+ Affirmative Practice training project. Photo by Leigh Henningham Photography

The facts: LGBTIQ+ communities and mental health

LGBTIQ+ people are at significantly higher risk of suicide than the general population. According to data from the LHA², young LGBTIQ+ people aged between 16 and 27 are five times more likely to make a suicide attempt, while transgender people aged 18 and over are nearly 11 times more likely. The impacts of minority stress, stigma, violence and abuse, coupled with structural and systemic inequalities, are just some of the factors contributing to poorer mental health outcomes within LGBTIQ+ communities.

These statistics have been collected from Australian and international research; however, at the population level, sexual orientation, gender identity and intersex status are routinely omitted from key

data collection activities. This lack of data has a knock-on effect on mental health policy, according to the LHA³, leading to *'...inaccuracy in reporting and significant underestimates, which in turn impacts on LGBTI inclusion in mental health and suicide prevention policies, strategies and programs.'*³

As a result, there remains a chronic shortage of mental health and suicide prevention services designed to meet the needs of LGBTIQ+ communities. Mainstream services are often ill-equipped to provide culturally safe and affirmative support, while specialist services can be difficult to access, particularly in remote and regional areas, and may not always be the preferred option for people seeking help.

2. Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People, LGBTIQ+ Health Australia, page 2, February 2020.

3. Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People, LGBTIQ+ Health Australia, page i, February 2020.

The National Suicide Prevention Trial and LGBTIQ+ communities

In 2016, the National Suicide Prevention Trial (NSPT) were launched at 12 sites across Australia. Funded by the Commonwealth Department of Health and led by 10 PHNs, these trials sought to make an important contribution to the evidence base underpinning suicide prevention activity in Australia.

Supporting priority populations

Each of the 12 NSPT trial sites was tasked with delivering suicide prevention activities within their local regions. Each site served one or more priority populations considered to be increased risk of suicide. Two sites – North Western Melbourne and Brisbane North – worked with LGBTIQ+ populations. Brisbane North also identified Aboriginal and Torres Strait Islander communities and men aged 22–55 as priority groups to support.

Taking a systems approach to suicide prevention

Globally, the evidence to support effective suicide prevention activities remains sparse. However, evidence from overseas has identified the benefits of multi-component systems approaches to suicide prevention⁴. A systems approach delivers multiple, simultaneous suicide prevention interventions within a particular community or region. Interventions are tailored to the specific needs of the local population and coordinated across multiple sectors.

All 12 NSPT sites used one of three systems approaches to guide their work on the NSPT: the Black Dog Institute's LifeSpan model, the European Alliance Against Depression, and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project framework. Site teams also spent considerable time reviewing and adapting these systems approaches to meet the needs of their local communities, drawing on the expertise of the Black Dog Institute and key local stakeholders, as well as resources including the National LGBTI Mental Health and Suicide Prevention Strategy.

'You need a systems approach ... LGBTIQ+ people ... are everywhere; we're not just in little pockets in a town of our own. [Everyone is] interacting with people from the community every day, like it or not, know it or not.'

The LifeSpan model

LifeSpan is a pioneering systems approach to suicide prevention developed by the Black Dog Institute in 2015. Drawing together nine evidence-based strategies to prevent suicide at the individual and population levels, LifeSpan is underpinned by six principles:

- Data-driven decision making
- Lived experience inclusion at every level
- Local ownership and adaptation
- Workforce information and development
- Community engagement
- Cultural governance and inclusion

Both the Brisbane North and North Western Melbourne site teams used the LifeSpan model to guide their NSPT activities. The Brisbane North team used the model as a guide to the work, while North Western Melbourne worked closely with the Black Dog Institute and key LGBTIQ+ stakeholders to adapt the model to better reflect the context and needs of LGBTIQ+ communities.

A complete list of the suicide prevention interventions delivered at these two sites is available in Appendix A.

4. An Evidence-Based Systems Approach to Suicide Prevention, Black Dog Institute, 2016, page 7.



The Yarns Heal Launch held in Brisbane North with Ged Farmer Suicide Prevention Project Officer Brisbane North PHN, Bec Johnson co-founder Indigilez, and Abbe Anderson previous CEO of Brisbane North PHN.

Reflecting on the trial: A snapshot

Successes, challenges and opportunities for growth – the suicide prevention coordinators at Brisbane North and North Western Melbourne share some general reflections on the NSPT, as well as specific thoughts on serving LGBTIQ+ priority populations.

Successes

No fear of failure. Embracing the trial as just that – trials – gave the suicide prevention coordinators the freedom to test and learn without the fear of failure.

Building partnerships. Investing in relationship building from early in the trial paid off in unexpected ways. Identifying opportunities for collaboration between commissioned service providers created an environment in which organisations worked together to share resources, expertise and advice in order to achieve the same goals.

Lived experience as evidence. Embedding lived experience at every layer of intervention design and implementation helped better target activities to meet the needs of LGBTIQ+ communities, build trust among prospective users, and provide anecdotal insights into intervention successes and challenges.

Challenges

Working within a clinical framework. Traditional clinical approaches to suicide prevention are ineffective in meeting the needs of LGBTIQ+ communities. Interventions must also consider social and emotional wellbeing and connection to community rather than just the delivery of clinical support.

Too-short timelines. Cyclical funding remains a critical challenge in suicide prevention. In an LGBTIQ+ context, building community trust, establishing fruitful partnerships with mainstream and specialist service providers, and transitioning trial activities back into the community at the end of the funding cycle require extensive community consultation that often can't be shoehorned into specific timeframes. Similarly, short-term pilot funding that produces effective interventions needs to be supplemented by additional resourcing for successful transition beyond the pilot timeframe.

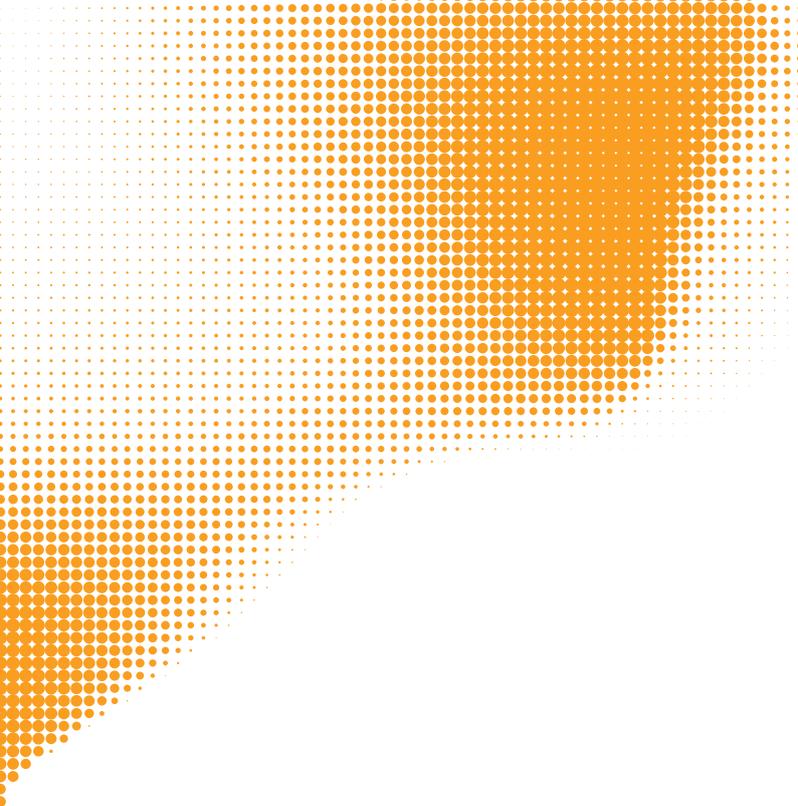
Variation in evaluation approaches. While the DoH is funding a whole-of-trial evaluation of the NSPT, evaluation wasn't required or funded at individual trial sites. Some sites opted to run their own evaluations; others, limited by available funding or expertise, did not. A uniform approach to evaluation would ensure valuable data that could guide future suicide prevention approaches for LGBTIQ+ communities is captured in its entirety.

Opportunities for growth

Embed transition, sustainability and inclusivity strategies into contract deliverables. Focusing on transition planning (that is, moving suicide prevention services out of the funded trial space and into a sustainable community model) at the end of the trial timeframe is ineffective. Instead, building transition strategies into service provider contracts and/or at the intervention design and development phase would keep them front of mind over the life of the trial. Similarly, adding cultural competency requirements into commissioning and reporting processes (that is, asking service providers to articulate how their work would respond to the unique needs of LGBTIQ+ communities) would make a meaningful contribution to keeping people safe.

Document, document, document. Staff turnover at the trial sites resulted in a lack of historical knowledge about the what, when, how and who of the early stages of the trial. Investing in clear, detailed and ongoing documentation of administrative, governance and service-level activities would ensure that all knowledge generated during the trial is captured in one place, creating a valuable resource for future suicide prevention work.

Create frameworks for success. Taskforces and commissioning partners are valuable tools in the suicide prevention arsenal, but only if they're used effectively. Providing clear frameworks, timelines and expectations for their contributions and ensuring clear leadership and ongoing connection from the PHN would enable trial site teams to get more value out of their governance models.



Reflecting on the trial: Expanding the picture

The following is an in-depth exploration of the findings that emerged from the Black Dog Institute-led interviews. It provides key considerations for commissioning, designing and implementing suicide prevention activities for LGBTIQ+ communities and highlights the importance of bringing together the expertise of suicide prevention professionals working in the LGBTIQ+ space.

Rather than attempting to summarise the interviews in their entirety, the content in this section explores the most prominent ideas, themes and perspectives that emerged from these conversations. Italicised text indicates direct quotes from these discussions; while these quotes capture the essence of many of the key conversations and perspectives, for reasons of privacy, they have not been allocated to specific individuals.

Terminology

The term 'interviewees' refers collectively to the participants of the interviews that underpin this document. The term 'suicide prevention coordinator/s' refers specifically to interview participants from the Brisbane North and North Western Melbourne PHNs.

A systems approach

In the context of LGBTIQ+ communities, a systems approach to suicide prevention would ensure that mental health and suicide prevention services, specialist or otherwise, would be safe for

LGBTIQ+ people to access. The suicide prevention coordinators viewed the LifeSpan model as a useful framework to guide their activities.

'We wanted [service providers] to be very clear on what all the pieces of the puzzle were and how they connected with that puzzle. So, we've always talked about "How does your work relate to the LifeSpan model?" and that was absolutely key.'

In North Western Melbourne, the site team worked closely with the Black Dog Institute and key stakeholders to adapt the model to meet the specific needs of LGBTIQ+ communities. This process was guided by an extensive process of collaboration that incorporated insights and perspectives from LGBTIQ+ communities, the first step in what became a trial-long commitment to co-design.

'With the systems approach ... what has come through is that need for priority populations to have a co-design element to that framework ... without co-design, I don't think this trial would have got to where it is now.'

Building relationships

The suicide prevention coordinators described investing heavily in building partnerships with, and fostering relationships between, service providers, community groups and individual community members throughout the life of the NSPT. One coordinator described a fractured sector prior to the trial, with specialist health services competing for limited funds. Despite the time commitment required to build these connections, the resulting relationships had a dramatic impact on the service provision landscape.

‘What we now have is this beautiful connection ... that’s been expanded to non-LGBTIQ+ agencies, [which] are working really successfully now with LGBTIQ+ agencies.’

PHNs and service providers

One coordinator described grappling with anti-PHN sentiment early in the commissioning process.

‘[Organisations were] probably wondering why the money came to us and not straight to them.’

Being open to criticism of the PHN was key to building trust among service providers.

‘You’re not sitting above them; you’re really there to work with them. And I think having really open conversations and really providing the space for them to [express their frustrations] ... I was like, “Go for it.”’

Over the life of the trial, it became clear that the PHNs held significant value as regional commissioners

to connect a variety of stakeholders and to support suicide prevention planning and design.

Service providers were expected to become active partners in the NSPT. Providers were required to join NSPT taskforces and community implementation teams to engage with the broader picture of suicide prevention. In some cases, staffing shortages at the PHN level meant that the value of taskforces and implementation teams weren’t always leveraged to its maximum capacity, but giving participants genuine ownership over the work that they were doing resulted in *‘much more investment in the right outcome.’*

Lived experience and co-design

‘Nothing about us without us’

The voices of LGBTIQ+ people with lived experience of suicide were a guiding force at every stage of the trial. Both sites prioritised the development of a co-design approach⁵: a variety of voices from LGBTIQ+ communities, from LHA and service providers through to community groups and individuals, were represented in all aspects of planning and decision making. This included embedding lived experience representation into working groups involved in intervention design (such as on taskforces) and delivery (such as peer workers). Lived experience was considered an important form of qualitative data that could be used to guide suicide prevention planning, policy and service delivery.

‘Hearing from the community along the journey has really shifted how we deliver things ... that’s the evidence base.’

5. The North Western Melbourne team are currently completing an evaluation of their co-design processes. This data is expected to deliver insights into best practice approaches for suicide prevention co-design in LGBTIQ+ populations.

One coordinator highlighted the importance of including a grassroots perspective in all community consultations – that is, seeking inputs from everyday people, rather than relying on high-profile voices or specialist services as the mouthpiece for entire communities. Interviewees noted that paying lived experience volunteers for their time was vital to recognise the value of their contributions.

Cultural safety

Showing LGBTIQ+ communities that their voices were represented in the design and delivery of suicide prevention activities increased trust levels among prospective service users through word of mouth.

‘People often say that the LGBTIQ+ grapevine ... is quicker than the internet.’

Cultural safety was an important concept: interviewees agreed that lived experience involvement provided reassurance that interventions would be safe and acceptable for their intended end users.

‘The key thing I’ve learnt with working with people’s lived experience is they really bring a view of cultural safety ... we always have the provider view and then a broader view, but they really come in with that consumer experience ... that’s really important.’

Starting from culture

The idea of ‘starting from culture’ emerged as a prominent theme during the interviews. Interviewees discussed the need for all suicide prevention work to consider and reflect the cultural needs of its end users. The word ‘culture’ was used to describe both LGBTIQ+ and Aboriginal and Torres Strait Islander cultures; in many examples,

it was also used to signify the intersection between the two. For the Brisbane North team, who served both LGBTIQ+ and Aboriginal and Torres Strait Islander priority populations, there was a real emphasis on looking at all prospective trial activities through a cultural lens:

‘We must always be thinking, how is this service – a brand new service – going to affect the Aboriginal and Torres Strait Islander community? And if we want LGBTIQ+ people to come into this service, is it going to be safe for them?’

Interviewees agreed that building cultural competency requirements for working with LGBTIQ+ and Aboriginal and Torres Strait Islander communities into tenders, service provider contracts and reporting requirements would be a meaningful step.

‘Because no matter what you do, if you’re a mainstream service, someone from those communities are going to walk through your doors.’

Intersectionality

Effective suicide prevention means addressing the entirety of people’s lives and experiences. As such, intersectionality became a foundational consideration for both site teams. One participant reflected that while intersectionality had been on the radar for specialist organisations for some time, it was rarely considered by decision makers in the suicide prevention space prior to the trial. One early learning was that diversity within LGBTIQ+ communities meant that there was no such thing as a one-size-fits-all approach to intervention design and delivery.

'Within LGBTIQ+ communities are distinct population groups with distinct health needs and experiences and history ... there is intersectionality within the acronym.'

More than one identity

Beyond the acronym, LGBTIQ+ people have a range of other intersectional identities and experiences that can impact how they connect with supports and access services. Identification as Aboriginal and Torres Strait Islander, as a refugee or asylum seeker, belonging to a particular faith, living with a disability or being culturally and linguistically diverse (CALD) were some of the many intersections to be considered in the delivery of effective interventions. These intersections created their own challenges: one participant described attempting to engage with faith-based and CALD communities who were reluctant to accept or acknowledge LGBTIQ+ diversity.

'We're aware of [intersectionality], and it's something that we're really wanting to address, but it's also the most difficult area to address.'

Families and other key people represented another important intersection that interviewees felt needed more attention in LGBTIQ+ suicide prevention more broadly.

'A large component of the youth work that we've done has been working with family, working with parents, working with carers and guardians ... that intersectionality for a family who is confronted by having an LGBTIQ+ family member [is] not always considered.'

Intersectionality for Aboriginal and Torres Strait Islander people

The intersectionality of Aboriginal and Torres Strait Islander people was one of the driving forces shaping intervention design and delivery, particularly at the Brisbane North site. Community consultations and engagement with Aboriginal and Torres Strait Islander elders revealed a range of challenges and discrimination from within Aboriginal and Torres Strait Islander communities towards Sistergirl and Brotherboy people.

'Those intersectionalities ... were really quite intricate ... There was a massive gap around what was needed to assist [people] with the disconnect from their own [Indigenous] communities and ... from the wider LGBTIQ+ community as well.'

Drawing together two campaigns – Yarns Heal and Talking Heals – to meet people at the intersection of being LGBTIQ+ and Aboriginal and Torres Strait Islander was found to be successful in meeting the needs of the community.

Specialist versus mainstream service provision

Both trial sites commissioned a combination of mainstream and specialist services to deliver suicide prevention interventions over the life of the trial. Interviewees agreed that mainstream services are often ill-equipped to deal with the specific needs of LGBTIQ+ communities (*'We hear the horror stories of people accessing mainstream services ... either being triggered and becoming more unhealthy, mentally and physically, because of those services'*), resulting in a lack of trust among LGBTIQ+ people.



By contrast, with community-led specialist services, *[we don't] have to break down the barriers for community to know that it's a safe environment to attend.'*

A mixed model of care

However, the reduced reach and limitations on funding that characterise many LGBTIQ+ specialist services, coupled with the fact that many regional and rural areas have no specialist services at all, made a mixed model of care the most viable way forward.

'The biggest impact will be felt if we can distribute the knowledge and the capacity building and the availability into mainstream service – there's a role for both.'

This approach also recognised the diversity of choices that LGBTIQ+ people should be entitled to:

'That's everyone's right, to choose where they want to go, no matter who you are and what community you come from.'

Interviewees agreed that an effective mixed model of care would combine culturally safe, affirmative, mainstream services with well-resourced, community-led LGBTIQ+ health organisations.

Building trust, building relationships

While mainstream services often faced an uphill battle to gain community trust, this was alleviated to some degree by embedding lived experience into intervention design (such as on working groups) and delivery (such as peer workers). Site teams were also actively engaged

in fostering relationships between mainstream and specialist services through mechanisms like taskforces, implementation groups and a Community of Practice (North Western Melbourne) in order to establish referral pathways. These pathways were key to breaking down barriers to access:

'Once those referrals started coming from mainstream [to] specialist and back and forth, the community went, "Oh, they're trusted." It's word of mouth.'

Time constraints

Funding for the NSPT was initially allocated for a four-year period; in 2020, a 12-month transition period was added to the trial. Despite the extension, site teams described the challenges of trying to deliver commissioning processes, intervention design and implementation, evaluation (where relevant) and transition strategies in line with a designated timetable. The early stages of the trial took far longer than expected – building relationships in LGBTIQ+ and other intersectional communities, and with and between organisations involved in service delivery, was an extensive process; coordinators felt that the resulting complexities weren't reflected in the trial timelines.

'If we were going to do it properly, we had to have sound consultation, we had to allow for the decisions to be discussed among [the LGBTIQ+ and other priority communities] ... and then allow those decisions and recommendations to then come back to the PHN before we implemented anything.'

‘Rather than getting it done, it was more about getting it right’

Both suicide prevention coordinators reflected on periods in which their approach was out of step with mandated timelines. They described the difficult choice of letting timeline expectations fall by the wayside in order to prioritise the safety of their communities.

‘[We] knew that these groups are vulnerable, [we] knew that you had to get it right ... in the last 18 months, we said, “Hang on a minute. We can’t just keep delivering – we need to stop, we need to assess, we need to make sure we’re doing it the right way.”’

Trying to meet unachievable timelines also increased reputational risks for service providers and the PHN by potentially compromising the safety and efficacy of the services being delivered:

“There’s a huge risk for our PHN, and our reputation, if we do this in a way that’s not going to be ... safe for the community. And to give contracts to community organisations that need time to do this properly, if you set them up to fail, it’s a failure for our organisation as well.”

The transition from trial to community

The transition period presented another challenge. Originally slated for the final 12 months of the trial, site teams were expected to design and deliver a strategy to shift their programs and interventions back into the community setting to ensure their sustainability beyond the life of the trial.

‘What we want is sustainability of these projects that we’ve been able to develop as part of the trial.’

On reflection, interviewees agreed that transition strategies should be developed at the outset of the trial and maintained over the life of the funding period.

‘One thing would have been to have built that into the contracts from the very start as part of the delivery of the service – that [service providers] needed to demonstrate [at the outset] how they would become sustainable after the trial funding disappears.’

Streamlining the evaluation process

The Department of Health provided funding for a national evaluation of the NSPT, which is currently being conducted by the University of Melbourne; however, there were no specific funding allocations to support evaluations at the site and intervention levels. The suicide prevention coordinators reflected that equipping site teams with the funds and capacity to conduct their own evaluations could have produced rich intervention- and program-level data that could guide future suicide prevention work. In North Western Melbourne, the team allocated a portion of their overall funding towards evaluations of their interventions, grants and co-design processes. At Brisbane North, some service providers conducted their own evaluations but others didn’t, resulting in an incomplete picture of the trial’s achievements and the loss of potentially valuable site-level data.

‘I really wished we had had that on the agenda from the very start, and I wished that the Department had built into their contract that you need an evaluation ... [but] it’s too late.’

Unpacking the suicide prevention coordinator role

Both suicide prevention coordinators spoke passionately about the personal and professional rewards they reaped from their role. Beyond the satisfaction of working with a variety of service providers to deliver real and meaningful suicide prevention interventions for marginalised communities, they valued the opportunity to explore new ways of doing and to test and learn as they went.

'I think it's been really good, being able to shift as we go and be flexible and be creative. That's what I've loved about this role. And we're allowed to fail, because it is a trial I'm scared of failing clients and community; I'm not scared of the process failing.'

Wearing multiple hats

However, the role was not without its challenges. Both coordinators reflected on the sheer breadth of expertise required to do the job effectively. One described the role as combining community development, program management, stakeholder management, administration, advocacy and suicide prevention. Contract management was seen as a necessary evil, despite the fact that fundamentally the role was seen to be a contract management position.

'I think the benefit of sitting in a PHN is that ... you actually get to make an assessment of where the money should go ... the downside ... is that [you wear] every hat.'

One participant described a job that was significantly broader in scope than the original job they'd signed on to do.

'If I sat down and had to do my job description, it would be many pages longer than what was handed to me to sign at the beginning ... the role is not understood.'

Appointing a dedicated person to provide support to the role was also seen as a simple and reasonably cost-effective way to help balance the demands of the job; however, retaining qualified staff was a challenge for both trial sites. Lengthy gaps between appointments in key roles impacted the efficacy of the trial work and increased the workload on other site staff.



Blurring the boundaries

Interviewees discussed the benefits of appointing suicide prevention coordinators who were LGBTIQ+. One interviewee pointed out the obvious synergy of having someone with lived experience in the role:

'Because we are directly connected with the community, but we also have that lived experience of what we know needs to be happening within our own communities, and what we've experienced within our own lives.'

However, another cautioned that the diversity within the LGBTIQ+ acronym meant that no one person could embody lived experience for all.

For LGBTIQ+ staff, the blurring of boundaries between personal and professional responsibilities was challenging.

'We're constantly fighting a conflict between being the contractor and the funder and the voice of our community. It's a very skilled thing that you need to be able to do, juggle and sit comfortably with.'

Coordinators described trying to manage community expectations of their role, such as attending community events as 'the face of the trial' rather than as individuals. Some struggled with the expectations of professional position, particularly when the boundaries blurred on critical issues that sit beyond the formal role description.

'I've been in crisis response so many times since I've been in this role, because people have come to me.'

This proximity to crisis presented another challenge – one participant described their mental health as having been

'severely impacted by the workload, the expectations of the community and then by my own expectations of what I feel I need to be doing ... all of those things impact on you.'

Both coordinators agreed that access to emotional support – specifically, external clinical supervision – was essential to protect their mental health.



Where to from here?

As the National Suicide Prevention Trial draws to a close, Australia is primed to take a significant leap forward in this critical area of mental health care. A national evaluation of the trial is expected to deliver a comprehensive body of evidence that will support future systems approaches to suicide prevention.

This will complement the outcomes of recent high-profile suicide prevention initiatives in Australia, including the National Suicide Prevention Adviser's interim advice and in-principal recommendations to the Prime Minister, the Productivity Commission Inquiry into Mental Health, and the release of the Black Dog Institute white paper, *What can be done to decrease suicidal behaviour in Australia? A call to action.*

To maintain this momentum, our interviewees were asked to provide a series of recommendations for decision makers. These recommendations are actionable activities that have the potential to make a meaningful difference to LGBTQ+ suicide prevention.

Recommendations

1

Provide ongoing funding for the suicide prevention coordinator role.

The coordinator role has been uniquely effective in overseeing the delivery of LGBTIQ+ suicide prevention activities at Brisbane North and North Western Melbourne over the life of the NSPT. Providing ongoing funding for this role within the PHNs or commissioned by the PHNs, and ensuring the role is equipped to recognise and respond to the unique needs of LGBTIQ+ communities and other priority populations across Australia, is essential to improving mental health and suicide outcomes for this demographic.

2

Develop and embed a LGBTIQ+ lived experience workforce within mainstream health care settings.

Embedding LGBTIQ+ lived experience in mainstream services in the form of peer workers would have a significant impact on how and where LGBTIQ+ people access mental health care. The voices of lived experience can provide invaluable insights into service design and delivery and ensure cultural safety for end users and should be accepted as their own form of qualitative evidence.

3

Add inclusivity requirements in PHN commissioning processes. This could include adding LGBTIQ+ and Aboriginal and Torres Strait Islander cultural competency and inclusive practice criteria into tenders, service provider contracts and reporting requirements. As well as increasing awareness, this approach would embed cultural safety in the foundations of suicide prevention initiatives.

4

Change population-level data collection approaches to include LGBTIQ+ communities.

As detailed earlier in this report, sexual orientation, gender identity and intersex status are routinely omitted from key data collection activities in Australia, including the National Census. Inclusive data collection processes, such as embedding the ABS Standard for Sex, Gender, Variations of Sex Characteristics, and Sexual Orientation Variables in administrative datasets and suicide death data records, would better recognise the experiences of LGBTIQ+ communities and paint a more complete picture of gaps in policy and service provision, as well as demonstrate the benefits of investing in suicide prevention for these communities.

5

Invest in evaluation. Building the evidence base for LGBTIQ+ suicide prevention requires an ongoing investment in the evaluation of suicide prevention design, implementation and outcomes. Capturing and analysing detailed service-level data can provide valuable insights into what works and what doesn't in LGBTIQ+ suicide prevention.

Supporting organisations

The Black Dog Institute

The Black Dog Institute is a recognised leader in mental health and suicide prevention research and practice in Australia and a long-term ally of LGBTIQ+ communities. As the creators of the LifeSpan systems approach to suicide prevention, the Black Dog Institute has had extensive experience supporting the delivery of a systems approach in large-scale suicide prevention initiatives. These include the LifeSpan trials in NSW, the ACT and Victoria in 2016, 2017 and 2018 respectively.

In the context of the NSPT, the Institute was appointed in an advisory capacity to deliver crucial support services to the PHN teams responsible for on-the-ground service delivery. These included:

- delivering expert advice in the use of LifeSpan and other systems approaches in a variety of regional contexts
- fostering connections, networks and relationships between site teams through face-to-face events and an active Community of Practice
- providing education and guidance in the creation and adaptation of suicide prevention programs
- developing evidence-based resources and implementation tools for suicide prevention activities
- where possible, providing geospatially mapped local suicide data analysis reports
- sharing NSPT achievements and outcomes among site teams and the public.

In 2020, the Black Dog Institute released the highly acclaimed white paper, *What can be done to decrease suicidal behaviour in Australia?* A call to action, which drew together established and emerging evidence to guide future suicide prevention activity. With the NSPT drawing to a close in mid-2021, the Institute will use the findings from the trial to continue building on the evidence outlined in the white paper to progress and embed effective suicide prevention work. Future initiatives include a Suicide Prevention Network that will continue to grow and foster the relationships and collaborations that emerged from the NSPT. The network will offer a Community of Practice for suicide prevention professionals seeking education and professional connections, providing access to latest suicide prevention research and evidence-based implementation guides.

'I feel like there's someone behind us trying to push the importance of this work, I really do. And I think [the Black Dog Institute is] listened to ... I think they're seen as the experts in this area.'



LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA has a diverse membership that spans all Australian states and territories and includes LGBTIQ+ community-controlled health organisations; LGBTIQ+ community groups; and state and territory peak bodies, service providers, researchers, and individuals.

During the NSPT, LHA was instrumental in creating and maintaining relationships between PHNs and LGBTIQ+ communities. While this role was not formalised or funded through the NSPT, the LHA receives government funding to support Australia's 31 PHNs; as such, they worked through these established channels to provide expertise and advice to PHN teams – including Brisbane North and North Western Melbourne – seeking guidance on the provision of safe, effective and culturally responsive suicide prevention services.

LHA has also developed a strong relationship with the Black Dog Institute over many years. This relationship flourished during the NSPT, with LHA playing a crucial role in translating the Institute's suicide prevention expertise into on-the-ground service delivery for LGBTIQ+ communities. The Black Dog Institute gratefully acknowledges LHA's financial support (via MindOUT) for, and intellectual contribution to, this project.



Appendix A: Interventions

The Brisbane North and North Western Melbourne PHNs delivered a series of suicide prevention activities for LGBTIQ+ communities over the life of the NSPT. Here's a snapshot of what they achieved.

Brisbane North

Intervention	Yarns Heal
Description	A suicide prevention campaign for Aboriginal and Torres Strait Islander communities that encourages sharing stories, reaching out to loved ones and maintaining cultural connections.
Target group	Aboriginal and Torres Strait Islander LGBTIQ+, Sistergirl and Brotherboy communities
Partners/providers	gar'ban'djee'lum Network and IndigiLez Women's Leadership and Support Group

Intervention	Talking Heals
Description	A campaign to connect LGBTIQ+, Sistergirl and Brotherboy communities to specialist mental health and suicide prevention services. The campaign features stories told through art by LGBTIQ+ people with lived experience.
Target group	LGBTIQ+, Aboriginal and Torres Strait Islander LGBTIQ+ SisterGirl and Brother Boy Communities
Partners/providers	The Queensland Council for LGBTI Health

Intervention	Reasons to Stay
Description	A community awareness campaign to connect people at risk of suicide to in-person or telephone support.
Target group	General population, including LGBTIQ+ communities
Partners/providers	Brisbane North Suicide Prevention Network, delegates of the Peer Participation in Mental Health Services network

Intervention	Emergency follow-up and aftercare services
Description	Aftercare support services for people who have experienced a suicide attempt, are having suicidal thoughts or have lost someone to suicide.
Target group	LGBTIQ+ community members, Aboriginal and Torres Strait Islander LGBTIQ+, Sistergirl and Brotherboy communities
Partners/providers	Brisbane North Suicide Prevention Network, delegates of the Peer Participation in Mental Health Services network

Brisbane North (cont'd)

Intervention	LGBTIQ+ -appropriate ASIST and safeTALK suicide intervention training
Description	A training program to equip members of the LGBTIQ+ community to deliver LGBTIQ+ -appropriate ASIST training.
Target group	LGBTIQ+ community members, mentors, venue staff, event staff, frontline worker staff, key community connectors
Partners/providers	Diverse Voices, Queensland Council for LGBTI Health

Intervention	In-schools interventions
Description	Support frameworks, support groups and art therapy programs for LGBTIQ+ students. Capacity-building activities for teachers and key support staff.
Target group	LGBTIQ+ school students, school staff, parents and carers.
Partners/providers	Open Doors Youth Service

North Western Melbourne

Intervention	Aftercare service
Description	An aftercare peer worker support service for LGBTIQ+ people who have thoughts or intentions of suicide.
Target group	LGBTIQ+ communities
Partners/providers	Mind Australia

Intervention	Mentorship programs
Description	Programs to rebuild trust, increase mental health literacy, encourage help seeking, and increase social emotional wellbeing among LGBTIQ+ people; and to provide assistance to families seeking to support LGBTIQ+ loved ones.
Target group	LGBTIQ+ communities and their families
Partners/providers	drummond street services

Intervention	Postvention planning
Description	An LGBTIQ+ postvention response plan.
Target group	LGBTIQ+ and mainstreams organisations who provide or may need to provide a postvention response for LGBTIQ+ people
Partners/providers	Switchboard Victoria

North Western Melbourne *(cont'd)*

Intervention	Affirmative practice training
Description	A targeted training package for first responders to LGBTIQ+ mental health and suicide crises. It aims to ensure services are accessible and safe for LGBTIQ+ people and those who support them.
Target group	Mental health workers, general practitioners and other frontline workers who provide support to LGBTIQ+ communities
Partners/providers	Thorne Harbour Health

Intervention	LGBTIQ+ -appropriate ASIST and safeTALK suicide intervention training
Description	A co-designed adaptation of the ASIST and safeTALK suicide prevention and intervention programs for LGBTIQ+ communities.
Target group	LGBTIQ+ community leaders, community members and caregivers, ASIST and safeTALK trainers
Partners/providers	LivingWorks Australia

Intervention	Trial evaluation
Description	An evaluation of the North Western Melbourne Primary Health Network's LGBTIQ Suicide Prevention Trial.
Target group	North Western Melbourne PHN, mental health and suicide prevention professionals and organisations, funders and policymakers
Partners/providers	Impact Co

Intervention	Peer and community leaders
Description	Exploring the nature and impact of mental health and suicide prevention support provided by peers and community leaders.
Target group	North Western Melbourne PHN, mental health and suicide prevention professionals and organisations, funders and policymakers
Partners/providers	La Trobe University – Australian Research Centre in Sex, Health and Society

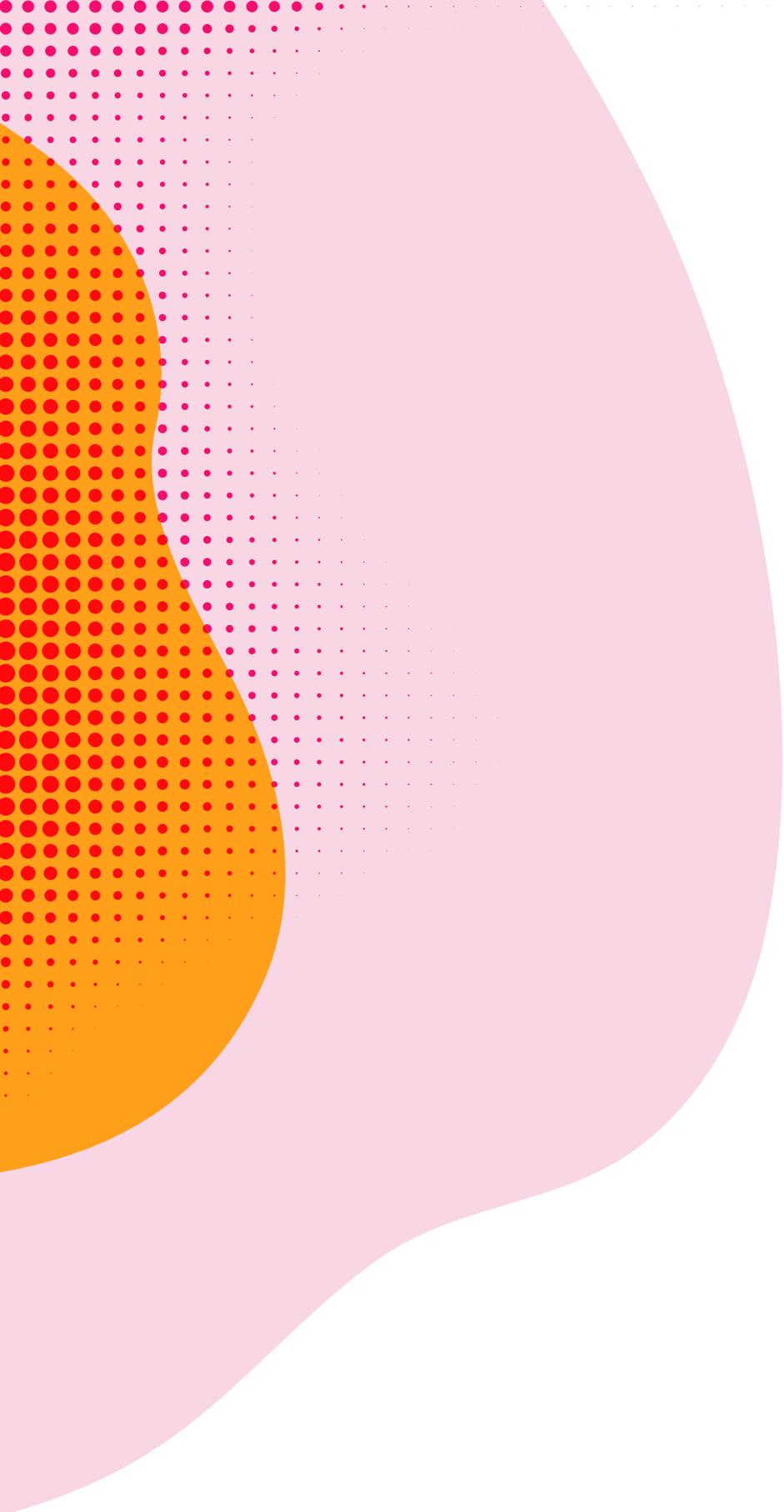
Intervention	Online learning modules
Description	Online training modules focused on the treatment of members of the trans and gender-diverse communities.
Target group	Mental health professionals, general practitioners, practice nurses and medical students
Partners/providers	The University of Melbourne

North Western Melbourne *(cont'd)*

Intervention	OMG I'm QTPOC
Description	A resource aimed at connecting young queer and trans people of colour with mental health and suicide prevention support services.
Target group	Young people
Partners/providers	drummond street services – The InVisible Project

Intervention	Wellness grants
Description	A funding scheme to reduce the risk of poor mental health and suicidal ideation for LGBTIQ+ people.
Target group	Higher-risk LGBTIQ+ groups such as trans and gender diverse, bisexual and intersex people, with a strong focus on regional areas within the NWMPHN catchment across all age groups
Partners/providers	headspace (Glenroy, Sunshine, Werribee), Jesuit Social Services, Sunbury and Cobaw Community Health, Auspicious Arts Projects, St Vincent's Hospital, Victorian Roller Derby League, Bridge Meals

Intervention	LGBTIQ+ Project
Description	Activities to make Darebin Community Health (now called Your Community Health) more LGBTIQ+ inclusive.
Target group	Your Community Health staff and LGBTIQ+ clients
Partners/providers	Your Community Health



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