



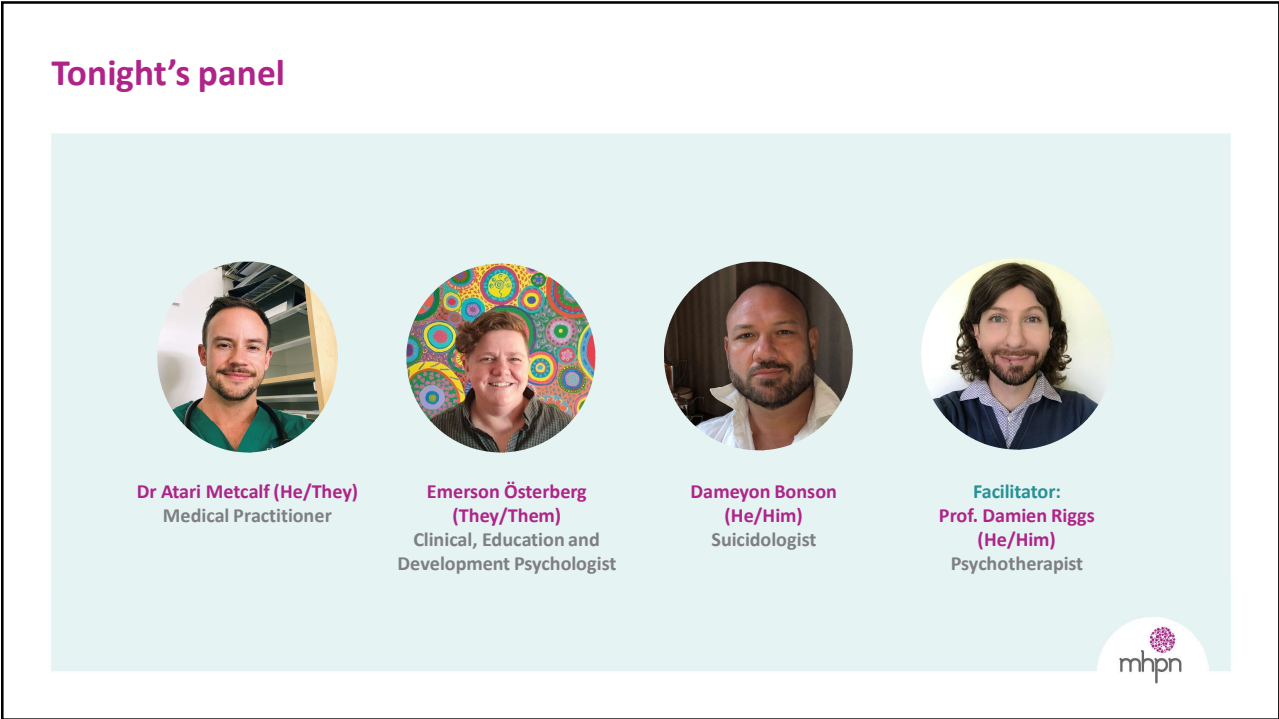
**MHPN  
WEBINAR**

Tuesday, 22 March 2022


**Suicide Prevention for LGBTIQ+ Communities**




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**Tonight's panel**




**Dr Atari Metcalf (He/They)**  
Medical Practitioner




**Emerson Österberg (They/Them)**  
Clinical, Education and Development Psychologist



**Dameyon Bonson (He/Him)**  
Suicidologist



**Facilitator:  
Prof. Damien Riggs (He/Him)**  
Psychotherapist



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## Definitions

### Trans cf cisgender ('cis')

**Pansexual** – attraction to diversity of genders

**Asexual** – Little or no interest in sexual activity (doesn't mean no intimacy)

### Population size

- **3% trans\* or questioning**

2014 NZ Adolescent Health Survey

- **1.7% people are Intersex**

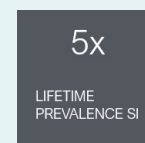
Source: OII Australia, *On the number of intersex people*, OII Australia.

- **3.0% people >18 years identify as gay, lesbian or 'other'**

Source: ABS 2015 General Social Survey

### Private Lives III Study 2020 (n=6,835)

- **74.8% lifetime suicidal ideation (SI) (41.9% in <12 months)**
  - Trans men > non-binary > trans women > cis women > cis men
  - Pansexual > queer > asexual > other > bi > lesbian > gay
- **30.3% lifetime prevalence suicidality v 3.2% in general population (5.2% <12months vs 0.4% in general population)**
  - Trans men > trans women > non-binary > cis women > cis men
  - Pansexual > queer > other > bi > lesbian > asexual > gay



NB 'Died by suicide' best practice term



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## Learning outcomes

Through an exploration of suicide prevention for LGBTQIA+ communities the webinar will provide participants with the opportunity to:

- Identify factors that are likely to increase the risk of suicidal thoughts and harm in LGBTQIA+ communities.
- Describe protective factors within families, schools and communities that can assist prevention of suicide in LGBTQIA+ communities.
- Elaborate on the importance of collaboration and appropriate referrals when providing care to LGBTQIA+ communities.



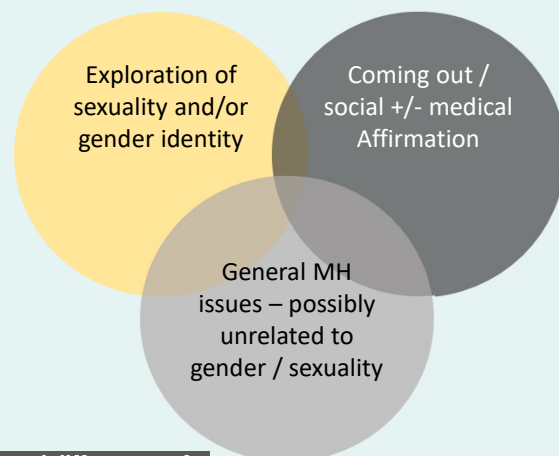
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## A Medical Practitioner's perspective

### Common presenting scenarios

Suicidality may present as an acute crisis or arise while accessing support for any of the following:

- Proximal stressors
  - Recent relationship breakdown with or without domestic violence
  - Social isolation
- Distal stressors
  - Poor experience with psychologist
  - Past anxiety
  - Lack of parental support



**\* Different gender identities and differences of gender expression are not pathologies!**



Atari Metcalf



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## A Medical Practitioner's perspective

### Pre-Consult

Before you meet Kara – Audit your organization – How safe is your clinical setting?

#### People

- Cultural safety/inclusion training for all staff → including non-clinical staff
- Specialist skills training (e.g. trauma-informed practice, gender affirming care)

#### Environment

- Sign-posting – literally and figuratively. e.g. Posters, flags, pronoun badges, flag, LGBTQIA+ friendly staff & any special skills on their online bios/profile
- Space – ensure you have confidential space available if face-to-face

#### Systems

- Inclusive intake form, software (gender, intersex status, sexuality, pronouns, names)  
→ Same for data collection for research and evaluation purposes



See TransHub and ACON's Pride in Health audit check lists



Atari Metcalf



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## A Medical Practitioner's perspective

### 1:1 Practice

Adequate time, privacy and confidential space = Key to building rapport and trust

#### Clarify pronouns and names (Use inclusive language)

- State yours when introducing yourself
  - Any exceptions or special considerations for different context/people?

#### Social history

- Living arrangements/occupation/financial supports
- Social supports and connection to LGBTQ community (online and offline)
- Relationship(s) and family - including chosen family
- Cultural, religious and spiritual background and connections

#### Past mental health, including previous suicide attempts/ideation/self harm

- Be mindful of high prevalence of medical trauma
- Use inclusive language – especially regarding bodies and anatomy.



Atari Metcalf



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## A Medical Practitioner's perspective

### 1:1 Practice

#### Medical history

- Previous experiences of accessing healthcare
- Relevant medications (HRT, ART)

#### Developmental history

- Don't assume all suicidality or mental health difficulties necessarily related to LGBTIQ identity/relationship/gender affirmation

But do consider exploring gender identity and sexuality

- Self-acceptance, coming out and social transition
- Coping strategies for dealing with homo/trans-phobia and screening for violence



Atari Metcalf



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## A Medical Practitioner's perspective

### 1:1 Practice

#### Acute stressors/events precipitating crisis

- Relationship conflicts (Romantic, sexual, familial, platonic)
- Experiences of discrimination/harassment
- Housing, financial and food insecurity
- Legal difficulties – including identity documentation difficulties

#### Drug and alcohol use

- Past and present use
- Previous experience accessing D&A services/rehabilitation



Atari Metcalf



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## A Medical Practitioner's perspective

### Next steps...

#### Acute or Non-Acute

- Risk assess & safety plan

#### Escalating to acute care services

- Collaborate with your client
- Call ahead and speak with ED AMO/  
Psych Registrar/MH CNC

#### Non-Acute support

- Ongoing counselling, listening, advice
- Gender affirming care -> MDT
- MHCP
- Community supports

**AusPATH Standards of Care** – informed consent  
<https://auspath.org.au>

**Trans Vitality eLearning** – RACGP & ACON  
Pride Training: <https://www.pridetraining.org.au>



Atari Metcalf



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## A Psychologist's perspective

### Points from the case study that will be focused on

1. Kara is transgender
2. Gender affirming care being one of the most important factors that is within a treating professional's control to reduce suicidal ideation and intent as well as improving overall mental health outcomes



Emerson Österberg



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## A Psychologist's perspective

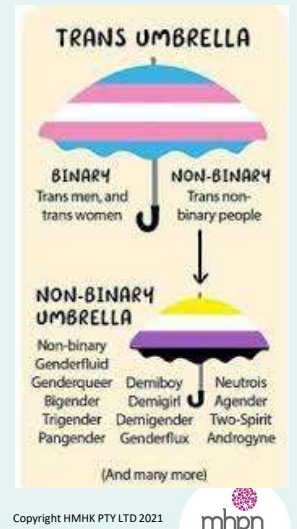
On nearly every continent, and for all of recorded history, thriving cultures have recognized, revered, and integrated more than two genders. This is not new.



[https://www.pbs.org/independentlens/content/two-spirits\\_map.html/](https://www.pbs.org/independentlens/content/two-spirits_map.html/)



Emerson Österberg



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## A Psychologist's perspective

### Why is gender affirming healthcare best practice?

- **42.1%** had reached out to a practitioner who did not understand, respect or have previous experience working with trans and gender diverse people
- **65.8%** had experienced a lack of community or family support
  - Transpathways (2017) study of TGDNB young people aged 14–25 (n=859) and their parents (n=194) <https://www.telethonkids.org.au/projects/trans-pathways/>



Emerson Österberg



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## A Psychologist's perspective

### Why is Gender affirming healthcare best practice?

- Australia's most recent, and largest study of young people between the ages of 14–24 years with almost 6,500 participants.
- **60%** of young people do not know that there are health professionals that specifically work in the area of gender identity.
- **One in five Transgender** people have experienced direct discrimination from a mental health practitioner because of their gender status **every week**.
  - **Writing Themselves in 4 (2021)** <https://www.latrobe.edu.au/arcshs/publications/writing-themselves-in-publications/writing-themselves-in-4>



Emerson Österberg



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## A Psychologist's perspective

### Gender affirming healthcare

**Gender affirming healthcare** provides services which:

- Place the person as the expert in their own gender
- Depathologises gender variance
- Uses affirming language, such as using a person's pronouns, chosen name
- Asks person for information about words/procedures that are likely to be triggering and develops a plan with the person on how to manage this
- Supports person's choice in social affirmation
- Supports person's choice in medical affirmation (e.g. puberty blockers for young adolescents or feminising or masculinising hormones and/or surgery for older clients), as medically necessary and clinically relevant.



Emerson Österberg



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## A Psychologist's perspective

### Psychological Functioning in Transgender Adolescents Before & After Trans-Affirmative Care Compared With Cisgender General Population Peers:

(van der Miesen, Steensma, de Vries, Bos, Popma, 2020)

The study compared:

- Group 1: 272 adolescents prior to gender affirmative care
- Group 2: 178 adolescents receiving gender affirmative care with puberty blocking
- Group 3: 651 cisgender adolescents in the general population

Results

- Group 1: More internalizing problems, increased self-harm/suicidality and poorer peer relations
- Group 2:
  - fewer emotional and behavioural problems than Group 1
  - similar or fewer problems than Group 3



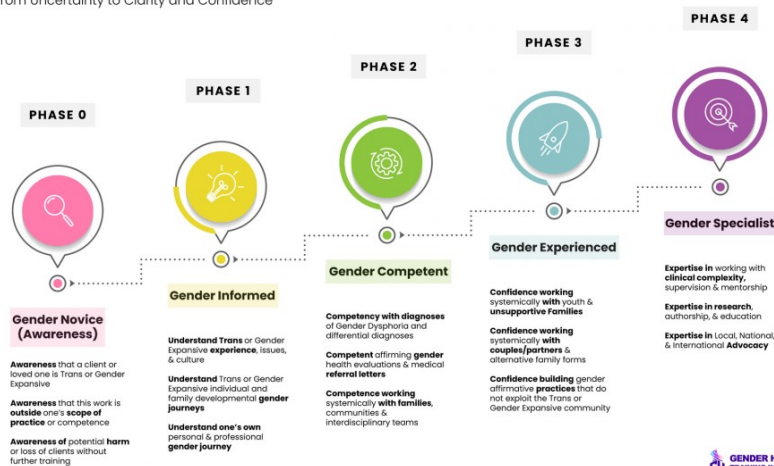
Emerson Österberg



## A Psychologist's perspective

### THE GENDER AFFIRMATIVE THERAPIST JOURNEY

From Uncertainty to Clarity and Confidence



Emerson Österberg



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## A Psychologist's perspective

### Family of origin (FOO), Family of Choice (FOC)

- Kara does not have contact with her family of origin
- Grief from losing part of her family of choice
- When assessing for individuals, support looking for family of choice and see these relationships as equivalent to family of origin support in other situations.



Emerson Österberg



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## A Suicidologist's perspective

### Suicide

- Suicide is a low frequency event
- Suicide is a behaviour, not a mental illness
- Catastrophisation of suicide can impede effective intervention efforts
- Working with Indigenous people, don't be racist



Dameyon Bonson



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## A Suicidologist's perspective

### Suicide risk factors

- Universal – History or signs of depression, job loss or change in financial security, victimisation at home or in school
- LGBTIQ+ specific – Family rejection, internal conflict about sexual orientation or gender identity, stigma and discrimination
- Indigenous specific – Cultural dislocation, widespread grief and loss, racism



Dameyon Bonson



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## A Suicidologist's perspective

### Protective factors

#### Emerson

- Gender affirming healthcare

#### Additional

- Peer and familial support
- Affirming and inclusive policies and practices within employment, education and healthcare settings
- Freedom from violence and harassment
- Access to affordable timely, appropriate and culturally sensitive healthcare



Dameyon Bonson



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## A Suicidologist's perspective

### Indigenous LGBTQIA+ roundtable

The following themes emerged that could guide actions concerned with Aboriginal and Torres Strait Islander LGBTQI populations:

- Identifying Indigenous LGBTQI suicide
- Interconnection of culture, sexuality and gender identity
- Limited understanding within family and community
- Compounded and layered trauma and discrimination



Dameyon Bonson



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## A Suicidologist's perspective



Dameyon Bonson

- A strong emphasis on education and inclusive health promotion material. A baseline understanding of the clinical and non-clinical needs was also largely voiced.
- Needed to be less inquisitiveness on the biological or physical aspect of their being and more on their social and emotional wellbeing.
- Having a connection to both the Indigenous and LGBTIQSB communities was identified as being very important to many of the participants' cultural wellbeing. Both communities created a sense of belonging, however not at the same time.

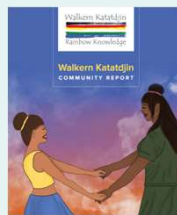
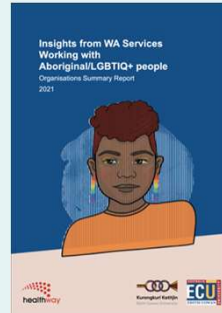


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## A Suicidologist's perspective

- Participants frequently experienced heterosexism and racism leading to marginalisation of First Nation communities, SSG communities and broader society.
- Of the participants, more than 73% reported experiencing discrimination in the past 12 months, and
- Close to 13% experienced homelessness or housing insecurity because of their sexual orientation or gender identity.



Dameyon Bonson

- Seven major themes within a framework of mental health and wellbeing, identity, family, community, visibility, and services.



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## A Suicidologist's perspective

### Tools

- Strengths perspective – Draw on Kara's own strengths
- Connection – Kara's friends, family, community and country (empowering)
- Empowerment – Kara is part of the process
- Linkages/Supports – Black Rainbow, local Indigenous/non-Indigenous LGBTIQ+



Dameyon Bonson



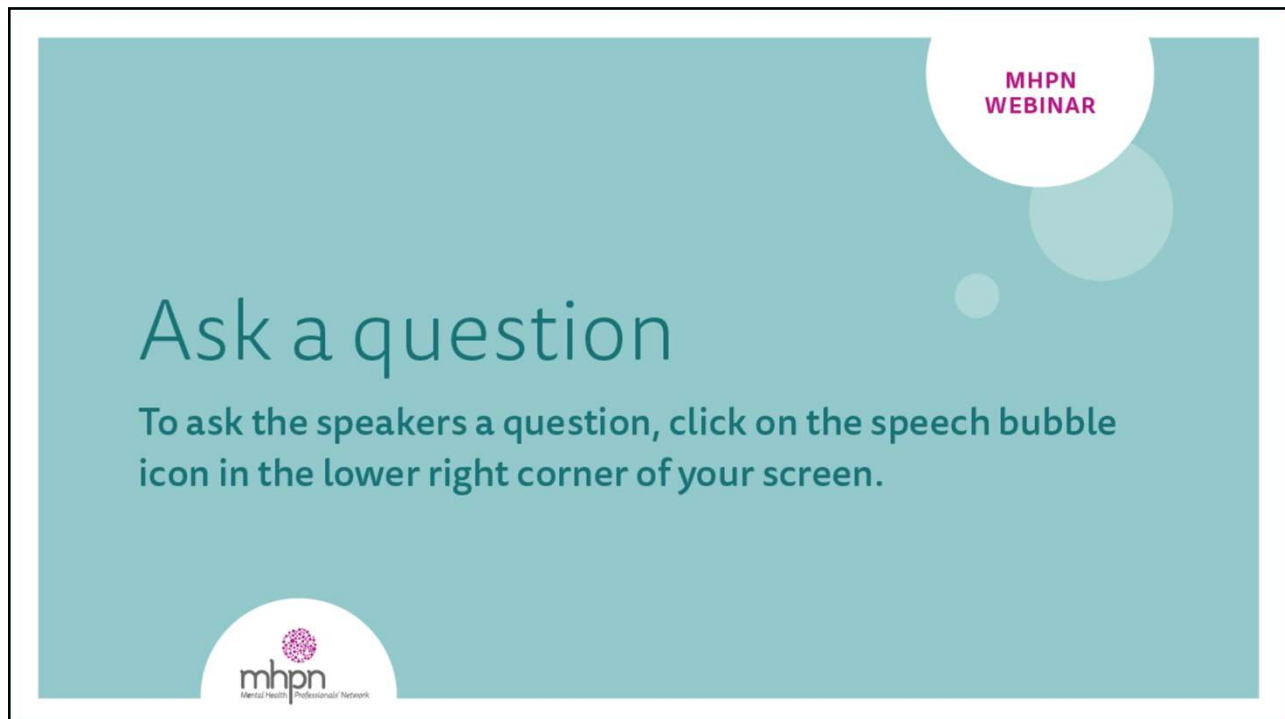
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## A Suicidologist's perspective



The banner features the 'Black Rainbow' logo at the top in a colorful, handwritten font. Below it is a black rectangular box containing the text 'Black Rainbow's COVID RESEARCH STUDY' in white, with 'COVID' in a larger, bold font. At the bottom left is a circular profile picture of Dameyon Bonson. At the bottom center is the website address 'www.blackrainbow.org.au'. At the bottom right is the 'mhpnp' logo.

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The slide has a teal background with white and pink circular accents. In the top right corner, a white speech bubble contains the text 'MHPN WEBINAR'. The main text reads 'Ask a question' in a large teal font, followed by 'To ask the speakers a question, click on the speech bubble icon in the lower right corner of your screen.' in a smaller teal font. At the bottom center is the 'mhpnp' logo.

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## Q&A Session



**Dr Atari Metcalf (He/They)**  
Medical Practitioner



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Clinical, Education and  
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Suicidologist



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Psychotherapist



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## Thank you for your participation

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- A Statement of Attendance for this webinar will be issued within four weeks.
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## MHPN Online programs

### Podcasts:

- Book Club episode: Navigating Childhood Trauma with 'The Deepest Well' – Available now on MHPN Presents via our website, Spotify & Apple Podcasts.
- Listen to the latest episodes of MHPN's other podcast shows and series including *Eating Disorders: Beyond the Unknown*.

### Upcoming webinars:

- Assessment and engagement with infants and children – Thursday, 7 April 2022.

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## MHPN networks

MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

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Interested in starting a new network? Email: [networks@mhpn.org.au](mailto:networks@mhpn.org.au) and we will step you through the process, including explaining how we can provide advice, administration and other support.



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**Thank you for your contribution and participation.**

**Good evening.**

