



# Mental Health and Suicide Prevention among the LGBTIQ+ Community

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# ACKNOWLEDGEMENT OF PEOPLE WITH LIVED AND LIVING EXPERIENCE

LGBTIQ+ Health Australia acknowledges the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them.

Every individual journey is a unique and a valued contribution to our commitment to mental health suicide prevention programs and advocacy.



# WHY IS IT IMPORTANT TO TALK ABOUT LGBTIQ+ MENTAL HEALTH?

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LGBTIQ+ experiences are **not a mental illness** and **not all LGBTIQ+ people experience distress** about their sexuality or gender identity.

LGBTIQ+ people have experienced **a long history of isolation and discrimination**, both culturally and politically, that has led to an **increased risk** of depression, anxiety, substance use, suicidal thoughts and behaviours and non-suicidal self-injury

In addition to these mental health disparities, many LGBTQ people experience **further health differences** due to the intersection of other factors impacted by their identity.

# SOME SOBERING FACTS...

LGBTIQ+ people are **nearly 6 times** more likely to **experience** or be **diagnosed with depression**

LGBTIQ+ young people are **5 times** more likely to have **attempted suicide**

Transgender and gender diverse adults are **5 ½ times** more likely to **experience** and be **diagnosed with depression**

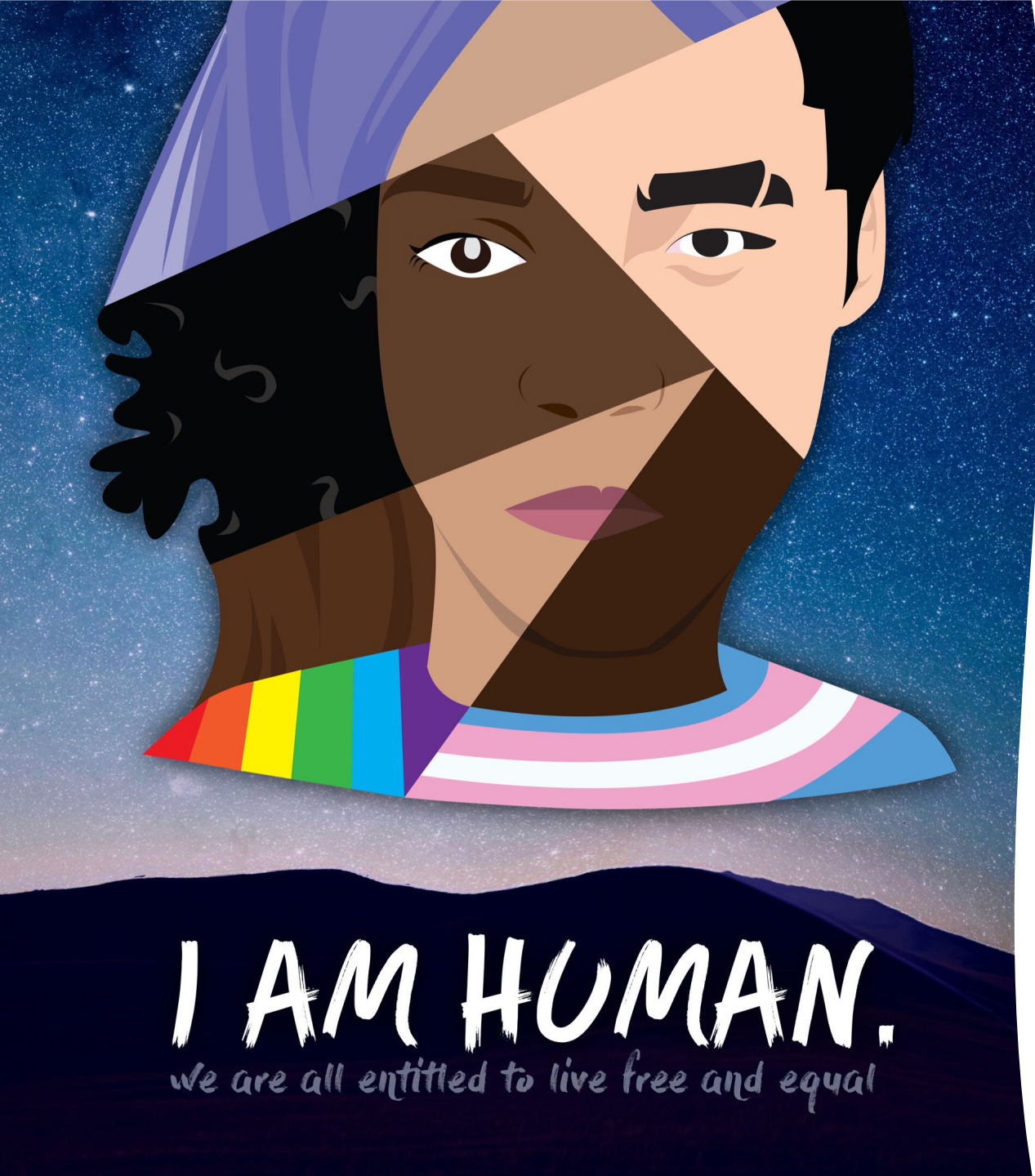
Adults with an intersex variation are **6 times** more likely to have **attempted suicide**

Rates of **psychosocial distress and suicide** are **much higher** among those who identify as **bisexual, pansexual, queer or asexual**

**Indigenous young people** take their lives at **5 times** the rate of not indigenous young people

Anecdotally, **Indigenous LGBTIQ+ people** are taking their lives by suicide at a **higher rate**





# Why are there worse outcomes for LGBTIQ+ people?

LGBTIQ+ people are exposed to **many experiences and factors that may not exist for non-LGBTIQ+ people**. Basic experiences that tend to **increase a person's vulnerability in society** are often more present in our community.

This includes (*but not limited to*) homelessness, financial insecurity, poverty, workplace distress, unemployment, family and domestic violence, social isolation, clinical mental illness diagnoses, poor access to primary health, poor access to mental health care.

These vulnerabilities are **compounded in times of heightened environmental risks and disasters**, where the experiences of these risks are escalated.





National report


## Pride and pandemic:

Health experiences and coping strategies among LGBTQ+ people during the Covid-19 pandemic in Australia.

Natalie Amos | P.G. Maciotti | Adam O. Hill | Adam Bourne







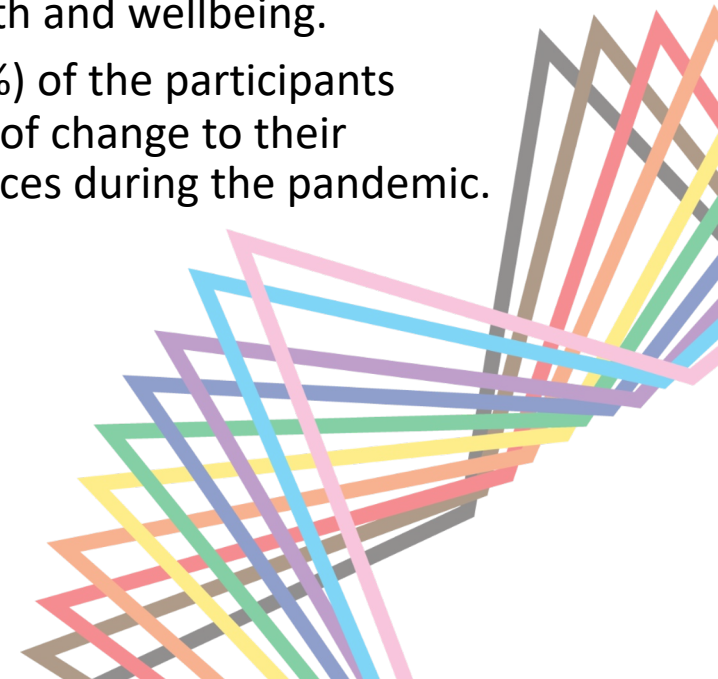
*Pride and Pandemic* engaged **3,135 people** across the country in an **online survey and focus groups** exploring the **experiences of the COVID-19 pandemic** among lesbian, gay, bisexual, trans, and queer (**LGBTQ+**) people in Australia over the age of 18.

While primarily focusing on mental health and wellbeing, the study gained new insights into the impact of the pandemic on a range of other experiences including financial and housing security, family violence and tobacco, alcohol and other drug use.





- Almost **two-thirds (63.8%)** of participants felt that **their mental wellbeing had gotten worse** since the beginning of the pandemic.
- Of the 57.6% of respondents who had received a mental health diagnosis before the pandemic began, 71% reported their conditions worsening.
- Focus group participants highlighted that **changes in financial situations, isolation and unsafe living environments were often the driving force** for a decrease in mental health and wellbeing.
- More than half (54.4%) of the participants experienced some form of change to their employment circumstances during the pandemic.



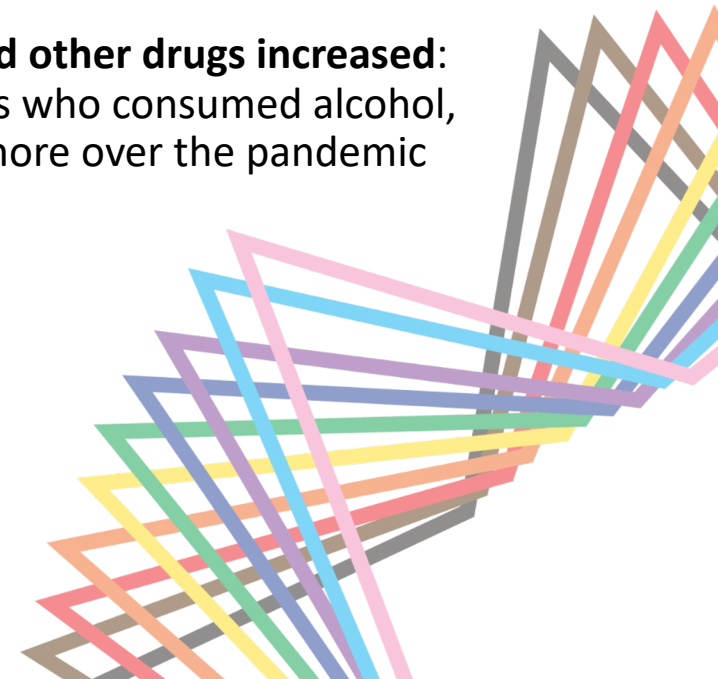




Almost **one-fifth had experienced violence from an intimate partner** during the pandemic, and more than a **quarter experienced violence from a family member**.

Most participants reported less social interaction with family of origin (48.7%), chosen family (51.5%); and friends (75.0%), but 75.8% also reported an increase in use of social media, and 45.8% in online participation in online social or learning activities for fun, as a buffer to this isolation.

**Use of tobacco, alcohol and other drugs increased:** of the 83.5% of participants who consumed alcohol, 46% reported consuming more over the pandemic period.



# Thank you

For more information and resources, you can reach out to LGBTIQ+ Health Australia or visit our website:

Website: <https://www.lgbtiqhealth.org.au/>

Contact: [info@lgbtiqhealth.org.au](mailto:info@lgbtiqhealth.org.au)

