

There is still work to do on making mental health services accessible for LGBTIQ+ people in distress, say researchers

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An illustration of two people with a hand holding the pride flag in the background. The Torres Strait Island, Aboriginal and Pride flags are also on the left side. Credit: Jacq Moon

Barriers to accessing potentially life-saving support persist, according to new research into suicidality in the LGBTIQ+ community.

An RMIT University-led study with Switchboard, Roses in the Ocean and University of Sydney interviewed members of the LGBTQA+SB community to understand their lived experiences of suicidal thoughts and behaviors, and uncover factors that protect people at these times of distress.

The [research](#), titled "Understanding LGBTQA+SB suicidal behavior and improving support: insight from intersectional lived experience," was prepared for Suicide Prevention Australia. Katherine Johnson, Nicholas Hill, Vanessa Lee-Ah Mat, Anna Bernasochi and Martina McGrath are co-authors.

The acronym SB in LGBTIQ+SB stands for sistergirl and brotherboy, acknowledging the trans women and trans men of First Nations gender-diverse people within some, but not all, Aboriginal and Torres Strait Islander communities.

Project lead and Dean of RMIT's School of Global, Urban Social Studies, Professor Katherine Johnson, said despite LGBTIQ+ Australians being 20 times more likely to have considered suicide, there remained a lack of research into the types of support needed, especially for people with intersecting identities, including First Nations people, people of color, and people with disabilities.

Many participants in the study said their suicidal distress started at an early age with fluctuating levels of intensity.

Alarming, it also found that concealing this distress, or not accessing support, was common among [younger people](#).

It echoes a [previous study](#) revealing almost 2/3 of LGBTIQ+ people in Australia aged 14 to 21 did not access professional support after experiencing some form of suicidal distress.

Barriers to accessing support

Johnson said people in LGBTIQ+ communities often embodied several marginalized identities, which can create unique and complex systems of disadvantage and discrimination.

"Understanding the context in which LGBTIQ+ people attempt to live affirmatively must be the starting point for effective policy and services," she said.

As well as fear of discrimination in terms of sexuality, gender and racism, barriers to accessing support included a lack of knowledge of where to find it, cost and distrust of the health system due to negative medical experiences.

Concerns around confidentiality were also complex, especially for First Nations people, people of color and religious participants in remote and rural communities.

Some participants were uncomfortable seeking support services where they were too easily identifiable.

Understanding help-seeking behavior

Johnson said seeking support was a challenge overall, but her research found help-seeking behavior often changed over time, with people becoming more adept at finding ways to manage their suicidal distress.

While gender identity and sexuality played a part, participants said it was fears of social and cultural isolation and rejection associated with homophobia, transphobia and racism that were the main contributing factors in their distress.

"Living with suicidal distress is exhausting. It can limit people's ability to form and maintain [social connections](#) and significantly disrupt [daily life](#), which may lead to other psychosocial factors like homelessness and unemployment," said Johnson. "That's why we need targeted early interventions in order to reduce suicidality over an LGBTIQ+SB person's lifetime."

Johnson said the lack of support services in remote and [rural areas](#) can also be isolating as it forced people to travel to more urban areas to access support.

"Developing referral pathways, reducing out-of-pocket expenses and ensuring LGBTIQ+SB affirming services are available, particularly in regional areas, will facilitate access to safer and more effective supports," she said.

Family relationships, friendships and supportive social spaces were significant sources of acceptance and affirmation for LGBTIQ+ people. However, Johnson said they could also be drivers of distress and shame, shaping how people reach out for help.

"We found family support was vital, but it was not always available or positive," she said. "Meanwhile, participants of color often sought support from friends due to family being overseas."

Johnson said employing a diverse representation of LGBTIQ+SB peer workers, including First Nations, people of color and people with disabilities, within mainstream and queer-friendly services can help improve perceptions of safety and confidentiality.

"Rainbows are nice, but people like to connect with others who understand the nuances of their identity, circumstances, background and culture," she said. "With appropriate and effective support,

LGBTIQ+SB people can and do find ways of living with suicidal distress."

More work must be done

Johnson said this research is just the beginning of a bigger call for more attention to the lived experiences of suicidality in diverse LGBTIQ+SB communities.

Switchboard CEO Joe Ball said he would like to see national investment to introduce the training around the country.

"The potential impact of our suicide prevention training cannot be overstated—this has the power to change lives, and we welcome strong partnerships to do this work together," Ball said.

"LGBTIQ+SB people, no matter who they are or where they live, deserve tailored support. The time is well overdue for more sophisticated approaches to supporting our communities. We are not one-dimensional people—we live intersectional lives and deserve [support](#) from services that acknowledge and strengthen this."

Co-author and University of Sydney and University of New South Wales Adjunct Professor Vanessa Lee-Ah Mat said the research is laying the foundations in understanding queer First Nations suicidal behaviors from their lived experiences.

"Putting culture first has been a guiding hand," said Lee-Ah Mat, a Yupungathi and Meriam woman. "The insight drawn from this research has enabled us to begin to understand the many experiences that lead to depression, anxiety and suicidal behaviors in Aboriginal and Torres Strait Islander LGBTIQ+SB people."

Co-author and Switchboard Suicide Prevention Manager Anna Bernasochi said the training to be rolled out was the first of its kind to use insights from lived experiences of LGBTQA+SB people.

"By integrating insights from these lived experiences, services will be more equipped to help LGBTIQ+SB people live through suicidal distress. Completing our training is an excellent first step," said Bernasochi.

More information: Katherine Johnson et al, Understanding LGBTQA+SB suicidal behaviour and improving support: insight from intersectional lived experience. FULL REPORT, *RMIT University* (2023). [DOI: 10.25439/rmt.23640978.v1](https://doi.org/10.25439/rmt.23640978.v1)

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