

mindout

LGBTI Mental Health & Suicide Prevention

youth project  
report 2016

# Acknowledgements

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Although this project was facilitated by mindOUT LGBTI mental health & suicide prevention project, the Youth Project was an LGBT project. There may have been people with intersex characteristics involved. Unfortunately that data was not collected.

A special thanks to the mindOUT Youth Project Partners from around Australia:

- CampOUT (National)
- Expanded Horizons - QSpace (Goldcoast)
- Freedom Centre (Perth)
- Minus18 (Victoria)
- Open Doors (Brisbane)
- True Colours (Bunbury)
- Twenty10 (Sydney/NSW)
- Working It Out (Tasmania)
- YETI - Youth Empowered Towards Independence (Cairns)
- Zoe Belle Gender Centre (Victoria)



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# Preface

We are at a time in our Australian context where there are many realities competing for our attention every day. The history of Australia and our diverse cultures; the way our communities are composed, constructed and governed; competing priorities for funding and spending; and the messages that make it through the noise are usually those that are in support of those populations, communities and cultures that are most established within the Australia that we live in today.

Amidst this context, we are witnessing a generation of young people who are demonstrating tenacity and determination to question those genders, sexualities, relationships and identities that others have understood to be fixed and immovable and to accept bodies that have not been considered strictly female or male. These young people are reaching out for support in their local communities, and more increasingly online, to find a sense of connectedness with other young people who are walking on the same path and sharing similar life experiences. These young people are challenging established ideas to affirm themselves in our world.

We know that these connections work. Connectedness removes isolation. It improves mental health and brings positive outcomes that enable individuals to engage with and in education, health care, personal relationships and society as a whole. This project has demonstrated these processes.

The outcomes of this project bring with them the affirmation that funding is an essential part of improving the mental health and wellbeing of young people who are exploring aspects of their gender, sexuality and bodies and we are proud to bring you the results of this piece of work.

Delivered in partnership with a number of specialist LGBTI youth service providers from across Australia, the MindOUT! Mental Health and Suicide Prevention project provides practice informed evidence to continue to grow this key area of work.



# Project process

1. EOI's received from member youth organisations
2. A two-day planning meeting with you partners held
  - Evaluation questions established
  - Knowledge and resources shared
3. Projects implemented and completed
4. Reports completed by each organisation
5. Collated into national report

## Project Overview

The project was established as a time-limited initiative to capture a standard baseline of data from participating LGBT youth groups, services and organisations across all areas of Australia. This included the participation of organisations working in metropolitan, regional and remote areas.

An expression of interest for participation in the project was distributed to the member organisations of the National LGBTI Health Alliance, which comprises of organisations whose core mission and business involves delivering services to LGBTI people and communities, to identify partners interested in participating in the MindOUT! Youth project.

From this process, 10 responses were received. The project proposals that were received covered a diverse range of projects, programs and activities, all of which were developed in collaboration with young people accessing the programs and services. Consequently, these 10 organisations formed the group that progressed with the project (Figure 1).

The project partners nominated a staff member to facilitate the national project. The project partners required the nominee for this role to have prior counselling expertise with young people. This requirement ensured that support could be provided to all agencies in a way that was consistent with their learnt knowledge, skills, confidence and lived experiences.

Representatives of the 10 organisations were brought together in Sydney for a two-day project induction, and to establish a support network for both the work of project and for future sharing, support and learning. The agenda for the 2-day induction (Appendix 1.1.3) included a framework where organisations shared current client demographic information, projects, resources, challenges and areas of strength. See Figure 2 for the project process.

The meeting also supported the collaborative development of a framework for the evaluation of the project outcomes. All participants agreed to this outcomes assessment framework, so that projects could tangibly demonstrate shared outcomes and evidence. Standard evaluation questions were developed to simplify data presentation, however organisations could also tailor to capture the work of their specific groups.

The project partners' activities to engaging LGBT young people varied from a five-day camp, social educational groups, social support groups, and special events such as IDAHOBIT (International day against homophobia, biphobia, intersex and transphobia) and Same sex and gender diverse formal. Two of the project partners used external researchers to evaluate and report on the successful work they are doing with young people. However, their approach to early intervention and suicide prevention was consistent with their key principles shared by all partners:

- Young people are involved at every step of the project
- Young people are informed about the project at each stage
- Young people are empowered to direct their own care within a Mental Health and Suicide Prevention context;
- Practise-based expertise and community wisdom about effective interventions are recognised in the absence of a systematic or empirical evidence base.

Note: Quick turn-around times were required for group participation in this process. Unfortunately, this meant that we were unable to include representatives from South Australia, Northern Territory and ACT, as a result of the limited capacity of groups in these locations to participate.



# Project Aims & Principles

This project aimed to increase capacity of organisations, services and groups that provide support to Lesbian, Gay, Bisexual and Transgender (LGBT) young people to document the outcomes of the work they deliver at a local level to support the development of practice informed evidence for working with LGBT young people in early intervention and suicide prevention. This evidence was then collated to form a national evidence base and is the basis of this report.

## Dignity

Recognition of the dignity and inherent value of LGBTI people's sexualities, gender identities and intersex status.

## Diversity

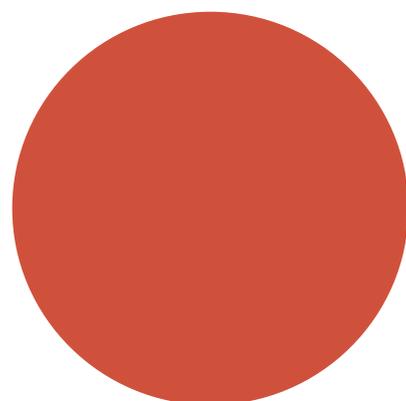
Acknowledgment that minority sexualities and gender identities, and intersex status are all part of the diversity that constitutes our shared humanity.

A recognition that LGBTI people are diverse and that differences in their sexualities, gender identities and intersex status are cross-cut by other social determinants including (but not limited to), HIV status; Aboriginal and Torres Strait Islander background; ethnic, cultural and religious affiliation; geographic location; age; disability; and socioeconomic status.

## Promotion & Prevention

A fundamental recognition that mental health is more than the absence of illness and a commitment to assisting LGBTI people to realise their full potential, as individuals and as citizens, free from all forms of discrimination and abuse.

Promote LGBTI Inclusion and Participation in All Areas of Social Life Ensure that quality LGBTI mental health and suicide prevention services are informed by and sit within a broader health promotion framework that acknowledges the value of LGBTI people and addresses the social determinants of reduced mental health and increased suicidal behaviours among this population.





# Evidence & KNowledge

A commitment to research and a sustainable evidence-base on which to develop and assess the effectiveness of LGBTI mental health promotion policies and programs.

# Equity

Commitment to equity in the provision and delivery of all services regardless of sexuality, gender identity and intersex status, including health and community services, employment, education, sport and culture.

A commitment to delivering LGBTI-inclusive mainstream and, where appropriate, LGBTI-specific mental health promotion initiatives. A recognition that LGBTI-inclusive programs necessarily recognise and, where appropriate, address, the differences and diversity among LGBTI individuals and communities.

# Partnership

An emphasis on building and strengthening partnerships, including partnerships between LGBTI individuals and organisations, and between LGBTI organisations and organisations within and outside the health sector (e.g. community and social services, workplaces, education, the arts, sports clubs and cultural organisations). Partnerships between government, health, and the academic sector in the planning and delivery of LGBTI mental health promotion and LGBTI-inclusive mental health care.

# Consultation & Participation

LGBTI individuals and community representatives are consulted with, and participate in, the planning, delivery and review of mental health promotion initiatives.

# Current Contexts

The category of 'LGBTI' people and populations is now recognised by the Commonwealth Government in some federal legislation, policies, and programs. From 1 August 2013, the Sex Discrimination Act 1984 has provided federal protection from both direct and indirect discrimination on the basis of sexual orientation, relationships status, gender identity, and intersex status. 'LGBTI' people are also recognised as a special needs group in the Aged Care Act 1997.

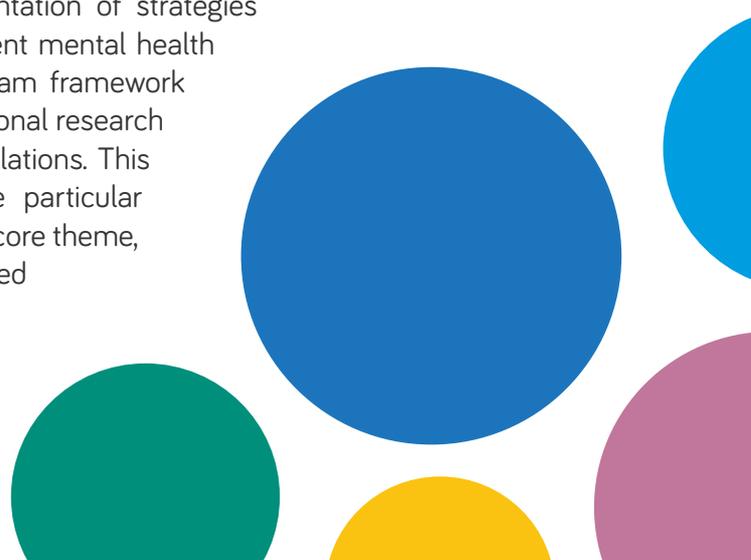
Historically, the category of 'LGBTI' was promoted by the Alliance and some of our Member Organisations in efforts to create greater inclusion at a national level. This formal recognition of 'LGBTI' people and populations has helped the Alliance to raise the concerns of those who have face historical exclusion and marginalisation, when working at a national level with government and professional bodies. We also recognise its limitations.

The Alliance is aware that many people and communities have additional ways of describing their distinct histories, experiences, and needs beyond the five letters in 'LGBTI'. For this reason, the Alliance considers people and populations beyond those letters when conducting consultations to learn more about your needs when giving national advice.

At the Alliance today, we see the use of 'LGBTI' as a strategic choice with historical roots in the concerns of our members. Our understanding of 'LGBTI' continues to change and mature alongside our partnerships with the people and communities that make up the Alliance.

This project is there fore carefully and deliberately embedded as an LGBT Youth Mental Health project. Although young people with Intersex bodies may have been accessing the services of the project partners involved, none of the project partners specifically or deliberately included intersex young people as a target group. Additionally, due to the lack of funding targeting intersex people, there is no specialist or intersex-led intersex organisations in Australia that have the capacity to deliver services or support in the youth sector. We identify this as both a gap and recommendation future work to increase funding and build capacity for intersex-led intersex youth initiatives.

The development of this project was done in a way to ensure it was informed by Going Upstream: A Framework for promoting the mental health of LGBTI people which aims to specifically guide the development and implementation of strategies to promote mental health and wellbeing and prevent mental health problems in LGBTI Australians. The Going Upstream framework draws on a growing body of Australian and international research on the mental health and wellbeing of LGBTI populations. This framework identifies key factors known to have particular influence on mental health for these populations. A core theme, in both this body of research and in the practice-based evidence demonstrated through this project, is the



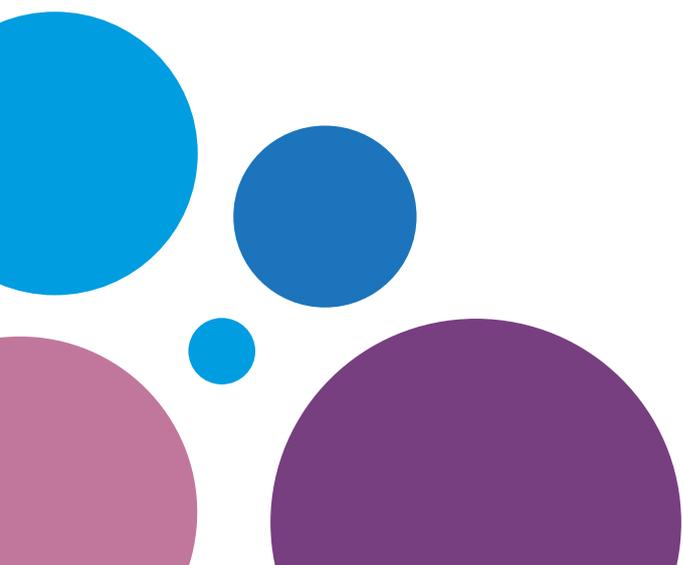
impact of deeply held prejudice and discrimination on the mental health and wellbeing of LGBTI people and the need for health policy to incorporate this understanding in the development and delivery of LGBTI-inclusive mental health promotion programs.

Private Lives 2: A Report on the Health and Wellbeing of GLBTI Australians found that 49% of men and 45% of women had experienced a major depressive episode, and 16% of all respondents had suicidal ideation in the two weeks prior to the survey being conducted to inform this report . The rates of depression in LGBT appear to be much higher than in the general population with LGB Australians sitting at 3 times higher; and Gender diverse Australians sitting at 6.5 times higher.

More than 1000 young people participated in the 2014 Growing Up Queer Report, which found that 16% of young people who identify as lesbian, gay, bi, trans, intersex or queer have attempted suicide and 33% have harmed themselves as a result of homophobic or transphobic behavior .

The From Blues To Rainbows Report documented the mental health needs of 189 gender diverse young people. The report found that over half had been diagnosed with depression and almost all respondents had experienced verbal or physical abuse due to their gender diversity .

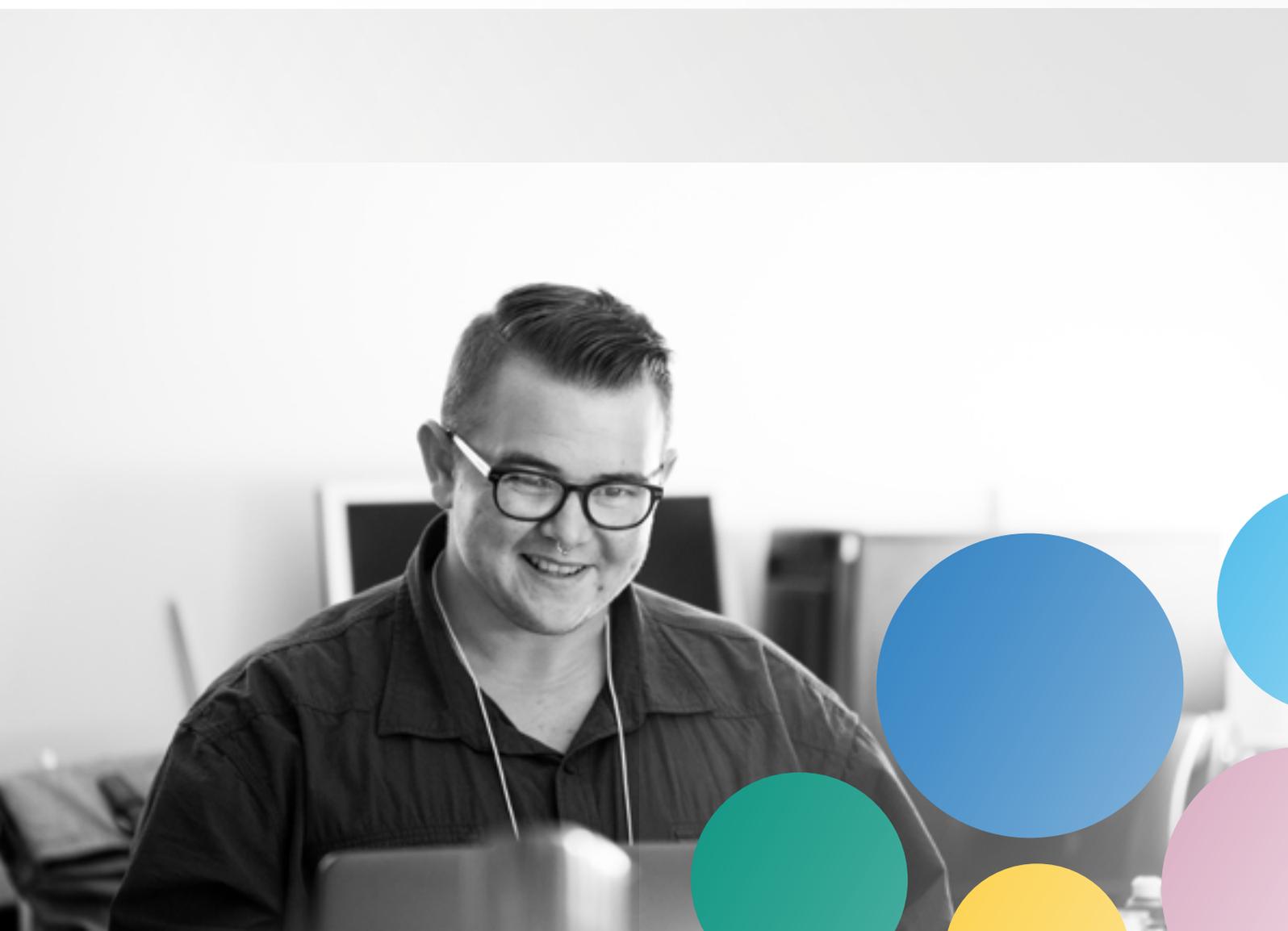
The experience of the organisations who participated in this project also provided anecdotal evidence from amongst the clients and service users of their projects consistent with the aforementioned findings. However, most of the organisations who participated in this project do not receive any funding targeted for youth LGBT suicide prevention work. This means that there has not been, prior to this project, a standard baseline of data to document the need for funding in this area. A key aim of this project was to build evidence to make this case.



# Evidence in context of the 'Going Upstream Framework'

The Going Upstream Framework explores and outlines a number of best-practice initiatives for action in promoting the mental health of LGBTI people. At a high level, Going Upstream identifies opportunities for change within both mainstream and LGBTI programs and services. Through the collation of data and evidence, the **mindOUT Youth Project** was able to identify the various impacts for young people when these opportunities are ignored or taken onboard.

The settings and actions for change discussed in the Going Upstream Framework can be applied to the outcomes of this project as many of the factors that can influence mental health occur in settings where people live their day-to-day lives. This project highlights that settings-based approaches are, on their own, insufficient to influence mental health outcomes. We have found that strategies need to include actions that impact on the settings where young people live their everyday lives (i.e. school, home, sporting clubs, social venues, etc).



## mindOUT Youth Project & the Going Upstream Framework

Key Actions & Methodologies	Detail	Project Evidence of Impact
<p>Advocacy, legislation and policy reform</p>	<p>These impact on mental health, with particular focus on those which affirm diversity and protect against discrimination and violence.</p>	<ol style="list-style-type: none"> <li>1. The evidence collected tells us that the majority of these groups did not receive any funding for mental health and suicide prevention and their capacity to run these specialist groups/activities is limited.</li> <li>2. The lack of funding by Government in this area of work means that appropriate data collection is not occurring. This renders invisible the number of young people who are seeking/needing services within this cohort.</li> </ol>
<p><b>AIM 1</b> Young people will receive the services they need and the young LGBTI Australian population will be visible and comparable in records and data, enabling services to address the needs of this population and reduce the burden of mental ill health in Australia.</p>		
<p>Communications and social marketing</p>	<p>These include traditional public awareness campaigns and using community forums, local press and social media.</p>	<ol style="list-style-type: none"> <li>1. Project partners spoke about the need to have more of an online presence to communicate with young people. Those that felt they used online platforms well spoke about the ability to have greater reach.</li> </ol>
<p><b>AIM 2</b> Young people will receive the information and support that they need in their geographic community. This will address a number of the issues that young people experience including higher risks of homelessness, disconnection from family, peers and community and self harm and suicidal ideations. It will promote greater economic participation through continued connection with school, education and employment.</p>		

## mindOUT Youth Project & the Going Upstream Framework

Key Actions & Methodologies	Detail	Project Evidence of Impact
<p>Strengthening communities and community environments</p>	<p>Through the facilitation of civic participation and assisting communities to identify issues requiring action.</p>	<ol style="list-style-type: none"> <li>1. The evidence showed us that those project partners who had the capacity to manage a volunteer pool, were able to achieve more with limited funding.</li> <li>2. Project partners expressed the need to be able to engage with families as a whole, not just the young person. They were either not funded to, or didn't have capacity.</li> </ol>
<p><b>AIM 3</b> Providing a safe space, and increasing capacity to expand work with families and communities as a whole maintains positive mental health outcomes for LGBT young people. Having a supported volunteer pool extends the capacity to engage.</p>		
<p>Direct participation programs</p>	<p>Programs that combine groups of people and places in ways that strengthen existing social ties, foster new social connections, or more broadly, create opportunities for people to participate in other activities that promote mental health.</p>	<ol style="list-style-type: none"> <li>1. The evidence showed that young people felt more safe when accessing specialist groups and asking for help</li> <li>2. The evidence highlighted that young people having their identity normalized and respected had an instant impact on their mental health and experience of internal homophobia</li> </ol>
<p><b>AIM 4</b> Young people spoke about having increased knowledge of safer sex practices, sexual health and mental health that they did not learn in their high school due to their participation in the specialised groups and support provided.</p>		

## mindOUT Youth Project & the Going Upstream Framework

Key Actions & Methodologies	Detail	Project Evidence of Impact
Organisational development	Involving workforce development and capacity building to design and implement strategies that increase LGBTI people's participation in a range of social, educational and economic activities, build safe and supportive environments, and ultimately promote mental health.	1. The evidence collected tells us that many mainstream mental health and support services are provided in way that does not affirm the genders, sexualities and identities of the young people accessing those services which creates barriers to service engagement and uptake.
<b>AIM 5</b>	Investment is required in Staff and Organisational development to ensure that policies and procedures are explicitly inclusive for this population in line with best practices and approaches to working with and educating LGBTI young people	
Research, monitoring and evaluation	Improve the evidence base for LGBTI mental health promotion, monitor progress towards targets and ensure emerging issues are identified.	1. The evidence shows that not all project partners are required by their funders to give specific data around their clients sex, sexuality or gender identities, therefore missing vital information for funders.
<b>AIM 6</b>	Having correct data collected at an organizational level to be provided for funders will show a more accurate report of exactly who is accessing services. This along with reducing the barriers for LGBT young people to access mainstream mental health and support services will thereby reduce the burden of mental ill health in Australia.	

# What we learned

## Systemic

One of the underlying themes identified by all participants was the lack of specific funding for targeted LGBT young people suicide prevention programs.

While the evidence of the practices being undertaken demonstrated that these organisations were effectively operating as early intervention and suicide prevention programs that supported LGBT young people, the specialist organisations were doing this work with other funding such as homelessness or drug and alcohol funding; or no funding at all (community donations, gold coin donations).

Consequently, in almost every case, these organisations were over-extending their services to provide these programs because of the immense demonstrable efficacy of the work in the early-intervention and suicide prevention space. There was a need to do suicide prevention work due to the heightened risk for LGBT young people.

A significant impact of having funding that was not tied to early-intervention suicide prevention deliverables was that most organisations were not collecting specific data about the nature and impact of this work.

Organisations that were funded for other objectives were collecting government-specific data on [insert description]. However, data collected did not adequately capture the work with young people around bodies, sexualities, relationships and genders and suicide prevention. This gap was due to existing gaps in the data reporting systems provided to organisations. The data reporting systems simply did not ask the adequate questions or provide adequate options to sufficiently describe the identities, experiences and histories of LGBT young people. Therefore, the data being provided to funders and stakeholders did not represent the populations being served and the LGBT-specific aspects of the work.

This lack of adequate and accurate data collection regarding early-intervention suicide prevention work with LGBT young people has resulted in a lack of recognition of the need for this work, and consequently a further lack of resourcing to progress successful interventions.

## Organisational

A limitation of some project partners was that they only had capacity to provide group support with informal one on one assistance. Many LGBT young people would have benefited from focused support to improve their outcomes and further reduce their risk of suicide. A common theme expressed by social and peer support providers was the need to establish appropriate referral options to other support for ongoing case management and counselling. However, due to significant barriers that LGBT young people experience in accessing services, the project partners reflected upon the vital need to establish interagency relationships and to 'screen' services to ensure that these referrals were knowledgeable, comfortable and experienced working with young people's LGBT-related issues, identities and experiences .

The project partners repeatedly expressed concerns about their limited capacity to meet the suicide prevention needs of their target groups due to insufficient funding, staffing or skills of current staff. These resourcing issues limited how much work they could do with LGBT young people. In response to the reduced capacity, organisations used volunteers to fill this gap. However, this strategy can still only have limited success. Those groups who had resources, skills and capacity to facilitate a volunteer program were able to achieve further reach or to maintain a greater capacity to run groups and support young people.

Reduced capacity as a result of limited funding and resourcing also impacted on the ability of the services to work with the family unit as a whole, even when it was evident that this would be an effective strategy to improve outcomes for young people. Project partners expressed the need to engage with families as a whole, but noted that they do not have capacity to engage from a systemic, family-based approach that goes beyond direct interaction with individual young people.

Project partners were asked to look at the opportunities or gaps they were noticing with the young people who were accessing their service, including notable decreases in young people's engagement. The project partners highlighted the need for resources that would enable them to develop responses focused on specific target groups that may have heightened vulnerabilities (e.g., feminine spectrum trans clients, Indigenous or CALD clients) and to address the lack of inclusivity for young people born with intersex variations.

## Young People

Whilst the projects all delivered different activities using different delivery modes, young people engaging with these projects had consistently positive mental health outcomes.

When young people began accessing these services they presented with issues such as internalised homophobia/transphobia/Biphobia, experiences of homophobia/transphobia/Biphobia, family rejection, mental health concerns, homelessness or risk of, and isolation.

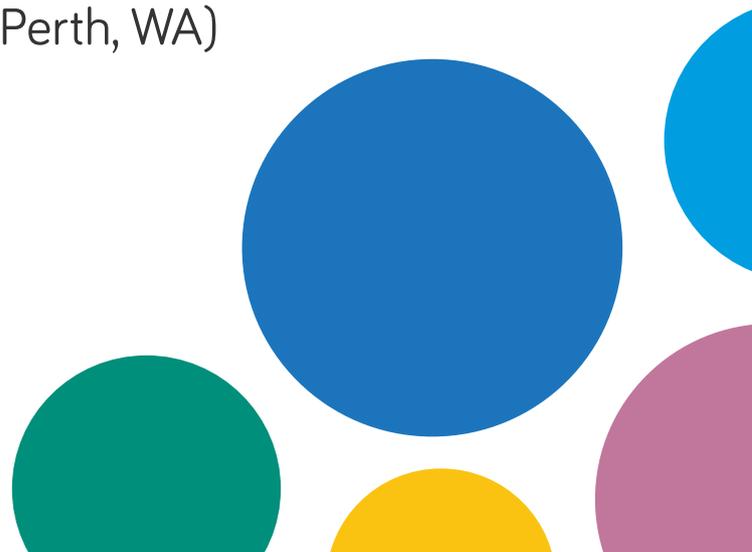
“Meeting all the new people was amazing and I’m still seeing them now which is fantastic. I have been more open with my friends about the things going on because I’m not so ashamed of myself”

Young person from Camp Out (NSW)

One of the key positive outcomes for all young people was that these groups provided a space for them to feel safe. Young people expressed that accessing a group or service that was designed specifically for LGBT people, this reduced their feelings of isolation and increased their confidence and social connection. Young people also reported that meeting like-minded people in a supportive environment helped them to become more confident in their skin and about their identity. In fact, it was evident that having their identity and experience validated for the first time, or being called by their correct self-identified name and pronoun had immediate effect on how they were feeling about themselves. Feeling a part of a community and feeling connected increased young people’s protective factors.

“...you’re allowed to be yourself and people wont judge you. I forgot how fun it was just to breathe and not worrying about being judged”

Young person from Freedom Centre  
(Perth, WA)



Young people reported that accessing these groups increased their understanding of mental health which enabled them to recognise and respond to their own mental health needs. These groups also provided information on resources, referral options and services available should they be needed for the young person. Providing young people with language, knowledge and ability to feel safe increased their help seeking behaviours.

## Outcomes for young people attending groups



- Confidence
- Self worth
- Help seeking behaviours
- Safe sex behaviours



- anxiety
- depression
- self harming
- suicide ideation
- isolation
- loneliness



# Key Recommendations

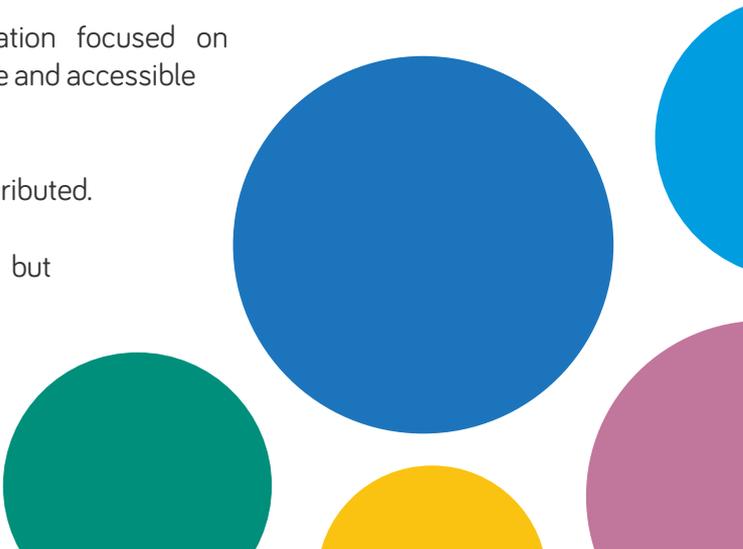
## Recommendation 1

Development of national response to facilitate the national coordination of the development, implementation and delivery of programs responding to LGBTI youth suicide prevention

- Resourcing of LGBTI youth suicide prevention programs within existing LGBT specialist youth services that have established relationships with LGBTI populations and reputations of being well-positioned to deliver these responses.
- Recognition that some services may provide more appropriate services to some populations within 'LGBTI' and not to others, with a commitment to resourcing services that can provide targeted services (e.g., a bisexual organisation may provide better services to bisexual people than some nominally 'LGBTI' organisations).
- Utilisation of e-mental health initiatives to deliver accessible services to LGBTI young people including those in rural and regional areas.
- Existing and new youth suicide prevention programs are required through their funding agreements to be inclusive of LGBTI people and populations. Inclusion of young people from each population within 'LGBTI' in national strategies and policies, such as National Suicide Prevention Strategy and the National Mental Health Strategy (e.g., a young gay man does not represent lesbian young women).

## Recommendation 2

Increased knowledge, skills, confidence and capacity of youth sector workforce to implement LGBTI youth suicide prevention strategies

- Training modules for working with young people from each population within 'LGBTI' included in formal educational programs focused on working with children, young people and families.
  - Creation of a standardised set of national training modules for working with LGBTI young people, with equal content focused on sexuality, gender experience and expression, and being born intersex.
  - Professional development training and education focused on providing support to LGBTI young people available and accessible for youth sector workforce
  - Educational tools and resources created and distributed.
  - Volunteers can be beneficial when utilized but resourcing needs to be invested for them to have the appropriate skills, knowledge and capacity for their role.
- 

## Recommendation 3

Implementation of promotion and prevention strategies to support long term reduction of risk of suicide and mental ill-health in LGBTI young people in a range of setting including:

- Schools
- Community capacity building
- Family/carers

## Recommendation 4

Multi-disciplinary response to LGBTI youth suicide prevention that is supported across clinical services, psychological services, social support services, family support, and others, such as:

- housing, drug and alcohol services, etc.
- LGBTI specialist youth services
- Inclusive mainstream services
- Interventions for specific target groups (eg. Intersex young people)

## Recommendation 5

Participation of LGBTI young people in the development, delivery and evaluation of mainstream and targeted services and support

- Peer participation and Lived experience
- “Nothing about us, without us” with respect to each population within ‘LGBTI’
- Consideration for the distinct but sometimes overlapping populations within ‘LGBTI’

## Recommendation 6

Build a body of evidence through research and data collection that includes, appropriately delegates, and is representative of LGBTI young people histories, experiences and identities.

- Research that further explores and builds an evidence base for suicide prevention frameworks, strategies and approaches for each population of young people within ‘LGBTI’
  - Standardised data collection that captures gender, sexuality, bodies and relationships in an appropriately disaggregated, ecologically valid way based on the latest emerging evidence on international ‘best practice’

## Appendix

# Glossary

**Bisexual:** A term used to describe someone whose primary emotional and physical attraction is for people, regardless of gender.

**Gay:** A term generally used to describe men whose primary emotional and physical attraction is towards other men. Another phrase is “men who have sex with men”. This term is also used by some women as a generic term for homosexual.

**Gender Diverse/Non-binary gender:** Describes someone’s understanding of their gender as being outside of common understandings of being either male or female.

**Heterosexual:** A term used to describe someone whose primary emotional and physical attraction is towards those of another gender (eg. Women who are primarily attracted to men).

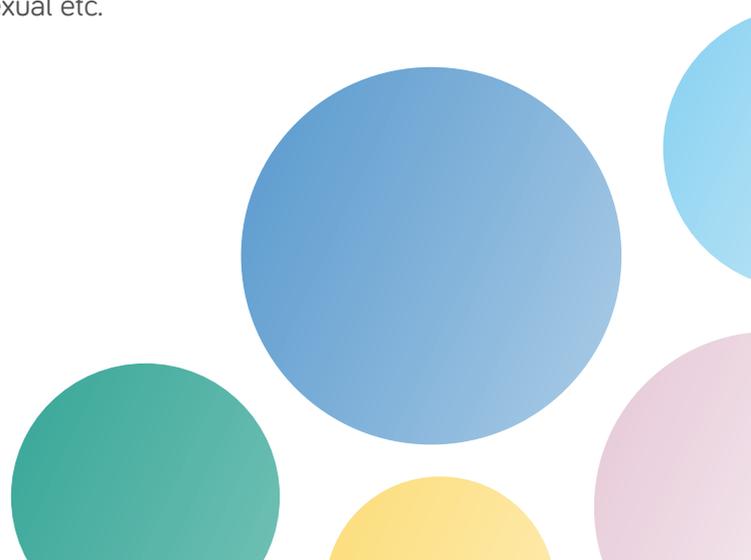
**Intersex person:** A person who is born one or more of many possible physical characteristics that are not considered strictly female or male according to modern medical norms.

**Lesbian:** A woman whose primary emotional and physical attraction is towards other women. Another phrase sometimes used is “women who have sex with women”..

**Queer:** An overarching term that includes a range of diverse sexualities and gender identities, including LGBT. It has been adopted by community members who choose not to identify themselves or categorise themselves. . Although some people who do not identify as women or men might describe themselves as ‘queer’, this term is more often used about sexuality. people of trans experience . They have a broad understanding of the fluidity of gender identity and expression and of sexual orientation.

However many people, particularly in the older generations, would find this term offensive due to its use as a derogatory phrase in the past so should not be used unless someone has specifically identified personal use of this term.

**Trans\*/Transgender person:** An individual whose gender identity is not typically associated with their assigned sex at birth. Trans\* is independent of sexual orientation and as such trans\* people may identify as heterosexual, gay, bisexual etc.



# Participating Organisations

State	Organisation	Projects Evaluated
Queensland	Youth Empowered Towards Independence <a href="http://www.yeti.net.au">www.yeti.net.au</a>	SSAY IT (same sex attracted youth, Intersex & Transgender) group. This is a social group with with opportunity for education and peer support.
	Open Doors Youth Service <a href="http://www.opendoors.net.au">www.opendoors.net.au</a>	“looking after yourself and your mates” workshops were run at regular Open Doors drop in groups.
	Wesley Mission Brisbane (Expanded Horizons Program) <a href="http://www.wmb.org.au">www.wmb.org.au</a>	Evaluation report of current impact of services in collaboration with Australian Institute for Suicide Research and Prevention at Griffith University
New South Wales	TheTwenty-Ten Association <a href="http://www.twenty10.org.au">www.twenty10.org.au</a>	Evaluation of social support groups including OutWest (under26, fortnightly Parramatta), ShoutOUT (Saturdays, under 18) and Drop In (weekdays under 26)
	Camp Out Inc <a href="http://www.campout.org.au">www.campout.org.au</a>	Annual 5 day camp for LGBTI under 18's and their allies
Tasmania	Working it Out <a href="http://www.workingitout.org.au">www.workingitout.org.au</a>	Zine making workshops with social group “Allsorts” run in Burnie, Devonport and Launceston. As well as OUTspace in Hobart. All of which are under 26.
Western Australia	The Freedom Centre <a href="http://www.freedom.org.au">www.freedom.org.au</a>	Research report collating and verifying evaluation data collected from 2012-2014 to assess the effectiveness in improving the health and wellbeing of LGBTIQ young people
	Uniting Care West <a href="http://www.unitingcarewest.org.au">www.unitingcarewest.org.au</a>	True Colours social support group run in Bunbury, IDAHOBIT community event.
Victoria	Minus 18 <a href="https://minus18.org.au">https://minus18.org.au</a>	Same sex attracted and gender diverse formal and a IDAHOBIT event
	Zoe Belle Gender Centre <a href="http://www.gendercentre.com">www.gendercentre.com</a>	Trans and Gender Diverse Summit which took place in Geelong

# Agenda for Youth MindOUT! Meeting

## 5th & 6th March 2015

### 5th March

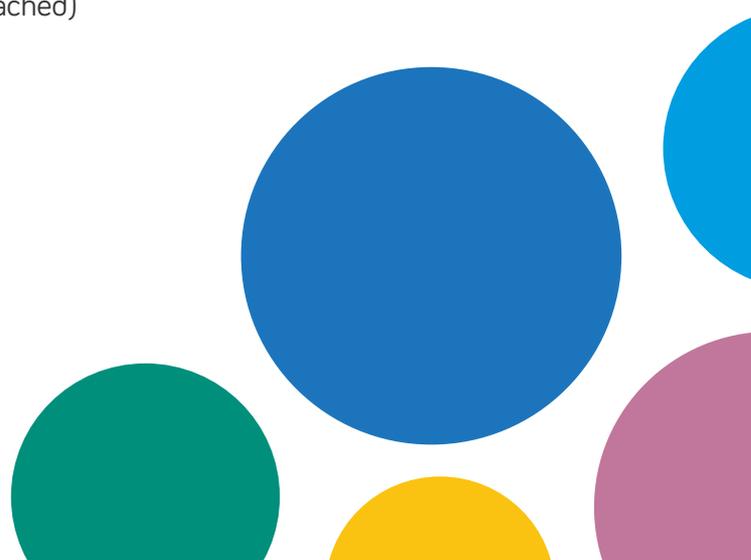
#### DAY ONE

9:30 am	Tea, coffee & morning tea served as participants arrive
10:00am	Acknowledgement of Country Acknowledgement of LGBTI Elders
10:05am	Introductions
10:15am	Overview of aims of LGBTI Mental health and suicide prevention strategy Why are you here?
10:30am	Showcasing Our Work – Project Presentations. Working it Out
11:00am	Freedom Centre
11:30am	UnitingCare West (True Colours)
12:00pm	YETI
12:30pm	Open doors
1pm	LUNCH
2:00pm	Expanded Horizons
2:30pm	Camp Out
3:00pm	Twenty10
3:30pm	Afternoon Tea
3:45pm	Minus18
4:15pm	Zoe Belle Gender Centre
4:45pm	Where to Tomorrow?
5:00pm	Finish

### 6th March

#### DAY TWO

9:30am	Tea, coffee & morning tea
10:00am	What is the evidence we have and how can it demonstrate efficacy in achieving outcomes?
10:30am	How can we collect the evidence and document in collaboration with each other?
11:30am	Introduction to Basecamp and Minimum Data Set (MDS)
12:30pm	LUNCH
1:30pm	Develop Project Work plans Film Crew (see separate briefing attached)
2:45pm	Afternoon Tea
3:00pm	Continue with previous session
3:45pm	Wrap Up and Next Steps
4:00pm	FINISH



# Evaluation Questions

These were overarching evaluation questions and could be tailored to the specific groups as necessary

1. About the young person
  - What were the main issues/concerns of the young person?
  - Why did the young person choose to attend this service/project?
2. About the service/program/project/activity
  - What activities were delivered?
  - How does this contribute to a positive outcome for the young person?
3. Outcomes
  - What outcomes for the young person did the service observe as a result?
  - Which of these can be attributed to the service/program/project/activity?
4. Reflection
  - What were the success stories from this activity?
  - What were the barriers?
  - From our learnings and reflections, what could you do differently in the future?

## Key References

Leonard, Pitts, Mitchell, Lyons, Smith, Patel, Couch and Barrett (2012) Private Lives 2: the second survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians.

Robinson, Bansel, Denson, Ovenden and Davies (2014) Growing up Queer: issues facing young Australians who are gender variant and sexually diverse.

Smith, Jones, Ward, Dixon, Mitchel and Hillier (2014) From Blues to Rainbows: the mental health and well-being of gender diverse and transgender youngpeople in Australia.

William Leonard and Atari Metcalf (26 June 2014)  
Going Upstream: A Framework for Promoting the mental health of LGBTI people  
Sydney. National LGBTI Health Alliance