CURRENT EVIDENCE FOR GOOD PRACTICE IN SUICIDE PREVENTION FOR LGBTIQ+ PEOPLE

LGBTIQ+ HEALTH AUSTRALIA

OCTOBER 2020

ACKNOWLEDGEMENT OF COUNTRY

LGBTIQ+ Health Australia acknowledges the traditional owners of country throughout Australia, their diversity, histories and knowledge and their continuing connections to land and community. We pay our respect to all Australian Indigenous peoples and their cultures, and to elders of past, present and future generations.

LGBTIQ+ Health Australia

LGBTIQ+ Health Australia, (formerly the National LGBTI Health Alliance), is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality and gender diverse (LGBTIQ+) people and communities. LGBTIQ+ Health Australia recognises that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life. This document uses the inclusive umbrella abbreviation LGBTI to encompass lesbian, gay, bisexual, transgender, intersex, and other sexuality, gender and bodily diverse people and communities.

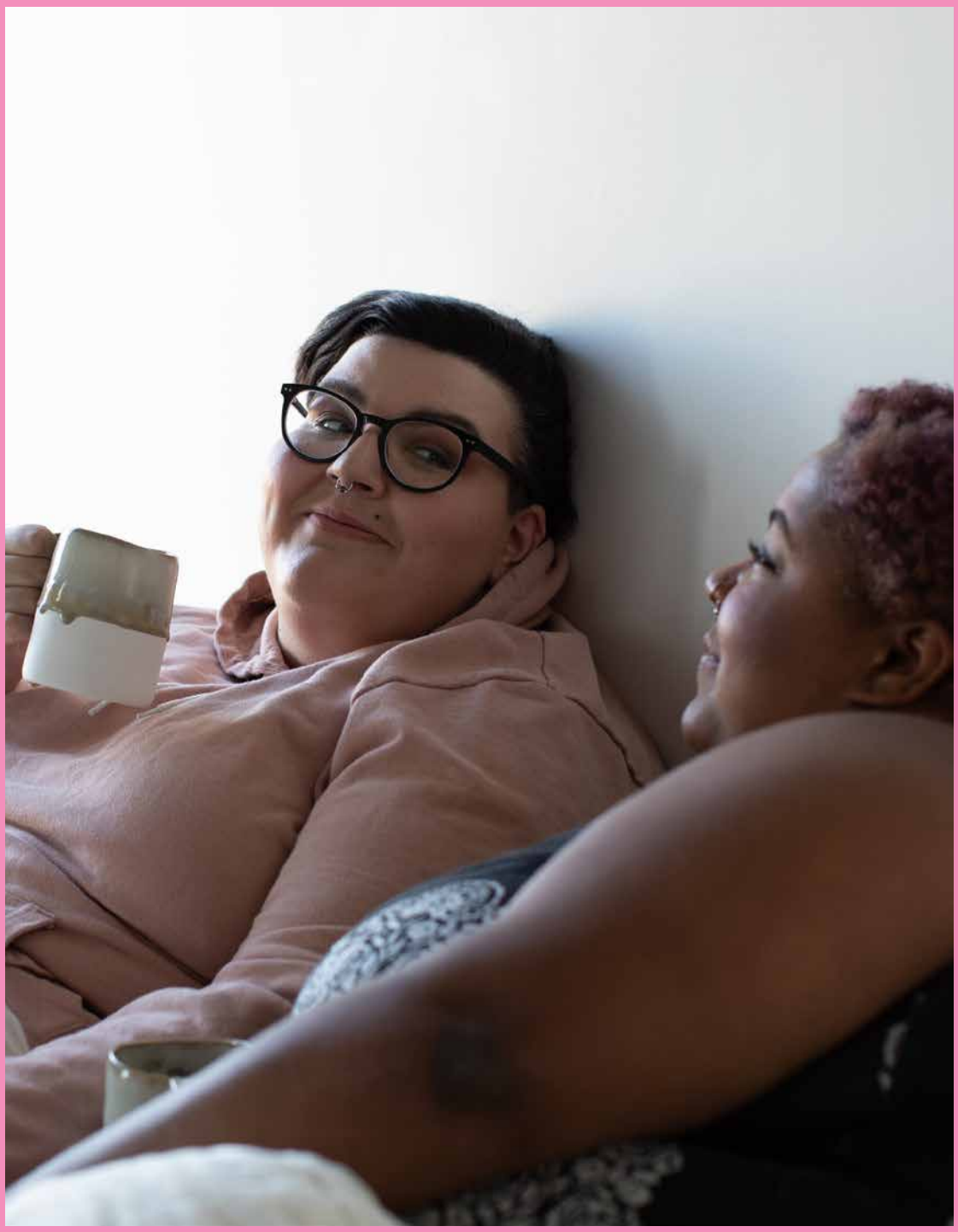
About Mindout

Mindout National LGBTIQ Mental Health and Suicide Prevention Project was established in 2011, and is funded by the Australian Government Department of Health National Suicide Prevention Leadership and Support Program. Mindout develops and delivers national suicide prevention initiatives aimed at building the capacity of the mental health and suicide prevention sectors to meet the support and wellbeing needs of LGBTIQ+ populations. As with other marginalised groups, it has been shown that provision of appropriate and inclusive services leads to better health outcomes and greater satisfaction with health care for members of the LGBTIQ+ communities.

Diversity disclaimer Statement

People from LGBTIQ+ communities have a range of different lived experiences including but not limited to Aboriginal and Torres Strait Islander people, people of colour, people of faith, Culturally and Linguistically Diverse, people with a disability. We acknowledge that this resource is limited in the way that its can effectively capture the many intersections of the communities. The only way to fully dismantle oppression and trauma is to continue to view issues through a lens of intersectionality. We commit to doing this work in collaboration with people from these intersections.

LGBTIQ+
HEALTH AUSTRALIA



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List of abbreviations

AFAB	Assigned female at birth
AMAB	Assigned male at birth
CBT	Cognitive behavioural therapy
DBT	Dialectical behavioural therapy
GBTSM	Gay, bisexual, and two-spirit men
GP	General practitioner
LGB	Lesbian, gay and bisexual
LGBTI	Lesbian, gay, bisexual, transgender and intersex
RACF	Residential aged care facilities
SOGICE	Sexual orientation and gender identity change efforts
TGD	Transgender and gender diverse

INTRODUCTION

There are significant knowledge gaps in evidence on suicide prevention for LGBTIQ populations. A literature review was conducted to examine the most recent evidence from Australia, which is limited, as well as global research studies in order to strengthen the evidence base. This report provides an overview of evidence from 2010 to 2020 for good practice in suicide prevention for LGBTIQ people. It largely focuses on peer-reviewed literature from 2018 onwards, following on from the LGBTIQ+ Health Australia and Suicide Prevention Australia's Synthesis (Ono, 2018). LGBTIQ+ Health Australia Snapshot (2020) contains comparisons between Australian LGBTIQ populations and the general population, whilst acknowledging that there is a lack of uniformity between demographic information and definitions in mental health literature and therefore direct comparisons are not well supported.

Terminology

Terminology for marginalised identities changes quickly and frequently (Brammer, 2017; Universities Scotland, 2010) and sexually and gender diverse people are "queering themselves in ever more complicated ways with an ever-changing matrix of identities related to sexuality, gender identity, gender expression, and relationship patterns" (Wagaman, 2016, p. 213). Some may not identify with the labels commonly used to refer to LGBTI communities (Perrin-Wallqvist & Lindblom, 2015), which presented a challenge when identifying research papers that fit within the scope of this review. Where relevant, the report specifies whether studies relate to LGBTIQ people broadly, to lesbian, gay and bisexual (LGB) people, to transgender and gender diverse (TGD) people, to people with intersex variations, or to one specific sub-group.

The mental health of LGBTIQ+ people in Australia

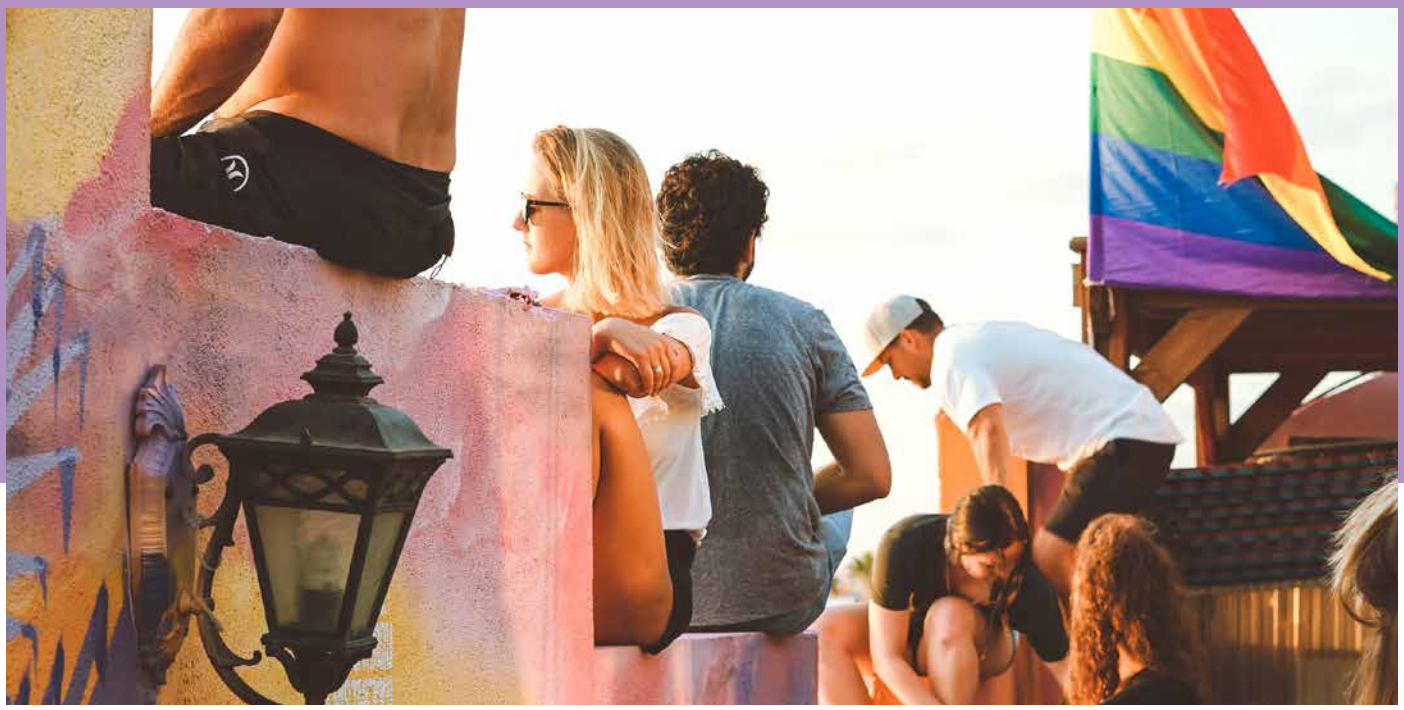
LGBTI populations face a higher risk for suicidal behaviours in Australia (Perry et al., 2018; Skerrett et al., 2016; Strauss et al., 2017; Taylor et al., 2019). The minority stress model is often used as an explanation for health disparities amongst LGBTIQ populations, and suggests that stigma, prejudice and discrimination create an environment that may cause or exacerbate mental health problems (Meyer, 2003; PitoĐák, 2017; Shilo & Savaya, 2012; Toomey et al., 2018). The Australian Human Rights Commission's Resilient Individuals Report found that nearly 25% of respondents in their online consultation reported being refused a service on the basis of their sexual orientation, gender identity and/or intersex status, and noted that research has found that LGBTI people are at a higher risk for a range of mental diagnoses, particularly depression or anxiety (Australian Human Rights Commission, 2015). Other factors that have been linked to minority stress include internal manifestations of environmental stress, internalised sexual stigma and pressure to conceal one's sexuality or gender identity (Lindquist et al., 2017).

Legislative processes and debates related to the rights of LGBTIQ populations have the potential to adversely affect mental health. Following the legalisation of marriage equality in Australia in 2017, this has included media coverage and public debate around the Religious Discrimination Bill (Raj, 2020) the politicisation of transgender and gender diverse children's gender identities (Jones, 2020), the right to change sex/gender markers on birth certificates (Moulds, 2019) and sexual orientation and gender identity change efforts (SOGICE) survivors campaigning to stop the LGBTQA+ conversion movement (Csabs et al., 2020). At the time of writing, research has not been conducted into the impact of recent media representation of proposed legislative reforms on LGBTIQ people in Australia other than the impact of same-sex marriage legislation. Research into the latter indicates that the negative portrayals of sexual minority relationships prevalent across social and mainstream media in the marriage equality debates exacerbated LGBTI people's existing experiences of minority stress and impacted on mental health (Anderson et al., 2020; Bartos et al., 2020; Casey et al., 2020). Research examining minority stress theory in the United States found that couples in same-sex relationships are still socially stigmatised after discriminatory policies are addressed (LeBlanc et al., 2015).

A study of 1,305 LGB Australian adults highlighted the role of personal and public sources of social support as protective factors against the mental health consequences of minority stress (Verrelli et al., 2019). However, a study of 329 LGBT adults in the U.S. found a nuanced relationship between community connectedness and external minority stressors, internalised homophobia and suicidal ideation and suggested that advising individuals to seek out LGBT community may not serve to reduce internalised homophobia or suicide risk but that, rather, addressing internalised homophobia may be a useful therapeutic target when aiming to address the severity of suicidal thoughts (Rogers et al., 2020).

Despite increased inclusion and acceptance for lesbian, gay, bisexual and queer populations, the outcomes are remaining the same or worsening (Perales, 2018), whilst TGD populations are facing increasing discrimination, stigma and erasure of identities (Perry et al., 2018; Staples et al., 2018; Strauss et al., 2017). TGD Australians experience very high levels of depression and anxiety, and factors that impact on mental health include discrimination, harassment and a sense of dysphoria some are not able to address due to a lack of access to hormone therapy, surgery or other interventions such as speech therapy (Hyde et al., 2014). People with intersex variations continue to face stigmatisation and discrimination, including forced early medical interventions (Bauer et al., 2020; Carpenter, 2018). Advocacy efforts are focussed on recognition of the right to non-discrimination on the basis of intersex status in global and Australian legislation (Jones et al., 2016).

Within LGBTIQ populations in Australia, the wellbeing of young people has been highlighted as a concern and priority. Social conditions (e.g. family and school connectedness) can increase the risk of adverse mental health outcomes, and research that focuses on individual-level risk factors can obscure the determinants of population health (Hatzenbuehler, 2011). Research into the mechanisms through which structural stigma contributes to poor health may provide insight into the determinants of health disparities by linking social structures to health (Hatzenbuehler, 2014; Leonard et al., 2012; Skerrett et al., 2015; Smith et al., 2014). Systematic literature reviews have found that rates of depressive disorder and symptoms are elevated in sexual minority youth (Collier et al., 2013; Lucassen et al., 2017).



In a 2017 study of TGD youth in Australia, 74.6% of participants reported having been diagnosed with depression at some time while 72.2% had been diagnosed with an anxiety disorder, 79.9% reported ever having self-harmed and 48.1% reported having attempted suicide at some point in their lives (Strauss et al., 2017). A report on same-sex attracted Australian youth found a relationship between homophobic abuse and worse mental health indicators, including feeling unsafe, excessive drug use, self-harm and suicide attempts (Hillier et al., 2010). In addition to stigma, discrimination, harassment and crime (Rimes et al., 2019), factors found to be predictive of suicidal behaviours in LGBT populations included substance abuse, mental health problems and disorders, relationship problems and developmental stressors (Skerrett et al., 2015), lower levels of family connectedness (Needham & Austin, 2010; Orygen, 2019), and rural settings and isolation (Morandini et al., 2015). In people with an intersex variation, wellbeing risks have been attributed to negative social responses from others, difficulties surrounding having undergone interventions, and issues around gender and identity (Jones et al., 2016).

Finally, other intersections contribute to the mental health of LGBTI people in Australia, including Aboriginal and Torres Strait Islander status (Uink et al., 2020), racial and cultural diversity, disabilities (Leonard & Mann, 2018), HIV status, socioeconomic status, experiences of domestic and family violence (Gray et al., 2020), and living in regional or rural areas. Those identifying as sexuality and gender diverse in Aboriginal and Torres Strait Islander communities have been identified as vulnerable groups (The Healing Foundation, 2015).

Aboriginal and Torres Straight Islander populations are almost twice as likely to die by suicide compared to non-Indigenous Australians (Biddle et al., 2020); however, there is a lack of evidence-based research around sexuality and gender diverse Aboriginal and Torres Strait Islander people, including their health and wellbeing. Research into the intersections of race, sex and gender expression should be a priority area, and there is a need for greater funding for programs led by Aboriginal and Torres Strait Islander people, those that work with sistergirls and brotherboys (Hyde et al., 2014) and research into Aboriginal and Torres Strait Islander LGBTQ+ young people's experience, health needs and services preferences (Spurway et al., 2020; Uink et al., 2020).

Suicide prevention and interventions

This report aims to establish an evidence base on good practice in suicide prevention for LGBTIQ people. When reviewing the literature, the Black Dog Institute's LifeSpan model (involving the simultaneous implementation of nine prevention strategies spanning the community, education, health and emergency service sectors) (Ridani et al., 2016) was considered, and suicide prevention practices and interventions have been examined through this integrated approach. The report has been structured by age cohorts, or 'lifespans', where applicable, and then further broken down into settings and types of interventions. When there was insufficient evidence to use lifespans as a sub-structure, this has been acknowledged as a gap in the literature.

YOUNG PEOPLE

Community-based interventions

Young people need to be supported by their peers, families, school and work peers to achieve optimal levels of wellbeing, which may be achieved in part through improving the general public's understanding of and acceptance for TGD people (Strauss et al., 2020a) and through specific interventions aimed at reducing family stigma and discrimination against LGBTI youth (Parker et al., 2018). While there are no evidence-based interventions focused on increasing familial acceptance of TGD young people (Strauss et al., 2020b), a program was recently evaluated that was found to increase the knowledge of families of transgender young people on gender diversity through an online education program (Sharek et al., 2020). In a recent study, familial support was found to be a strong predictor for wellbeing and a protector factor for mental distress (Shilo et al., 2015), while a study of socially transitioned transgender children aged 3-12 found that familial support may be associated with better mental health outcomes, including low levels of depression (Olson et al., 2018).

In addition to the importance of familial support, research suggests that schools are critical environments in which to ensure safety for young LGBTI people (Baricevic & Kashubeck-West, 2019; Barnett et al., 2019; Demissie et al., 2018; Hillier et al., 2010; Taylor et al., 2016). Creating a supportive school climate for sexual and gender minority youth has been shown to reduce suicide risk (Marshall, 2016). There are specific school stigma-related factors that are associated with future risk of suicide and suicidal ideation, such as teachers not speaking out against prejudice and lessons being negative about sexual minorities (Rimes et al., 2019). Identifying as LGB or TGD in schools has been associated with negative mental health outcomes, including self-harm and suicidal ideation and attempts, and increased experiences of harassment and assault, leading to reduced school attendance due to safety concerns (Goodrich & Barnard, 2018).

There is often a disconnect between public expressions of support for LGBTIQ people and the implementation of policies and practices in schools, as the extent to which implementation is prioritised may depend on individuals in positions of influence and the presence of those opposed to these practices (Demissie et al., 2018).

School counsellors play a significant role in LGBTI advocacy at school, with some serving as catalysts of change leading towards more LGBTI-inclusive schools (Asplund & Ordway, 2018). However, school counsellors' ages, levels of interaction with sexual minorities and their own sexual orientations may impact on the advocacy they offer (Simons, 2018), in addition to the school setting itself. School counsellors can be stronger advocates by determining how to navigate institutional challenges impacting on LGBTI students, communicating their acceptance of these students, creating a safe and inclusive environment at the school and partnering with community groups to promote LGBTI rights (Beck et al., 2018). One of the main limitations to this form of support and advocacy is that school counsellors and other school stakeholders often do not feel encouraged or supported to advocate for LGBTI students (Simons & Cuadrado, 2019). In order to create a fair environment, support is needed at a leadership level rather than individualised approaches from school staff (Goodrich & Barnard, 2018).

Clinical interventions

At-risk LGBTI youth should be assessed for whether they are receiving services and whether the services are working for them (Ream, 2019).
While evidence-based psychotherapeutic interventions are the first-line treatment for mental health concerns, there is limited research examining the effectiveness of such interventions among LGB youth and even fewer in TGD youth (Bochicchio et al., 2020; Sheinfil et al., 2019). A Canadian study recommended that therapists should strive to create a more supportive and inclusive environment and build sufficient stress coping skills in sexual minority youth in order to reduce suicidal behaviour and thoughts, and that postvention programs include skills and strategies to deal with the occurrence of suicidal thoughts, suicide attempts and support for those who have lost a friend or family member to suicide (Peter et al., 2017).

A study of LGBTQ young adults in the United States found that many perceived their identities as a 'life enhancement' and source of resilience, which has implications for resilience theory and understanding the social determinants and contexts of LGBTI young people's wellbeing (Schmitz & Tyler, 2019). A recent study in the Australian context examined resilience, discrimination, psychological distress, 'outness' and non-suicidal self-injury in young LGBTI people and found that resilience remains low for LGBTI people who self-injure, suggesting resilience may be a useful target for future research and clinical intervention in young LGBTI adults (Watson & Tatnell, 2019).

A systematic review of empirically-based psychological interventions with sexual minority youth found that building resilience and encouraging identity acceptance through affirmative approaches were core to many interventions (Hobaica et al., 2018).

A perspective article proposes the need to develop an evidence-based suicide risk reduction intervention that incorporates affirmative practice, such as cognitive behavioural therapy (CBT) adapted to have an affirmative approach (Marshall, 2016). In addition to CBT, dialectical behavioural therapy (DBT), attachment-base family therapy and strategic structural-systems engagement have been found to be particularly effective for high-risk individuals (Sharma & Sargent, 2017). It is essential that clinicians understand the risk factors for suicide and self-harm among sexual and gender minority youth, and assess individuals' internalised homophobia and religiosity in the larger contexts in which they reside, and that health care providers regularly assess adolescents' sexual orientation and gender identity, educate parents about increased risks, provide information about warning signs and connect them with LGBTI-affirming resources (Poon et al., 2020). Each LGBTI subgroup has its own risk profile, and approaches to suicide prevention and intervention may be more effective when responsive to the distinct risk profiles and tailored specifically toward them (for example, the highest prevalence for previous suicide attempts were among transgender males while the highest prevalence of suicidal thoughts and mental health diagnoses were among bisexual females) (Ream, 2019). Existing research tends to focus on the suicide disparity between LGBTIQ and non-LGBTI people, or not to be of a sufficiently large sample size or representative sample of LGBTIQ people to examine differences in risk among LGBTIQ subgroups.

CULTURALLY RESPONSIVE SUPPORT SERVICES AND RESOURCES AND PEER-LED PREVENTION PROGRAMS ARE VITAL FOR LGBTIQ COMMUNITIES, PARTICULARLY AS THESE ARE MORE LIKELY TO SUPPORT THE INTERSECTIONS BETWEEN LGBTIQ IDENTITIES AND OTHER MARGINALISED IDENTITIES AND COMMUNITIES.

ADULTS

Community-based interventions

LGBTI communities face unique psychosocial challenges and report feeling better supported by practitioners who have a deep and profound understanding of their distinct health needs, experiences and histories (Leonard & Metcalf, 2014). LGBTI community controlled health services, including peer and community-led programs such as those run by the AFAO and the AIDS Councils (Brown et al., 2018), and current research being undertaken in other health domains, such as Out With Cancer (Western Sydney University, 2020), indicate the importance of further research, funding and initiatives that explore disparities faced by LGBTI populations specifically and how these impact and intersect with health conditions.

A study of non-Latino White and Latino LGBT young people aged 21-25 in the United States found that family, friends and social support were strong predictors of positive outcomes, including life situation, self-esteem and LGBT esteem (Snapp et al., 2015). An Israeli study found that among LGBTI adults, high levels of friend support and LGBTI community connectedness were the strongest predictors of lower levels of mental distress, while family support (including 'family of choice') was also associated with lower levels of mental distress and being in a steady relationship was significantly associated with lower levels of mental distress (Shilo et al., 2015). Community initiatives that involve targeting "bystanders" or "gatekeepers", through programs like R U OK?, can help reduce suicide by activating individuals' sense of responsibility to reach out and support someone they are worried about, however few studies have examined the long-term impact of gatekeeper programs on reducing suicide attempts (Maher, 2019). A Canadian study found that gay, bisexual, and two-spirit men (GBTSM) who had a history of suicidality or had lost a fellow GBTSM to suicide believed that suicide prevention should involve de-isolation through peer-support and community connection, including volunteering (Ferlatte et al., 2019).

Social support and social relationships have positive effects on mental health for transgender people, for whom community involvement and peer support can enhance wellbeing and empower transgender people (Johnson & Rogers, 2020).

It is important that community connection and involvement identify barriers to access and participation, develop communication strategies that are sensitive to language use, work with cultural or religious values that promote or hinder behavioural change and accommodate degrees of cultural identification, and that suicide prevention and intervention initiatives consider cultural mistrust, beliefs and traditions (Malone et al., 2017). Research has found that for religious or spiritual LGBTI people, leaving one's religion is associated with a decrease in internalised homophobia but a higher risk of suicidal thoughts (Gibbs & Goldbach, 2015). Up to 10% of LGBT Australians are still vulnerable to religious conversion 'therapy' ideologies and practices (Jones et al., 2018). A 2015 study found that LGB Christians are more at risk of psychological vulnerabilities than the general nonreligious LGB population (Sowe et al., 2014), while a 2017 study found that homonegative religious exposure was associated with substantial threats to wellbeing in all sexual minority participants, regardless of whether or not they were religious, suggesting that homonegative religious social conditions may have broad mental health implications (Sowe et al., 2017). Pastoral care and spiritual needs are important to some those who may need to discuss their sexual and gender identities in the context of their faith (Kopacz et al., 2019). Prevention efforts that partner with religious-based services should be aware of conflicts and ensure that initiatives are inclusive for all LGBTI people, and further research is required into whether faith-based public health partnerships benefit LGBTI populations (Lytle et al., 2018). Additionally, further research is needed into whether religions that are affirming towards sexual and gender minority people may confer protective effects against suicidal behaviours (Lytle et al., 2018).

Clinical interventions

There is a growing recognition of the need to include more about LGBTI people in education and training programs for mental health professionals, as targeted or modified mental health interventions for LGB individuals may increase treatment acceptability, retention and effectiveness (Haas et al., 2010; Zeeman et al., 2019). There is 'unconscious bias' in service provision, as the healthcare system operates under the assumption that people are heterosexual and often does not recognise TGD identities or intersex variations, and therefore the system fails to meet the unique needs of LGBTI people (Australian Human Rights Commission, 2015). Education and capacity building in primary care physicians is one of the most promising interventions to reduce suicide rates, and a compassionate and an affirming approach to therapy is recommended (Daniolos et al., 2017). Clinicians can welcome sexually and gender diverse patients by offering an inclusive environment and intake form (e.g. asking open-ended questions and offering blank spaces for patients to fill in their forms, and not making assumptions about a patient's partner or partners) (Sheedy, 2016). A two-year pilot project in the European Union found that LGBTI-specific training for healthcare professionals would improve clinicians' abilities to provide appropriate care without making assumptions about patients being heterosexual, cisgender and non-intersex as the default (McGlynn et al., 2020).

Population-specific adaptations of interventions may be effective among LGBTI people (Alessi, 2014; Pachankis et al., 2015), particularly those that incorporate psychoeducation on minority stress so that participants are able to attribute distress to minority stress rather than personal failings (Bochicchio et al., 2020). The efficacy of an LGB-affirmative CBT intervention was tested with gay and bisexual men aged 18-35 and was found to have promising results, particularly in reducing depressive symptoms, and was seen to empower the men to navigate structural stigma (Pachankis et al., 2015). A study in the United States found that transgender people who reported delaying healthcare due to fear of discrimination experienced worse general and mental health and higher odds of depression and attempted suicide (Seelman et al., 2017). Therapy can provide a space for people with intersex variation to accept physical differences, work through any confusion relating to sex or gender identity or any issues relating to enforced surgeries; however people with intersex variations report desiring improvements in training for mental health workers (Jones et al., 2016).

The 2019 'Understanding LGBTI+ Lives in Crisis' report indicates that one method or intervention isn't enough to meet the needs of a person experiencing a mental health crisis: While telephone and web-based crisis support services play a vital role, no single service or intervention could ever meet such significant need. As such, in this section we examine connections to other forms of support, starting with professional healthcare providers, followed by family and friends, and finally self-coping strategies (Waling et al., 2019, p. 37)

More research is required into LGBT-specific crisis services beyond general lifeline services, as LGBT-specific crisis services appear to play an important role in suicide prevention (Goldbach et al., 2019). While multilevel intervention trials for suicide prevention, which may include training, workshops and community-based interventions, are being used increasingly in many countries, they are resource intensive, costly, time consuming, highly contextual and challenging to research robustly (Collings et al., 2018). LGBTI+ people may not be aware of services that are LGBTI inclusive or LGBTI specific (e.g. QLife), and further publicity efforts may need to be made in order to ensure LGBTI Australians are aware of what is available to them during crisis (Waling et al., 2019).

EACH LGBTIQ SUBGROUP HAS ITS OWN RISK PROFILE, AND APPROACHES TO SUICIDE PREVENTION AND INTERVENTION MAY BE MORE EFFECTIVE WHEN RESPONSIVE TO THE DISTINCT RISK PROFILES AND TAILORED SPECIFICALLY TOWARD THEM.

OLDER ADULTS

Community-based interventions

LGBTI people living in residential aged care facilities (RACF) may choose not to disclose their sexual orientation, transgender identity or intersex status, often due to past and present experiences of discrimination, persecution, medicalisation, pathologisation, criminalisation, and loss of employment, family and friends, and as such are largely invisible in aged care services, policy and reform (Crameri et al., 2015). The invisiblity has consequences for access to health and aged care services, including mental health (Peisah et al., 2018). Further research is required into capturing the views of older LGBTI adults in facilities where aged care staff have and have not received LGBTI awareness training (Petrie & Cook, 2019).

A UK study found that while older LGBTI adults were likely to have companionship and community contacts, they were more likely to report that they did not have enough friends to go out with and did not feel they belonged in their community (Green, 2016). Due to having fewer social support networks, many face greater risk of social isolation and loneliness (Crameri et al., 2015). They may not be in close contact with their biological family and their informal care networks and 'family of choice' must be recognised and respected (Peisah et al., 2018). Social connection and being involved with the community may have a positive effect on anxiety and depression (Joosten et al., 2015). Peer-led outreach and supportive networks can decrease isolation and restore a sense of community belonging (Hoy-Ellis et al., 2016). A longitudinal Australian study among middle-aged and older gay men found that dispositional mindfulness might serve as a protective factor for those with lower levels of social support (Lyons et al., 2017).

Clinical interventions

LGBTI older adults experience higher levels of psychological distress than other older adults and may face multiple barriers to accessing equitable, culturally competent mental health care (Hoy-Ellis et al., 2016). LGBTI-inclusive general practitioners (GP) can make LGBTI older adults feel more comfortable, while a lack of support from GPs can be detrimental to wellbeing (Joosten et al., 2015). Due to the scarcity of clinical research with LGBTI older adults in the area of mental health, translational research exists in order to ensure applicability and cultural relevance of clinical interventions designed broadly for older adults and to identify modifiable factors to be addressed in intervention development (Fredriksen-Goldsen et al., 2017). Aged care service providers need to understand cultural safety and the importance of trauma-informed and person-centred care through ongoing education and reflection, and organisational leadership need to guide staff on the provision and delivery of culturally safe services (Crameri et al., 2015). Institutionalised cultural incompetence can compound issues like loss of self and LGBTI identity associated with cognitive decline (Peisah et al., 2018), while participants in an Australian study indicated that LGBTI-inclusive mainstream services would serve as a facilitator for access (Alba et al., 2020).

ACROSS THE LIFESPAN

Some interventions do not have enough evidence across various lifespans and have been presented below by type of intervention rather than cohort.

Online interventions

Online and app-based interventions may be beneficial to those without in-person LGBTI connections (Ream, 2019). A study that examined suicidal ideation among transgender women in the United States found that until there is a shift in social attitudes, transgender women may benefit from online interventions that provide a safe space to receive support (Kota et al., 2020). Online groups normalise TGD identities and experiences and create social support networks and relationships that can be a protective factor against mental health issues and psychological distress (Johnson & Rogers, 2020). Secret groups on social media can serve as safe environments that expand gendered possibilities and fill the gaps in care, information and resources often experienced by TGD people (Dowers et al., 2020). A systematic review of studies that examined internet use by people who engaged in self-harm or suicidal behaviour, or in internet use related to self-harm content, found there is significant potential for harm from online behaviour, especially around contagion, but that there is the potential to use it for crisis support, reduction of social isolation, delivery of therapy and outreach. It concluded that the focus should be on how particular mediums, including social media and image/video sharing, might be used in therapy and recovery (Marchant et al., 2017).

Interest-sharing interventions

A study conducted with LGBTI people in Ireland involved in physical, creative and social activities explored the connection between LGBTI wellbeing and interest sharing. It found that interventions that promote LGBTI wellbeing and connection were associated with participants' increased agency regarding their wellbeing and a theme of 'mastering wellness' emerged (Ceatha, 2016).

LGBTI communities play a central role in the promotion of mental health and social wellbeing, which has policy and practice implications (Ceatha et al., 2019).

Creative interventions

A range of creative interventions have had promising findings for suicide prevention. In one Canadian study, photovoice, a method in which participants express their viewpoints and experiences by taking and narrating photographs (Wang, 2006), served as a powerful tool that allowed GBTSM to discuss suicide whilst fostering creativity, perseverance and cultural resilience, and the results suggest that those developing interventions consider the specific protective factors and wellness-promoting behaviours that participants can adopt (Ferlatte et al., 2019). The study highlighted the importance of accessing self-care and creative activities for wellbeing, which mental health nurses can promote alongside standard mental healthcare (Hughes & McDermott, 2019). Other creative interventions have included illness-oriented story-sharing on the internet (Kotliar, 2016), selfies and curated lifestreams around identity making (Wargo, 2017), life writing as a creative health promotion method (Bellamy, 2018), constructing narratives around suicide attempts and enabling coping around acknowledgement of sexual stigma as a trauma (Salway & Gesink, 2018) and a letter writing task as part of an identity-affirming CBT program where participants wrote advice to a hypothetical peer and the findings suggested that clinicians can build sexual minority clients' resilience and ability to cope with minority stress (Harkness et al., 2020). Creative interventions may also include LGBTIQ media campaigns for suicide prevention, mental health and wellbeing that target subgroups within LGBTIQ communities, e.g. the Yarns Heal (2020) suicide prevention programs for Aboriginal and Torres Strait Islander LGBTIQ+, sistergirl and brotherboy communities.

CONCLUSION

LGBTIQ communities and LGBTIQ community controlled health organisations play a central role in the promotion of mental health, physical health and social and emotional wellbeing, which has important policy and practice implications. The creativity, initiative and agency of LGBTIQ communities and LGBTIQ community controlled health organisations is noted in many of the studies referred to in this review. Initiatives and interventions that target LGBTIQ mental health through multipronged and LifeSpan model approaches – including social support networks, peer-based interventions and clinical interventions – are recommended for suicide interventions. Culturally responsive support services and resources and peer-led prevention programs are vital for LGBTIQ communities, particularly as these are more likely to support the intersections between LGBTIQ identities and other marginalised identities and communities. These are currently in practice in a variety of Australian LGBTIQ-specific mental health services, including several Primary Health Networks' initiatives and in community health organisations. Not all initiatives that are currently in place have been cited in this report, as many have not been formally evaluated. More research into these initiatives is required, including longitudinal, robust studies and evaluations of recent interventions.

In the literature consulted during the writing of this literature review, it is clear that organisations focussed on LGBTIQ mental health and suicide prevention initiatives lack resourcing, that there is a critical lack of LGBTIQ community controlled mental health services, and that broader mental health interventions tend not to focus on LGBTIQ populations. Patients who experience multiple oppressions face being overlooked in health research, policy and health promotion efforts (Schlichthorst et al., 2020; Uink et al., 2020) LGBTI community controlled mental health services are best placed to provide services for LGBTI communities.

It is worth noting that a substantial number of studies consulted for this review referred to the need for structural-level changes in order to make society safer for LGBTI people. While this is a broad and long-term goal, there are many initiatives taking place that deserve to be acknowledged and celebrated, even whilst admitting that there is much more work to be done.

REFERENCES LIST

Alba, B., Lyons, A., Waling, A., Minichiello, V., Hughes, M., Barrett, C., Fredriksen-Goldsen, K., & Edmonds, S. (2020). Older lesbian and gay adults' perceptions of barriers and facilitators to accessing health and aged care services in Australia. Health & Social Care in the Community, Advance online publication. https://doi.org/10.1111/hsc.13125

Alessi, E. J. (2014). A framework for incorporating minority stress theory into treatment with sexual minority clients. Journal of Gay & Lesbian Mental Health, 18(1), 47–66. https://doi.org/10.1080/19359705.2013.789811

Anderson, J. R., Campbell, M., & Koc, Y. (2020). A qualitative exploration of the impact of the marriage equality debate on sameÐsex attracted Australians and their allies. Australian Psychologist, Advance online publication. https://doi.org/10.1111/ap.12473

Asplund, N. R., & Ordway, A. M. (2018). School counseling toward an LGBTQ-inclusive school climate: Implementing the SCEARE model. Journal of LGBT Issues in Counseling, 12(1), 17-31. https://doi.org/10.1080/15538605.2018.1421115

Australian Human Rights Commission. (2015). Resilient individuals: Sexual orientation, gender identity and intersex rights. https://humanrights.gov.au/sites/default/files/document/publication/SOGII%20Rights%20Report%202015_Web_Version.pdf

Baricevic, M. L., & Kashubeck-West, S. (2019). They matter: Sexual orientation microaggressions in high school. Journal of LGBT Youth, 16(1), 83-106. https://doi.org/10.1080/19361653.2018.1534632

Barnett, A. P., Molock, S. H., Nieves-Lugo, K., & Zea, M. C. (2019). Anti-LGBT victimization, fear of violence at school, and suicide risk among adolescents. Psychology of Sexual Orientation and Gender Diversity, 6(1), 88-95. https://doi.org/10.1037/sgd0000309

Bartos, S. E., Noon, D. W., & Frost, D. M. (2020). Minority stress, campaign messages and political participation during the Australian marriage plebiscite. Sexuality Research and Social Policy, Advance online publication. https://doi.org/10.1007/s13178-020-00444

Bauer, M., Truffer, D., & Crocetti, D. (2020). Intersex human rights. The international journal of human rights, 24(6), 724-749. https://doi.org/10.1080/13642987.2019.1671354

Beck, M. J., Rausch, M. A., Wikoff, H. D., & Gallo, L. L. (2018). Ecological considerations and school counselor advocacy with LGBT students. Journal of Counselor Leadership and Advocacy, 5(1), 45-55. https://doi.org/10.1080/2326716X.2017.1402393

Bellamy, R. (2018). Creative health promotion methods for young LGBTIQA+ people. Health Education Journal, 77(6), 680-691. https://doi.org/10.1177/0017896917753454

Biddle, N., Ellen, L., Korda, R., & Reddy, K. (2020). Suicide mortality in Australia: Estimating and projecting monthly variation and trends from 2007 to 2018 and beyond. Australian Institute of Health and Welfare. https://www.aihw.gov.au/getmedia/742843a5-ae99-417f-a731-62b437cefabb/Suicide-mortality-Australia-2007-2018.pdf.aspx

Bochicchio, L., Reeder, K., Ivanoff, A., Pope, H., & Stefancic, A. (2020). Psychotherapeutic interventions for LGBTQ+youth: A systematic review. Journal of LGBT Youth, 1-28. https://doi.org/10.1080/19361653.2020.1766393

Brammer, R., & Ginicola, M. M. (2017). Counseling transgender clients. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), Affirmative counseling with LGBTQI+ people (pp. 183-212). American Counseling Association.

Brown, G., Westle, A., Bourne, A., & Ellard, J. (2018). The influence of AFAO, AIDS Councils & communities: How, when and where are gay and bisexual men influenced about HIV? Summary. Australian Research Centre in Sex, Health and Society, La Trobe University. https://www.afao.org.au/wp-content/uploads/2019/08/Influence-of-Communities-Summary-Report.pdf

Carpenter, M. (2018). The "mormalization" of intersex bodies and "othering" of intersex identities in Australia. Journal of Bioethical Inquiry, 15(4), 487-495. https://doi.org/10.1007/s11673-018-9855-8

Casey, L. J., Wootton, B. M., & McAloon, J. (2020). Mental health, minority stress, and the Australian marriage law postal survey: A longitudinal study. American Journal of Orthopsychiatry, 90(5), 546-556. https://doi.org/10.1037/ort0000455

Ceatha, N. (2016). Mastering wellness: LGBT people's understanding of wellbeing through interest sharing. Journal of Research in Nursing, 21(3), 199-209. https://doi.org/10.1177/1744987116642007

Ceatha, N., Mayock, P., Campbell, J., Noone, C., & Browne, K. (2019). The power of recognition: A qualitative study of social connectedness and wellbeing through LGBT sporting, creative and social groups in Ireland. International journal of environmental research and public health, 16(19). https://doi.org/10.3390/ijerph16193636

Collier, K. L., Van Beusekom, G., Bos, H. M. W., & Sandfort, T. G. M. (2013). Sexual orientation and gender identity/expression related peer victimization in adolescence: A systematic review of associated psychosocial and health outcomes. Journal of Sex Research, 50(3-4), 299-317. https://doi.org/10.1080/00224499.2012.750639

Collings, S., Jenkin, G., Stanley, J., Mckenzie, S., & Hatcher, S. (2018). Preventing suicidal behaviours with a multilevel intervention: A cluster randomised controlled trial. BMC Public Health, 18(1), 1-13. https://doi.org/10.1186/s12889-018-5032-6

Crameri, P., Barrett, C., Latham, Jr., & Whyte, C. (2015). It is more than sex and clothes: Culturally safe services for older lesbian, gay, bisexual, transgender and intersex people. Australasian Journal on Ageing, 34, 21-25. https://doi.org/10.1111/ajag.12270

Csabs, C., Despott, N., Morel, B., Brodel, A., & Johnson, R. (2020). SOGICE survivor statement. http://socesurvivors.com.au/wp-content/uploads/2020/07/SOGICE-Survivor-Statement-v4-July-2020.pdf

Daniolos, P. T., Boyum, E. N., & Telingator, C. J. (2017). Suicide and self-harm among sexual and gender minority youth: Resilience, coping, and despair. In A. J. Pumariega & N. Sharma (Eds.), Suicide among diverse youth (pp. 199-219). Springer. https://doi.org/10.1007/978-3-319-66203-9_13

Demissie, Z., Rasberry, C. N., Steiner, R. J., Brener, N., & McManus, T. (2018). Trends in secondary schools' practices to support lesbian, gay, bisexual, transgender, and questioning students, 2008-2014. American journal of public health, 108(4), 557-564. https://doi.org/10.2105/AJPH.2017.304296

Dowers, E., Kingsley, J., & White, C. (2020). Virtually trans: An Australian facebook group supporting gender diverse adults' health and wellbeing. Health Promotion International, In press. https://doi.org/10.1093/heapro/daaa061

Ferlatte, O., Oliffe, J. L., Louie, D. R., Ridge, D., Broom, A., & Salway, T. (2019). Suicide prevention from the perspectives of gay, bisexual, and two-spirit men. Qualitative Health Research, 29(8), 1186-1198. https://doi.org/10.1177/1049732318816082

Fredriksen-Goldsen, K. I., Kim, H.-J., McKenzie, G. L., Krinsky, L., & Emlet, C. A. (2017). Plan of action for real-world translation of LGBTQ health and aging research. LGBT Health, 4(6), 384-388. https://doi.org/10.1089/lgbt.2017.0185

Gibbs, J. J., & Goldbach, J. (2015). Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults. Archives of Suicide Research, 19(4), 472-488. https://doi.org/10.1080/13811118.2015.1004476

Goldbach, J. T., Rhoades, H., Green, D., Fulginiti, A., & Marshal, M. P. (2019). Is there a need for LGBT-specific suicide crisis services? Crisis: The Journal of Crisis Intervention and Suicide Prevention, 40(3), 203-208. https://doi.org/10.1027/0227-5910/a000542

Goodrich, K., & Barnard, J. (2018). Transgender and gender non-conforming students in schools: One school district's approach for creating safety and respect. Sex Education, 19(2), 215-225. https://doi.org/10.1080/14681811.2018.1490258

Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J., & Bear, B. (2020). Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence (Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence (Research report 10/2020), Issue. ANROWS. https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2020/05/11093225/PI.17.09-Bear-RR.pdf
Green, M. (2016). Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks? Quality in Ageing and Older Adults, 17(1), 36-49. https://doi.org/10.1108/QAOA-07-2015-0032

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russell, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., & Beautrais, A. L. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. Journal of Homosexuality: Suicide, Mental Health, and Youth Development, 58(1), 10-51. https://doi.org/10.1080/00918369.2011.534038

Harkness, A., Rogers, B. G., Albright, C., Mendez, N. A., Safren, S. A., & Pachankis, J. E. (2020). "It truly does get better": Young sexual minority men's resilient responses to sexual minority stress. Journal of Gay & Lesbian Mental Health, 24(3), 258-280. https://doi.org/10.1080/19359705.2020.1713276

Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. Pediatrics, 127(5), 896. https://doi.org/10.1542/peds.2010-3020

Hatzenbuehler, M. L. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations. Current Directions in Psychological Science, 23(2), 127-132. https://doi.org/10.1177/0963721414523775

Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., & Mitchell, A. (2010). Writing themselves in 3 : The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Australian Research Centre in Sex, Health and Society, La Trobe University.

Hobaica, S., Alman, A., Jackowich, S., & Kwon, P. (2018). Empirically based psychological interventions with sexual minority youth: A systematic review. . Psychology of Sexual Orientation and Gender Diversity, 5(3), 313–323. https://doi.org/10.1037/sgd0000275

Hoy-Ellis, C., Ator, M., Kerr, C., & Milford, J. (2016). Innovative approaches address aging and mental health needs in LGBTQ communities. Generations, 40(2), 56-62.

Hughes, E., & McDermott, E. (2019). Mental health nurses can play a key role in supporting gay, bisexual and two-spirit men experiencing mental health challenges and inequalities. Evidence Based Nursing, 23(3). https://doi.org/10.1136/ebnurs-2019-103067

Hyde, Z., Doherty, M., Tilley, P., McCaul, K., Rooney, R., & Jancey, J. (2014). The first Australian national trans mental health study: Summary of results. C. U. School of Public Health.

Johnson, A. H., & Rogers, B. A. (2020). "We're the normal ones here": Community involvement, peer support, and transgender mental health. Sociological Inquiry, 90(2), 271-292. https://doi.org/10.1111/soin.12347

Jones, T. (2020). A student-centred sociology of Australian education: Voices of experience. Springer.

Jones, T., Brown, A., Carnie, L., Fletcher, G., & Leonard, W. (2018). Preventing harm, promoting justice: Responding to LGBT conversion therapy in Australia. L. T. U. a. t. H. R. L. C. GLHV@ARCSHS. https://static1.squarespace.com/static/580025f66b8f5b2dabbe4291/t/5bd78764eef1a1ba57990efe/1540851637658/LGBT+conversion+therapy+in+Australia+v2.pdf

Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., Lucke, J., & Open Book, P. (2016). Intersex: Stories and statistics from Australia. Cambridge: Open Book Publishers.

Joosten, M., Tinney, J., Barrett, C., Whyte, C., Dow, B., & Maude, P. (2015). Improving mental health for older LGBTI Australians: A resource kit targeting depression and anxiety among older gay, lesbian, bisexual, transgender and intersex Australians. H. a. S. a. L. T. U. R. S. o. M. H. National Ageing Research Institute; Australian Research Centre for Sex. https://www.beyondblue.org.au/docs/default-source/research-project-files/improving-mental-health-for-older-lgbti-australians-research-report.pdf?sfvrsn=c3897eea_2

Kopacz, M. S., Nieuwsma, J. A., Wortmann, J. H., Hanson, J. L., Meador, K. G., & Thiel, M. M. (2019). The role of chaplaincy in LGBT veteran healthcare. Spirituality in Clinical Practice, 6(3), 213-217. https://doi.org/10.1037/scp0000196

Kota, K. K., Salazar, L. F., Culbreth, R. E., Crosby, R. A., & Jones, J. (2020). Psychosocial mediators of perceived stigma and suicidal ideation among transgender women. BMC Public Health, 20(1), 1-10. https://doi.org/10.1186/s12889-020-8177-z

Kotliar, D. M. (2016). Depression narratives in blogs: A collaborative quest for coherence. Qualitative Health Research, 26(9), 1203-1215. https://doi.org/10.1177/1049732315612715

LeBlanc, A. J., Frost, D. M., & Wight, R. G. (2015). Minority stress and stress proliferation among sameÐsex and other marginalized couples. Journal of Marriage and Family, 77(1), 40-59. https://doi.org/10.1111/jomf.12160

Leonard, W., & Mann, R. (2018). The everyday experience of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disablity (No.111). L. T. U. GLHV@ARCSHS. https://www.rainbowhealthvic.org.au/media/pages/research-resources/the-everyday-experiences-of-lesbian-gay-bisexual-transgender-and-intersex-lgbti-people-living-with-disability/1242611313-1564625168/the-everyday-experiences-of-lesbian-gay-bisexual-transgender-and-intersex-lgbti-people-living-with-disability.pdf

Leonard, W., & Metcalf, A. (2014). Going upstream: a framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people. LGBTIQ+ Health Australia. https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0257-going-upstream-online-o-lgbti-mental-health-promotion-framework.pdf

Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., & Barrett, A. (2012). Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Australian Research Centre in Sex, Health and Society, La Trobe University. http://www.glhv.org.au/files/PrivateLives2Report.pdf

Lindquist, L. M., Livingston, N. A., Heck, N. C., & Machek, G. R. (2017). Predicting depressive symptoms at the intersection of attribution and minority stress theories. Journal of Gay & Lesbian Mental Health, 21(1), 32-50. https://doi.org/10.1080/19359705.2016.1217498

Lucassen, M. F. G., Stasiak, K., Samra, R., Frampton, C. M. A., & Merry, S. N. (2017). Sexual minority youth and depressive symptoms or depressive disorder: A systematic review and meta-analysis of population-based studies. Australian & New Zealand Journal of Psychiatry, 51(8), 774-787. https://doi.org/10.1177/0004867417713664

Lyons, A., Alba, B., & Pepping, C. A. (2017). The impact of social support and mindfulness on the mental health of middle-aged and older gay men: A longitudinal cohort analysis. Psychology of Sexual Orientation and Gender Diversity, 4(4), 472-480. https://doi.org/10.1037/sgd0000247

Lytle, M. C., Blosnich, J. R., De Luca, S. M., & Brownson, C. (2018). Association of religiosity with sexual minority suicide ideation and attempt. American Journal of Preventive Medicine, 54(5), 644-651. https://doi.org/10.1016/j.amepre.2018.01.019

Maher, B. (2019). R U OK?: The role of community in suicide prevention. In M. Withers & J. McCool (Eds.), Global health leadership: Case studies from the Asia-Pacific (pp. 79-90). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-319-95633-6_8

Malone, K. M., McGuinness, S. G., Cleary, E., Jefferies, J., Owens, C., & Kelleher, C. C. (2017). An arts-science community intervention around suicide in an indigenous ethnic minority. Wellcome open research, 2, 27. https://doi.org/10.12688/wellcomeopenres.11330.1

Marchant, A., Hawton, K., Stewart, A., Montgomery, P., Singaravelu, V., Lloyd, K., Purdy, N., Daine, K., & John, A. (2017). A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. PLoS ONE, 12(8), e0181722. https://doi.org/10.1371/journal.pone.0181722

Marshall, A. (2016). Suicide prevention interventions for sexual & gender minority youth: An unmet need. The Yale Journal of Biology and Medicine, 89(2), 205-213.

McGlynn, N., Browne, K., Sherriff, N., Zeeman, L., Mirandola, M., Gios, L., Davis, R., Donisi, V., Farinella, F., RosiÐska, M., NiedÐwiedzka-Stadnik, M., Pierson, A., Pinto, N., & Hugendubel, K. (2020). Healthcare professionals' assumptions as barriers to LGBTI healthcare. Culture, health & sexuality, 22(8), 954-970. https://doi.org/10.1080/13691058.2019.1643499

Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674

Morandini, J. S., Blaszczynski, A., Dar-Nimrod, I., & Ross, M. W. (2015). Minority stress and community connectedness among gay, lesbian and bisexual Australians: A comparison of rural and metropolitan localities. Australian and New Zealand Journal of Public Health, 39(3), 260-266. https://doi.org/10.1111/1753-6405.12364

Moulds, S. (2019). Making the invisible visible again: Pathways for legal recognition of sex and gender diversity in Australian law. Griffith Journal of Law and Human Dignity, 7(2), 246-264.

LGBTIQ+ Health Australia. (2020). Snapshot of mental health and suicide prevention statistics for LGBTI people. https://www.lgbtihealth.org.au/statistics

Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. Journal of Youth and Adolescence, 39(10), 1189-1198. https://doi.org/10.1007/s10964-010-9533-6

Olson, K., Durwood. L, DeMeules, M., & McLaughlin, K. A. (2018). Mental health of transgender children who are supported in their identities. Official Journal of the American Academy of Pediatrics, 137(3), e20153223. https://doi.org/10.1542/peds.2015-3223

Ono, A. (2018). Synthesis of current evidence for good practice in suicide prevention for LGBTI people. LGBTIQ+ Health Australia and Suicide Prevention Australia. https://www.lgbtihealth.org.au/synthesis_of_current_evidence_for_good_practice_in_suicide_prevention_for_lgbti_people

Orygen, The National Centre for Excellence in Youth Mental Health. (2019). A guide for clinicians: Working safely and inclusively with sexuality diverse young people. https://headspace.org.au/assets/download-cards/HSP032-Evidence-Summary-Sexuality-RGB-FA5.pdf

Pachankis, J. E., Hatzenbuehler, M. L., Rendina, H. J., Safren, S. A., & Parsons, J. T. (2015). LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. Journal of Consulting and Clinical Psychology, 83(5), 875-889. https://doi.org/10.1037/ccp0000037

Parker, C. M., Hirsch, J. S., Philbin, M. M., & Parker, R. G. (2018). The urgent need for research and interventions to address family-based stigma and discrimination against lesbian, gay, bisexual, transgender, and queer youth. Journal of Adolescent Health, 63(4), 383-393. https://doi.org/10.1016/j.jadohealth.2018.05.018

Peisah, C., Burns, K., Edmonds, S., & Brodaty, H. (2018). Rendering visible the previously invisible in health care: The ageing LGBTI communities. Medical Journal of Australia, 209(3), 106-108. https://doi.org/10.5694/mja17.00896

Perales, F. (2018). The health and wellbeing of Australian lesbian, gay and bisexual people: A systematic assessment using a longitudinal national sample. Australian and New Zealand Journal of Public Health, Advance online publication. https://doi.org/10.1111/1753-6405.12855

Perrin-Wallqvist, R., & Lindblom, J. (2015). Coming out as gay: A phenomenological study about adolescents disclosing their homosexuality to their parents. Social Behavior and Personality: An International Journal, 43(3), 467-480. https://doi.org/10.2224/sbp.2015.43.3.467

Perry, Y., Strauss, P., & Lin, A. (2018). Online interventions for the mental health needs of trans and gender diverse young people. The Lancet Psychiatry, 5(2), e6. https://doi.org/10.1016/S2215-0366(18)30017-8

Peter, T., Edkins, T., Watson, R., Adjei, J., Homma, Y., & Saewyc, E. (2017). Trends in suicidality among sexual minority and heterosexual students in a Canadian population-based cohort study. Psychology of Sexual Orientation and Gender Diversity, 4(1), 115-123. https://doi.org/10.1037/sgd0000211

Petrie, N., & Cook, P. S. (2019). Catering to sex, sexual, and gender diversity: An exploratory study on the effects of LGBTI awareness training on aged care staff in Tasmania, Australia. Journal of Gay & Lesbian Social Services, 31(1), 19-34. https://doi.org/10.1080/10538720.2018.1548329

PitoÐák, M. (2017). Mental health in non-heterosexuals: Minority stress theory and related explanation frameworks review. Mental Health & Prevention, 5(March), 63-73. https://doi.org/10.1016/j.mhp.2016.10.002

Poon, J. A., Kerr, P. L., & Kim, K. L. (2020). Suicide and nonsuicidal selfÐ injury among sexual and gender minority adolescents: A stress perspective. Brown University Child and Adolescent Behavior Letter, 36(1), 1-7. https://doi.org/10.1002/cbl.30434

Raj, S. (2020). Contested feelings: Mapping emotional journeys of LGBTI rights and reforms. Alternative law journal, 45(2), 125-130. https://doi.org/10.1177/1037969X20927500

Ream, G. L. (2019). What's unique about lesbian, gay, bisexual, and transgender (LGBT) youth and young adult suicides? Findings from the national violent death reporting system. Journal of Adolescent Health, 64(5), 602-607. https://doi.org/10.1016/j.jadohealth.2018.10.303

Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., Sheedy, M., Crowe, J., Cockayne, N., & Christensen, H. (2016). An evidence-based systems approach to suicide prevention: Guidance on planning, commissioning and monitoring. B. D. Institute. http://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/an-evidence-based-systems-approach-to-suicide-prevention.pdf?sfvrsn=0

Rimes, K. A., Shivakumar, S., Ussher, G., Baker, D., Rahman, Q., & West, E. (2019). Psychosocial factors associated with suicide attempts, ideation, and future risk in lesbian, gay, and bisexual youth. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 40(2), 83-92. https://doi.org/10.1027/0227-5910/a000527

Rogers, M. L., Hom, M. A., Janakiraman, R., & Joiner, T. E. (2020). Examination of minority stress pathways to suicidal ideation among sexual minority adults: The moderating role of LGBT community connectedness. Psychology of Sexual Orientation and Gender Diversity, Advance online publication. https://doi.org/10.1037/sgd0000409

Salway, T., & Gesink, D. (2018). Constructing and expanding suicide narratives from gay men. Qualitative Health Research, 28(11), 1788-1801. https://doi.org/10.1177/1049732318782432

Schlichthorst, M., Reifels, L., Krysinska, K., Ftanou, M., Machlin, A., Robinson, J., & Pirkis, J. (2020). Trends in suicide-related research in Australia. International Journal of Mental Health Systems, 14(1). https://doi.org/10.1186/s13033-019-0335-2

Schmitz, R. M., & Tyler, K. A. (2019). 'Life has actually become more clear': An examination of resilience among LGBTQ young adults. Sexualities, 22(4), 710-733. https://doi.org/10.1177/1363460718770451

Seelman, K. L., Colón-Diaz, M. J. P., Lecroix, R. H., Xavier-Brier, M., & Kattari, L. (2017). Transgender noninclusive healthcare and delaying care because of fear: Connections to general health and mental health among transgender adults. Transgender Health, 2(1), 17-28. https://doi.org/10.1089/trgh.2016.0024

Sharek, D., McCann, E., & Huntley-Moore, S. (2020). A mixed-methods evaluation of a gender affirmative education program for families of trans young people. Journal of GLBT Family Studies, 16(1), 18-31. https://doi.org/10.1080/1550428X.2019.1614504

Sharma, N., & Sargent, J. (2017). Family and community intervention in suicide prevention and management. In A. J. Pumariega & N. Sharma (Eds.), Suicide among diverse youth (pp. 221-238). Springer.

Sheedy, C. A. (2016). Clinic and intake forms. In K. Eckstrand & J. Ehrenfeld (Eds.), Lesbian, gay, bisexual, and transgender healthcare (pp. 51-63). Springer. https://doi.org/10.1007/978-3-319-19752-4_5

Sheinfil, A. Z., Foley, J. D., Ramos, J., Antshel, K. M., & Woolf-King, S. E. (2019). Psychotherapeutic depression interventions adapted for sexual and gender minority youth: A systematic review of an emerging literature. Journal of Gay & Lesbian Mental Health, 23(4), 380-411. https://doi.org/10.1080/19359705.2019.1622616

Shilo, G., Antebi, N., & Mor, Z. (2015). Individual and community resilience factors among lesbian, gay, bisexual, queer and questioning youth and adults in Israel. American Journal of Community Psychology, 55(1-2), 215-227. https://doi.org/10.1007/s10464-014-9693-8

Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youth and young adults: Differential effects of age, gender, religiosity, and sexual orientation. Journal of Research on Adolescence, 22(2), 310-325. https://doi.org/10.1111/j.1532-7795.2011.00772.x

Simons, J. (2018). Middle and high school counselor advocates for lesbian, gay, and bisexual students. Journal of LGBT Issues in Counseling, 12(3), 158-175. https://doi.org/10.1080/15538605.2018.1488231

Simons, J., & Cuadrado, M. (2019). Narratives of school counselors regarding advocacy for LGBTQ students. Professional school counseling, 22(1). https://doi.org/10.1177/2156759X19861529

Skerrett, D. M., Kõlves, K., & De Leo, D. (2015). Are LGBT populations at a higher risk for suicidal behaviors in Australia? Research findings and implications. Journal of Homosexuality, 62(7). https://doi.org/10.1080/00918369.2014.1003009

Skerrett, D. M., Kõlves, K., & De Leo, D. (2016). Factors related to suicide in LGBT populations. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 37(5), 361-369. https://doi.org/10.1027/0227-5910/a000423

Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). From blues to rainbows: The mental health and well-being of gender diverse and transgender young people in Australia. Australian Research Centre in Sex, Health, and Society, La Trobe University.

Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. Family Relations, 64(3), 420-430. https://doi.org/10.1111/fare.12124

Sowe, B. J., Brown, J., & Taylor, A. J. (2014). Sex and the sinner: Comparing religious and nonreligious same-sex attracted adults on internalized homonegativity and distress. American Journal of Orthopsychiatry, 84(5), 530-544. https://doi.org/10.1037/ort0000021

Sowe, B. J., Taylor, A. J., & Brown, J. (2017). Religious anti-gay prejudice as a predictor of mental health, abuse, and substance use. American Journal of Orthopsychiatry, 87(6), 690-703. https://doi.org/10.1037/ort0000297

Spurway, K., Soldatic, K., Briskman, L., Uink, B., Liddelow-Hunt, S., Hill, B., & Lin, A. (2020). The social and emotional wellbeing of Indigenous LGBTQA+ young people: A global perspective. Irish journal of psychological medicine, Advance online copy. https://doi.org/10.1017/ipm.2020.83

Staples, J. M., Neilson, E. C., Bryan, A. E. B., & George, W. H. (2018). The role of distal minority stress and internalized transnegativity in suicidal ideation and nonsuicidal self-injury among transgender adults. The Journal of Sex Research, 55(4-5), 591-603. https://doi.org/10.1080/00224499.2017.1393651

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2017). Trans pathways: The mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute. https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathwayreport-web2.pdf

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020a). Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: Findings from trans pathways. 50(5), 808-817. https://doi.org/10.1017/S0033291719000643

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020b). Mental health issues and complex experiences of abuse among trans and gender diverse young people: findings from trans pathways. LGBT Health, 7(3), 128-136. https://doi.org/10.1089/lgbt.2019.0232

Taylor, C., Meyer, E. J., Peter, T., Ristock, J., Short, D., & Campbell, C. (2016). Gaps between beliefs, perceptions, and practices: The every teacher project on LGBTQ-inclusive education in Canadian schools. Journal of LGBT Youth, 13(1-2), 112-140. https://doi.org/10.1080/19361653.2015.1087929

Taylor, J., Power, J., Smith, E., & Rathbone, M. (2019). Bisexual mental health. Australian Journal of General Practice, 48(3), 138-144.

The Healing Foundation. (2015). The Aboriginal and Torres Strait Islander suicide prevention evaluation project (ATSISPEP): Sexuality and gender diverse populations (lesbian, gay, bisexual, transsexual, queer and intersex - LGBTQI): Roundtable report. The Healing Foundation.

Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2018). Coping with sexual orientation-related minority stress. Journal of Homosexuality, 65(4), 484-500. https://doi.org/10.1080/00918369.2017.1321888

Uink, B., LiddelowÐHunt, S., Daglas, K., & Ducasse, D. (2020). The time for inclusive care for Aboriginal and Torres Strait Islander LGBTQ+ young people is now. The Medical Journal of Australia, Advance online publication. https://doi.org/10.5694/mja2.50718

Universities Scotland. (2010). Race equality toolkit: Learning and teaching - Terminology. https://www.universities-scotland.ac.uk/raceequalitytoolkit/terminology.htm

Verrelli, S., White, F. A., Harvey, L. J., & Pulciani, M. R. (2019). Minority stress, social support, and the mental health of lesbian, gay, and bisexual Australians during the Australian Marriage Law Postal Survey. Australian Psychologist, 54(4), 336-346. https://doi.org/10.1111/ap.12380

Wagaman, M. A. (2016). Self-definition as resistance: Understanding identities among LGBTQ emerging adults. Journal of LGBT Youth, 13(3), 207-230. https://doi.org/10.1080/19361653.2016.1185760

Waling, A., Lim, G., Dhalla, S., Lyons, A., & Bourne, A. (2019). Understanding LGBTI+ lives in crisis. Australian Research Centre in Sex, Health and Society, La Trobe University.

Wang, C. C. (2006). Youth participation in photovoice as a strategy for community change. Journal of Community Practice, 14(1-2), 147-161. https://doi.org/10.1300/J125v14n01_09

Wargo, J. M. (2017). "Every selfie tells a story ...": LGBTQ youth lifestreams and new media narratives as connective identity texts. New Media & Society, 19(4), 560-578. https://doi.org/10.1177/1461444815612447

Watson, C., & Tatnell, R. (2019). Resilience and non-suicidal self-injury in LGBTQIA+ people: Targets for prevention and intervention. Current Psychology, Advance online publication. https://doi.org/10.1007/s12144-019-00573-7

Western Sydney University. (2020). Out with cancer study. https://www.westernsydney.edu.au/out-with-cancer.html

Yarns Heal. (2020). Yarns Heal. https://www.yarnsheal.com.au/

Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., Farinella, F., Donisi, V., NiedÐwiedzka-Stadnik, M., RosiÐska, M., Pierson, A., & Amaddeo, F. (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. European Journal of Public Health, 29(5), 974-980. https://doi.org/10.1093/eurpub/cky226

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