



PRISM IN PRACTICE

SUPPORTING LGBTIQ+ YOUNG PEOPLE EXPERIENCING SUICIDALITY

A resource for health workers



ABOUT THIS RESOURCE

This resource was developed as part of a suite of resources for health workers supporting LGBTIQ+ young people. It provides prevention and early intervention guidance for workers who are supporting LGBTIQ+ young people experiencing suicidality. The resource touches on empirical understandings of LGBTIQ+ community experiences of suicidality, before offering several practical and skills-based insights for workers. The guidance shared draws on Twenty10's rich practice wisdom, which has been developed and articulated over four decades of supporting LGBTIQ+ young people in NSW.

In this resource we use the term 'suicidality' broadly, as it refers to suicidal ideation, thoughts of suicide, and suicidal behaviours, where clients may experience passive or active thoughts about suicide, ambivalence about living, emotional distress, hopelessness and fatigue, non-suicidal self-injury and other pre-cursors to suicide crisis.

We use the term 'affirming care' when referring to practice which honours and respects the identity and experience of the LGBTIQ+ young person and actively supports them in the fullness of who they are. **Affirming care is suicide prevention.**

Supporting LGBTIQ+ young people in this context requires workers to:

- Understand the unique contexts and experiences of LGBTIQ+ suicidality
- Apply affirming care principles at all stages of care, including when using organisational suicide prevention frameworks
- Manage their reactions while supporting a person experiencing distress
- Advocate for organisation-wide improvements to process and procedure

This resource does not replace the need for current training in either suicide intervention skills or LGBTIQ+ affirming practice. Rather, it provides additional insights to the unique needs and experiences of LGBTIQ+ young people when suicide appears in their life. As this resource discusses prevention and early intervention guidance, you may find additional resources for responding to acute suicide crisis for LGBTIQ+ young people via the QR code on the rear page.

THE SOCIAL CONTEXT OF LGBTIQ+ SUICIDALITY

LGBTIQ+ young people's experiences of suicidality should be understood in relation to the systemic and interpersonal discrimination that LGBTIQ+ communities experience, and the impact of this harm and violence on the social determinants of health. The prevalence of homophobia, transphobia and discrimination – not only throughout the broader community, but in schools, within families and communities of origin, and many support systems (including health systems) – generates ongoing minority stress, and in turn, heightens distress for LGBTIQ+ young people.






Social determinants of health:

The non-medical factors that influence health outcomes, and which shape the conditions of daily life.

Minority stress:

Chronic stress caused by persistent experiences of overt and covert everyday discrimination.

Below are common examples of how discrimination and harm impact the social determinants of health for LGBTIQ+ young people.

-  **Housing stability:** More likely to be forced from family home, and to become homeless, impeding access to basic amenities and resources, and further impacting mental and physical wellbeing.
-  **Quality healthcare:** Less likely to receive inclusive, affirming and appropriate person-centred healthcare – including mental healthcare - despite their need for specialised support.
-  **Access to education:** More likely to experience discrimination and abuse in schooling and education settings, from peers and staff, leading to education disengagement, which can impact self-worth, sense of belonging, future employment opportunities and access to income.
-  **Economic stability:** More likely to experience discrimination in their family of origin and in the workplace, leading to instability in material wellbeing, including access to food, housing and services.
-  **Social and political inclusion:** More likely to experience family estrangement and social and political discrimination, leading to neglect from family, social isolation and disenfranchisement.

Ongoing discrimination and harm leads many LGBTIQ+ young people to experience higher levels of suicidality and suicide ideation, and involves more frequent interactions with mental health workers and systems – often named ‘chronic suicidality’. Understanding the social context outlined above, workers can apply a de-pathologising lens to these experiences by seeing ongoing suicidality as a response to, and result of, unrelenting and widespread homophobia, transphobia and discrimination – and naming the **chronic oppression** impacting the LGBTIQ+ young person’s health and wellbeing. Through this lens, the LGBTIQ+ young person’s suicidality is reframed and understood as arising from – and as a response to – harmful and discriminatory experiences, rather than something that is intrinsic to the young person.

“When we talk about suicidality as something within a person, we tend respond by trying to change their inner world and behaviour. We respond with ‘mental health’. When we talk about suicidality as something that arises in response to the pressures and oppression that a person faces, we can take steps to address and minimise the impacts of those pressures. We need both.”

Twenty10 counsellor

AFFIRMING CARE IS SUICIDE PREVENTION

When responding to people experiencing distress, workers are commonly guided by their organisation’s suicide prevention frameworks and statutory obligations. These protocols are vital in identifying and managing risk of suicide, however responding only through the lens of risk management can lead workers to pathologise LGBTIQ+ young people, by reducing their presentation and support needs to the distress they are experiencing.

Responding to an LGBTIQ+ young person in distress requires workers to have a nuanced understanding of how they can **both assess and manage risk, while still providing LGBTIQ+ affirming care principles**. Affirming care principles ensure that suicide prevention is attuned to the LGBTIQ+ young person in the fullness of who they are and can help identify opportunities for support by highlighting the unique experiences of LGBTIQ+ people. Understanding that affirming care is suicide prevention does not lessen a worker’s concern for risk but provides a more sophisticated approach in how they apply it.

For many LGBTIQ+ young people, suicide prevention and early intervention practice may also entail practical support like **care coordination and case management**, which help to alleviate some of the impacts of discrimination and harm on their emotional, psychological, material and physical wellbeing. Workers are encouraged to consider where and how they might tailor suicide prevention frameworks and practices to the needs of LGBTIQ+ young people, by ensuring that affirming care principles are applied throughout all stages of care.

Examples of affirming practice that address the social determinants of health and support suicide prevention may include:

- Respecting their identity and experience (including names, pronouns, gender, sexuality, relationships, bodies)
- Supporting them to express their gender how they wish
- Working with your team to ensure consistency in affirming care

- Supporting them to navigate and challenge disaffirming health systems
- Intervening in instances of discrimination and misgendering
- Advocating for improvements to health systems and responses, when issues are identified

- Supporting them to access affirming healthcare or mental health support
- Supporting them to access appropriate care for their innate variation of sex characteristics
- Supporting them to access affirming peer and social support
- Writing letters of introduction and support to new services

- Supporting them in plans to find and access safe and affirming housing
- Supporting them to access employment, income or payments
- Supporting them to navigate various bureaucratic and administrative systems

SOLIDARITY WITHIN HEALTH SYSTEMS

For health workers to respond with appropriate care for LGBTIQ+ young people, it is important to understand how LGBTIQ+ communities have experienced systemic harm, historically and today. LGBTIQ+ communities have been classified, pathologised and criminalised by the state, medical systems and major institutions throughout history, creating a legacy of anxiety and caution for many when seeking healthcare. Today, many LGBTIQ+ young people fear engaging with emergency services and hospital systems during a crisis, especially with the police. This fear can result from their own lived experience, or from their embodied sense of the harm that these systems have enacted upon LGBTIQ+ people.

LGBTIQ+ young people need health workers and systems that **centre their dignity** by understanding and affirming their unique support needs and experiences at all stages of care. LGBTIQ+ communities can be very familiar with health systems and their limitations. Repeated experiences of disaffirming care can create understandable cynicism, or worse, refusal to seek help in the first place.

As the main interface between LGBTIQ+ young people and many health systems, workers can show solidarity in vital ways.

Worker solidarity within health systems may look like:

- Workers provide consistent affirming care, monitored and maintained within teams through training and education. Staff and quality processes support accountability.
- Workers clearly communicate the safety considerations and needs of an LGBTIQ+ young person in their clinical handovers and external referrals.
- Workers share the responsibilities of advocating for individual LGBTIQ+ clients and communities within their departments.
- Workers ensure that suicide prevention frameworks are tailored with affirming care principles and practices.
- Workers support the LGBTIQ+ young person to navigate processes and systems, by interpreting and minimising hurdles where needed.

It is important that workers acknowledge power dynamics with young people they work with and to be transparent about their role and responsibilities. Workers can demonstrate their solidarity with LGBTIQ+ young people by naming the systems at play and by acknowledging the limitations of them.

UNDERSTANDING SUICIDE AND LIVING

When suicide appears for an LGBTIQ+ young person, it can be easy for workers to make assumptions about its origins and meaning and miss opportunities to learn more about the young person's perspective – not only on ending their life, but what it means to keep living.

Below are some insights to suicidality that Twenty10 has learned from some of the LGBTIQ+ young people we support. These examples do not capture all possible meanings or interpretations of suicidality but give us a window into some of the complexities that LGBTIQ+ young people share with us.

For many LGBTIQ+ people who experience ongoing suicidality, considering the option of death can be a response to the overwhelming discrimination, harm and violence they experience from the world around them. While suicide cannot be acceptable for the worker, death may be an entirely understandable and reasonable thing to consider for the suicidal young person, given the relentlessly painful context of their life.

For some LGBTIQ+ young people, thoughts of suicide can provide a desperate yet vital sense of control that stands in contrast to the powerlessness or hopelessness of everyday life. In the context of unbearable discrimination and violence toward LGBTIQ+ young people, this semblance of control – the option to end their own life – can actually provide them with a sense of their own enduring agency and autonomy.

Non-suicidal self-injury, self-harm and other risk-taking behaviours can help some LGBTIQ+ young people to manage cumulative stressors. They may serve as a form of emotional regulation, offering temporary relief from feelings of dysphoria, numbness, or distress that stem from navigating a discriminatory or unsafe world. These responses are not just a symptom of despair and hopelessness, but for some LGBTIQ+ young people, they can form a mechanism that is helping to keep them alive.

Making assumptions about suicidality can cause workers to miss opportunities to learn vital information about an LGBTIQ+ young person's perspective and experience of living. The insights shared above highlight the importance of practicing curiosity to understand and navigate an LGBTIQ+ young person's experience of suicidality.

Below are some questions that workers can ask an LGBTIQ+ young person to explore the function, feelings, and context around their suicidality.

- "What do you call this response / action?"
- "What meaning does it hold for you?"
- "How do you feel about this response?"
- "How does the response serve you? In what ways does this give you a sense of control, when other parts of life might feel out of your control? "
- "Are there ways that it isn't serving you or that you have hoped it would be different?"
- "What would it be like to imagine having that same sense of control in a different way?"
- "Do you ever feel like this is the only way to cope with the weight of hiding or explaining who you are?"

MANAGING YOUR OWN REACTIONS

It is understandable for feelings of anxiety and worry to arise when talking to a young person about suicidality, and many workers find suicide prevention frameworks to be helpful in guiding their conversations and interventions. However, LGBTIQ+ young people, who are commonly distrustful or cynical about health systems and responses, may interpret worker reliance on these tools and pathways as detached and frustrating. LGBTIQ+ young people require workers to be authentic and present, and to demonstrate awareness of their own responses and reactions when discussing suicidality and when making decisions about the provision of support.

Maintaining presence and practicing deep listening with the young person can help to keep dialogue open, enabling workers to understand the appearance of suicidality not only as a trigger for escalation or alarm, but as an opportunity to learn more about the LGBTIQ+ young person, their experience and their wellbeing.

"I tried talking to my counsellor, but I could tell she wasn't comfortable. Once I mentioned how much I wanted to die, she stopped listening and I had to do one of those safety plans again. I have like 4 of them now, but I just wanted help getting into the gender clinic."

**Twenty10
counselling client**

SUPPORT FROM FRIENDS

LGBTIQ+ young people commonly experience distrust toward health services and may not have supportive or trusted relationships with their family of origin. Many instead maintain a support network of other young people who help them to manage crises when they arise and keep them safe. Importantly, while they can be lifesaving, such networks can also be fragile. Young peers providing support to highly distressed friends can often experience burnout and overwhelm, leaving friends suddenly without valuable support. Additionally, they may not have the skills to assess their friend's level of risk. Some young people even speak of friends made online, who sometimes live hours or continents away, that provide this important caring role.

The importance of this support from friends can be overlooked in clinical settings, where suicide prevention and mental health support are professionalised. However, it is important that workers discuss these support networks where they exist. For some LGBTIQ+ young people, this kind of support may directly counteract some of the core drivers of distress, including their sense of isolation or their internalised shame and feelings of being a burden on those around them.

With this in mind, workers can help to strengthen and sustain these friend networks by supporting the young person experiencing distress to discern the capacity of their friends, and by positioning the young person themselves as a resource through which the worker can share valuable self-care tools and boundary setting techniques.

WELLBEING PLANS

Safety plans play a vital role in supporting many young people when suicidality is present. However, workers can strengthen an LGBTIQ+ young person's access to connective and protective supports, often long before their suicidality is acute, by working with them to co-create a **wellbeing plan**.

A wellbeing plan can articulate strategies that support the young person's life affirmation, not just in response to their suicidality, but beyond their moments of highest distress. It can include what makes the young person feel more connected, more themselves, or experience a sense of safety and belonging. Importantly, wellbeing plans can highlight strategies that the young person may already be employing to uphold their dignity and agency in keeping themselves safe. Wellbeing plans may include:

- Supportive people or animals the young person can/does connect with
- Supportive places or spaces the young person can/does visit
- Services or supports the young person can/does access
- Activities and hobbies the young person can do/does

A wellbeing plan might also identify behaviours of the young person that could indicate that distress is increasing (e.g. avoiding food, self-isolating, emotional outbursts) and potential spaces, people, activities or influences that the young person can avoid or minimize, in order to preserve emotional stability and wellbeing.

Workers are encouraged to develop such tools in collaboration with the young person, however, content should largely be identified and offered by the young person themselves. Likewise, how the plan is framed – whether it is called a wellbeing plan, a strategy, a tool, or something else entirely – may be an important consideration. For the young person to have any plan or actions imposed on them may feel infantilising and disempowering, rather than increase safety. At all points, workers can honour the young person's agency and voice in establishing the pathways to safety that feel affirming for them.

Supporting LGBTIQ+ young people in distress requires an understanding of the unique contexts, experiences and shared histories of LGBTIQ+ suicidality. When working with LGBTIQ+ young people, it is imperative for workers to tailor their suicide prevention and early intervention practice with affirming care principles and approaches, and to stand in solidarity amidst disaffirming and harmful systems. Affirming care can help to ensure that workers are attuned to the LGBTIQ+ young person in their fullness—it means having the courage to listen to how the young person describes their experiences so they can uphold the young person's dignity at all stages of care.

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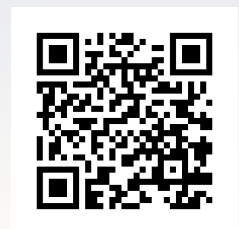
Twenty10 supports LGBTIQ+ young people aged 12 - 25 across New South Wales with specialised housing, counselling, care coordination, brokerage and a wide range of early intervention social support programs. We are also the NSW state partner for QLife, Australia's national phone and web based peer support service. These resources have been developed through our Learning and Development program, who deliver statewide training in LGBTIQ+ inclusivity and affirming practice.

Address 1 Bedford St, Newtown (Gadigal and Wangal Country) NSW 2042

Phone 02 8594 9555 | **Email** hello@twenty10.org.au

Website twenty10.org.au | **ABN** 14 925 105 160

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