

Part III: Considerations for specific LGBTQA+ populations

We recognise the diversity that exists within the umbrella of the LGBTQA+ population. Some LGBTQA+ young people may have additional needs and may experience additional barriers to service access due to their intersecting identities. This section includes recommendations for actions that should be taken when working with specific groups of LGBTQA+ young people.



Considerations specific to Aboriginal and/or Torres Strait Islander LGBTQA+ young people

Aboriginal and/or Torres Strait Islander LGBTQA+ young people may have specific needs for suicide prevention within clinical and community services that their non-Aboriginal and non-Torres Strait Islander LGBTQA+ peers may not have. Please note there was very low Aboriginal and Torres Strait Islander representation on the Delphi panels and while every effort was sought to engage with Aboriginal and/or Torres Strait Islander LGBTQA+ individuals, this consultation may not be representative. In addition, we did not ask the professional panel members specifically about their experiences supporting Aboriginal and/or Torres Strait Islander LGBTQA+ young people.

When working with Aboriginal and/or Torres Strait Islander LGBTQA+ young people, the service provider should:

- Build a relationship and find a way to work safely with the young person that recognises and addresses potential power imbalances within the therapeutic relationship.
 - Discuss the impact of the young person's intersecting identities on their wellbeing.
 - Discuss connections to immediate and extended family members in relation to the young person's wellbeing (i.e., these relationships may be sources of support, or they may be detrimental to wellbeing, and family relationships may hold different significance to Aboriginal and/or Torres Strait Islander people).
 - Discuss connections to community in relation to the young person's LGBTQA+ identity and explore the effect of these relationships on the young person's wellbeing (i.e., these relationships may be sources of support, or they may be detrimental to wellbeing, or both).
 - Recognise that the young person may experience double discrimination in relation to both their Aboriginal and/or Torres Strait Islander and LGBTQA+ identities and discuss how this impacts the young person's wellbeing.
 - Recognise the pervasiveness of racial prejudice and discrimination within the LGBTQA+ community and discuss how this impacts the young person's wellbeing.
- Discuss the interaction between culture and the young person's LGBTQA+ identity.
 - Engage in critical self-reflection of their own beliefs, assumptions, and attitudes about Aboriginal and/or Torres Strait Islander LGBTQA+ young people.
 - Take action to educate oneself regarding the unique difficulties faced by Aboriginal and/or Torres Strait Islander LGBTQA+ young people. (*see Resources section*).
 - Use culturally appropriate language when discussing LGBTQA+ identities (e.g., Sistergirl, Brotherboy), as guided by the young person.
 - Assess the young person's need and capacity for inclusion in culturally specific activities, including culture-based health services or interventions.
 - Where indicated and where possible, facilitate connections with other Aboriginal and/or Torres Strait Islander LGBTQA+ young people to enhance understanding and a sense of belonging.
 - Be sensitive to confidentiality concerns, particularly in discussion of LGBTQA+ identity in small or remote communities.
 - Hold a holistic view of suicidal thoughts and/or behaviour as the interplay of distinct individual, social, cultural, and historic influences.
 - Consider the contributing role of the young person's social and historical context (e.g., the impact of intergenerational trauma).
 - Discuss potential loss of culture or community due to disclosure of LGBTQA+ identity.

Considerations specific to trans young people

Trans young people may have additional needs for suicide prevention within mental health support settings relative to their cisgender peers. Trans young people may seek to affirm their gender in several different ways, which may include medical, social, and/or legal transition. They may choose to affirm their gender in some, all, or none of these ways. Trans young people may encounter significant barriers to transition and may require additional support and assistance in pursuing any of these processes.

When working with trans young people, service providers should:

- Ensure that the young person consents to any family involvement.
- Recognise that family acceptance and support is associated with better mental health in trans young people.
- Endeavour to facilitate positive family relationships, whenever possible, in collaboration with the young person.
- Encourage family understanding and acceptance of gender identity, whenever possible, in collaboration with the young person.

The service provider should ask if the young person has any existing medical concerns related to their trans identity (i.e., pain due to ongoing chest binding, distress from menstruation) and consider referring to the patient's General Practitioner to address these issues.

Service providers should avoid assuming that trans people want or require gender-affirming medical care (intervention).

The service provider should ask all trans young people the following questions during the initial meeting (or first few meetings):

- Does the young person want help accessing gender-affirming medical intervention (e.g., through assisting with referrals)?
- Does the young person have sufficient family support to begin/continue gender-affirming medical intervention?

Considering the increased rate of eating disorder symptoms in trans young people in the context of managing gender dysphoria (e.g., restricting eating to stop menstruation or to modify body shape in order to modify gender presentation), the service provider should:

- Recognise the balance of risks between the young person engaging in eating disorder behaviours and an increased risk of suicide if the young person is prevented from engaging in these behaviours.
- Negotiate harm reduction strategies for eating disorder behaviours with the young person if they are at immediate medical risk or risk of suicide.
- Take care to avoid inadvertently leading trans young people towards commencing eating disorder behaviours in the context of managing gender dysphoria.
- Be mindful of discussing eating disorder behaviours in a way that may be heard by the young person as a recommendation to engage in them.

If there is a residential component to care involving gendered areas, the young person should have a say in which gender they are housed with.



Considerations specific to neurodiverse LGBTQA+ young people

Neurodiverse LGBTQA+ young people may have specific needs related to suicide prevention that their neurotypical peers may not have.

In addition to standard practice for creating an environment welcoming for neurodiverse young people (such as exploring with the young person how their individual sensory needs can be accommodated in the service environment, e.g., dimming lights on request, accommodating the young person using sunglasses, fidget toys), the service provider should:

- Identify any needs that are not being met as a result of the intersection between their neurodiversity and LGBTQA+ identity (e.g., self-advocating for gender needs and attending medical appointments).
- Discuss LGBTQA+ identities in a manner tailored to the young person's cognitive ability and ways of thinking (e.g., using simplified language for some people).
- Discuss the young person's autonomy over their body and relationships.
- Recognise that neurodiverse young people are at high risk of deliberate self-harm and suicide.
- Recognise that therapies should be tailored to the young person's communication style – this may include providing paper or other means for young people to communicate if they are unable to communicate verbally at times.
- Explore alternatives to talking therapies (e.g., concrete problem solving, using art or other creative methods to engage therapeutically with the young person, sensory strategies for emotion regulation, ensuring that the young person is safe from bullying and discrimination, and addressing family relationship conflicts).
- Discuss and normalise the high prevalence of neurodivergence in LGBTQA+ individuals.

