

Suicide prevention in LGBTQA+ young people:

Best practice guidelines for clinical and
community service providers



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Acknowledgement of Country

We acknowledge the Traditional Owners and custodians of Country throughout Australia, on whose land we have developed these guidelines. We pay our respects to Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander people who contributed to and/or are reading these guidelines.

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About the Artist

Oliver Vincent Reyes (he/him) is an LGBTQA+ young creative and designer based in Sydney and the Central Coast. Oliver has kindly contributed the illustrations within these guidelines and is available for commission work. To contact Oliver and view his work, please visit www.vincentartdesigns.com.

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Endorsement

These guidelines have been endorsed by the Australian Professional Association for Trans Health.



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Using these guidelines

Who should use these guidelines?

Anyone working in a role where they support the mental health of young people, regardless of if they specifically work with LGBTQA+ young people (as professionals may be unaware of clients' identity and should create an environment welcome to all young people). This may include:

- Mental health professionals (e.g., psychologists, psychiatrists, counsellors, mental health nurses, school psychologists)
- Medical professionals (e.g., general practitioners, adolescent health physicians, nurses, dentists, physiotherapists, and other allied health practitioners)
- Youth workers
- Social workers
- Administrative and auxiliary staff may find Part I and Part IV of these guidelines useful
- These guidelines, or some parts of these guidelines, may be informative for individuals working in roles where they frequently interact with young people, but are not in a formal mental health role (e.g., teachers, human services)

When should these guidelines be used?

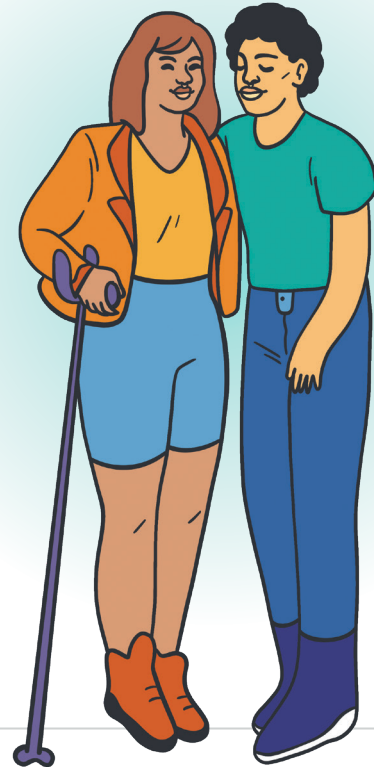
Before seeing an LGBTQA+ young person: These guidelines provide many recommendations for how to make an environment more inclusive and open to LGBTQA+ young people; these steps ideally should be implemented within a service/organisation.

When engaged with an LGBTQA+ young person: Regardless of if a young person you are supporting is currently experiencing suicidal thoughts and/or behaviour, these guidelines are designed to assist in creating a strong therapeutic alliance with the young person that will enable more timely and effective suicide prevention support if needed.

When seeing an LGBTQA+ young person experiencing suicidal thoughts and/or behaviour: These guidelines provide clear actions on how to respond to an LGBTQA+ young person experiencing suicidal thoughts and/or behaviour, to improve your support of the young person.

Glossary of terms

Language is constantly evolving and being updated by LGBTQA+ young people. The following glossary of terms is intended as a guide. While the following descriptions are current at the time of writing, it is expected that language preferences and usage will continue to evolve over time.



Ally A term to describe someone who is actively supportive of LGBTQA+ people, most commonly referring to those who support the community while not identifying as part of it themselves. Someone within the LGBTQA+ umbrella may also be an ally to another part of the community, for example, a cisgender bisexual woman may be an ally to trans people.

Aromantic/aro A term to describe people who do not experience romantic attraction to others. An aromantic person may or may not experience sexual attraction to others, and therefore may or may not also identify as asexual (see below).

Asexual/ace A term to describe people who experience little to no sexual attraction to others. Asexuality is distinct from a lack of libido or sex drive, such as due to medical or mental health reasons. An asexual person may or may not experience romantic attraction to others, and therefore may or may not also identify as aromantic (see above).

Bisexual A term to describe people who are romantically or sexually attracted to more than one sex, gender, or gender identity, though not necessarily simultaneously, in the same way, or to the same degree. The term is sometimes used distinctly from the term pansexual (see below), in that people who are bisexual experience attraction to more than one gender, while pansexual individuals are attracted to people regardless of gender.

Brotherboy A term used by some Aboriginal and/or Torres Strait Islander trans people who identify as male.

Chosen family

A term used to refer to people in an individual's life who actively fulfil the role of a support system, regardless of blood or marriage. Chosen family is distinct from an individual's family of origin (whether their birth family or the family they were raised within) and is sometimes referred to as "family of choice" or "found family". Chosen family often play a significant role in the lives of LGBTQA+ individuals due to experiences of family violence or rejection from their family of origin.

Chosen name

A term used throughout these guidelines to delineate between a young person's name and their legal name (e.g., the name recorded on their identity documents such as their driver's licence, birth certificate, Medicare card), if these are distinct. Some people may use the terms "current" or "preferred" name.

Cisgender

A term to describe people whose gender identity aligns with the gender presumed for them at birth, generally based on their visible sex characteristics.

Coming out

The process of beginning to share one's sexuality or gender with others. This process may also sometimes be referred to as "inviting in" and is discussed in these guidelines as disclosing one's identity.

Deadnaming

A term used to describe the act of intentionally or unintentionally referring to a trans person by the name that they used before affirming their gender. This may also be referred to as "misnaming" and is often experienced as invalidating and distressing.

Demisexual

A sexuality on the asexuality spectrum where a person needs to feel an emotional bond with a partner before experiencing sexual attraction.

Gay

A term to describe a person who is romantically or sexually attracted to members of the same gender. People of any gender may use this term to describe themselves, but it is commonly used by men who are attracted to men.

Gender-affirming care

A term used to describe a model of health care that is non-judgemental and respectful of a person's gender identity, and that honours and supports an individual's unique needs and autonomy in relation to their gender. Gender-affirming care may encompass psychological and/or peer support, as well as support for medical and/or social transition.

Gender binary

The assumption or definition of gender as consisting of either male or female, without experiences outside of or in between these two concepts.

Gender dysphoria

Clinically significant distress arising from the experience of one's gender being different from one's gender presumed for them at birth and/or differing from bodily characteristics.

Gender expression

The way in which someone's gender is expressed externally to others, for example, through behaviour, clothing choices, or voice. Gender expression and gender identity (see below) are distinct constructs that may or may not align.

Genderfluid

A term to describe people whose experience of gender is not fixed, and instead changes over time.

Gender identity

The way in which someone's gender is experienced by themselves internally, regardless of how they present externally (see gender expression) or their sex/bodily characteristics.

Gender neutral

When societal constructs avoid differentiating or specifying based on gender, for example, gender neutral language (e.g., pronouns, titles) or spaces (e.g., bathrooms).

Intersex

A term to describe people whose innate sex characteristics differ from medical and social norms for female or male bodies. Bodily differences among people with intersex variations may include differences in genitalia, chromosomes, internal sex organs, hormone production, hormone response, and/or secondary sex traits.

Lesbian

A term to describe a woman who is romantically or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.

LGBTQA+

An umbrella term referring to people who are lesbian, gay, bisexual, trans, queer, questioning, asexual or are otherwise not exclusively heterosexual or cisgender.

Neurodivergent

A term to describe people on the autism spectrum, and/or who have attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, or other patterns of thought or behaviour that are neurologically atypical.

Non-binary

A term to describe people who don't identify exclusively as a man or a woman, such as (but not limited to) being gender fluid (see above), identifying as somewhere in between the gender binary, or not identifying with a gender at all.



Pansexual

A term to describe people who have the potential for romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way, or to the same degree. The term may be used distinctly from the term bisexual (see above), in that people who identify as pansexual experience attraction to a person that is unrelated to that person's gender or sex.

Pronouns

Words we use to refer to people when using a gendered term, such as he/him/his, she/her/hers, they/them/theirs. Some people may use multiple pronoun sets, e.g., she/they. Neopronouns are a range of non-gendered pronouns which a person may choose to use, e.g., xe/xem/xyr, ze/hir/hirs, and ey/em/eir.

Queer

An umbrella term for people who do not identify as exclusively straight and/or exclusively cisgender. Queer may also be used by an individual as their primary label for their sexuality or gender identity if it does not fit neatly into other labels, like "gay" or "straight". The term has historically been used as a slur but has been reclaimed by some members of the LGBTQA+ community.

Questioning

A term to describe people who are in the process of exploring their sexuality and/or gender.

Sexuality/sexual orientation

A term typically used to describe a person's romantic or sexual attraction to other people (e.g., gay, lesbian, heterosexual, pansexual, or bisexual), although someone's sexual orientation may not necessarily fit within one of these categories.

Sistergirl

A term used by some Aboriginal and/or Torres Strait Islander trans people who identify as female.

Transgender/trans

A term to describe people whose gender identity (see above) is different from the gender that was presumed for them at birth based on their visible sex characteristics.

Transitioning

A range of processes that some trans people may go through in order to affirm their gender. Transition may be social, such as changing name, pronouns, and clothing; medical transition, which may include hormone therapy and/or gender affirming surgeries; and/or legal transition, which may include changing legal name and sex/gender on government identity documents. Trans people may choose to undergo some, all, or none of these processes.

Introduction

These guidelines are intended to improve insight into the needs of lesbian, gay, bisexual, trans, queer and questioning, asexual (and those of other diverse sexualities and genders; LGBTQA+) young people.

They were designed to aid service providers working with LGBTQA+ young people at risk of suicide to feel competent and confident that they have the required skills, knowledge, and attitudes to provide care that is appropriate, compassionate, and evidence-informed. These guidelines outline the recommended ways in which service providers can create an affirming environment for responding to and decreasing suicide risk in LGBTQA+ young people presenting to mental health support settings (including hospitals, private clinical settings, community mental health, school psychological, counselling, and chaplaincy services), and other youth support services. Observing these guidelines will provide services with clear actions and competencies to improve care for LGBTQA+ young people at risk of suicide.

Suicidal thoughts and behaviour and mental health care for LGBTQA+ young people

LGBTQA+ young people aged between 12 and 25 years are at significantly higher risk of suicide than their peers who are cisgender and heterosexual.¹⁻⁵ Despite growing social acceptance of LGBTQA+ identities, this elevated risk is primarily due to continued stigma, rejection, and discrimination, leading to increased rates of mental health difficulties, including suicidal thoughts and behaviour.¹⁻⁵ In addition, LGBTQA+ young people

also face inadequate access to professional support that is appropriate for their needs.⁶ Despite this, it is important to note that not all LGBTQA+ young people are at risk of suicidal thoughts or behaviour – many LGBTQA+ young people live fulfilling lives in supportive environments, free from mental health difficulties; thus, care should be taken to avoid pathologising LGBTQA+ young people simply because of their sexuality and/or gender identity.

It is also important to acknowledge the historical discrimination, homophobia, and transphobia experienced by LGBTQA+ people within health services, and that these experiences still occur for some LGBTQA+ people within health care settings today.⁷ Professionals working in health services for young people frequently receive inadequate training in LGBTQA+ identities, and the unique physical and mental health needs of this population.⁷⁻¹⁰ This can be another deterrent to service use by LGBTQA+ young people, and a source of anxiety for professionals, who may fear saying or doing the wrong thing when working with an LGBTQA+ young person.^{8, 11} Together, these issues compound to make poor mental health and suicidal thoughts and behaviour an urgent public health issue for LGBTQA+ young people above and beyond the general youth population. Greater guidance is needed for health professionals who may work with LGBTQA+ young people at risk for suicide to assist with reducing some of these barriers to care, and to ensure that when services are accessed, the care provided is appropriate and tailored to the young person's needs. LGBTQA+ young people deserve access to mental health care that affirms and supports them.

How these guidelines were developed

The current guidelines were developed using the Delphi consensus method,¹² which involves asking for input from panels of experts on their experiences

and perspectives. Two panels informed these guidelines: a panel of LGBTQA+ young people with lived experience of suicidal thoughts and/or behaviour (either personal, or exposure to suicidal behaviour in others), and a panel of professionals with experience either working with LGBTQA+ young people in a clinical or community setting, or researchers with expertise in LGBTQA+ mental health. Experts were asked to rate the importance of a series of items related to preventing suicide in LGBTQA+ young people. The items, as they were originally presented to the panels, were sourced from a thorough search of international empirical literature on LGBTQA+ youth suicide prevention, and through interviews conducted with LGBTQA+ young people with a lived experience of suicidal thoughts and/or behaviour. There were two rounds of the Delphi study, and the expert panels were given the opportunity to provide feedback and suggest new items after the first round for items included in the second round. Panels rated each item in both rounds individually, and only those that were endorsed as important or essential by at least 80% of both panels were included in these guidelines. A total of 115 experts participated in the Delphi process: 52 professionals completed round one, and 42 completed round two; 63 LGBTQA+ young people completed round one, and 50 completed round two. Members of the youth and professional advisory groups reviewed a draft of the guidelines and provided feedback, including minor additions to clarify and contextualise some of the items. The feedback did not change the meaning, significance or implications of the items that reached group consensus by Delphi panel members. An article outlining the full Delphi study will be published following peer review. This research was approved by the University of Western Australia Human Research Ethics Committee (RA/4/20/5467).

Scope of the guidelines

These guidelines are not intended to replace standard suicide prevention and/or risk management protocols in clinical settings. All service providers should adhere to their existing standards and requirements of practice. The suicide prevention needs of all young people at risk of suicide are likely to be relevant to the LGBTQA+ population too, and standard clinical practices that meet these needs, for example, regarding risk assessment and safety planning, apply here as well. Given the higher risk of suicide in this population, standard suicide prevention practices are necessary, but they are not sufficient. These guidelines outline actions to be taken in *addition* to standard suicide prevention practices when working with LGBTQA+ young people, in order to meet the additional needs of members of this population.

Ensuring that young people access and engage with services is a necessary pre-requisite for suicide prevention, however, engagement from LGBTQA+ young people is likely to be limited if some basic inclusive practices are not in place. For this reason, these guidelines include recommendations beyond those solely related to direct assessment, prevention, and intervention for suicidal thoughts and/or behaviour in LGBTQA+ young people. Many of these items are directed towards creating an affirmative and supportive environment for LGBTQA+ young people within mental health settings. Accordingly, these actions should be considered necessary for suicide prevention, and therefore vital for inclusion.

We note that these guidelines were originally intended to include recommendations for suicide prevention of young people with an intersex

variation/s. However, our review of the literature did not retrieve sufficient evidence-based recommendations for suicide prevention in this population for their inclusion in the guidelines to be representative or helpful. We therefore made the decision to refer to only LGBTQA+ young people in these guidelines. We reinforce that suicide prevention for young people with an intersex variation/s remains an equal priority, and that more research for this population is urgently needed. These guidelines remain applicable to intersex young people who also identify as LGBTQA+, though the guidelines are not comprehensive regarding unique experiences affecting intersex young people, such as trauma associated with

unnecessary and unwanted surgeries in infancy or childhood. We encourage service providers to seek out further information about the specific experiences and needs of intersex young people (*see the Resources section at the end of the guidelines*).

Finally, we also recognise that the LGBTQA+ population is diverse, and we preface these guidelines with caution that individual needs and preferences for support may vary from the actions outlined in these guidelines. In utilising these guidelines as a foundation for best practice, we also recommend approaching each individual with sensitivity and flexibility.



Part I: General principles for creating an affirming and inclusive environment for LGBTQA+ young people

Creating an affirming and inclusive environment

It is important to provide LGBTQA+ young people with a safe place to discuss their concerns, including their personal experiences of suicidal thoughts and/or behaviours. This includes providing young people with the opportunity to disclose their identity in an inclusive and non-judgmental environment.

To create an inclusive environment for LGBTQA+ young people, a service should:

- Seek to have LGBTQA+ representation among service staff.
- Include pronouns on the name tags or ID badges of service providers.
- Include pronouns in the email signatures of service providers if the service provider feels comfortable for their pronouns to be known.
- Provide pins/stickers to young people to convey their pronouns if they don't feel comfortable conveying them verbally.
- Place LGBTQA+ flags (or posters) in areas that are most visible to young people who present to the service (e.g., in the main lobby or reception).
- Exhibit posters and/or images showing diverse LGBTQA+ people (e.g., ensuring that disabilities, bodily diversity, and racial and ethnic diversity are represented).
- Have LGBTQA+ flags on the main page of the service website.
- Provide access to LGBTQA+ resources (e.g., from LGBTQA+ organisations), in different languages, in main areas that are most visible to young people (e.g., in the main lobby or reception).
- Provide access to LGBTQA+ resources (e.g., from LGBTQA+ organisations) in meeting or consultation rooms.
- Publicly display a non-discrimination statement stating that equal quality of care will be provided to all clients, regardless of sexuality or gender identity/expression.
- Explicitly indicate inclusion of other groups, such as ethnicity, ability, and body types.
- Explicitly indicate inclusion of allies and those who are questioning.
- Acknowledge relevant days of observance in your practice such as IDAHOBIT, Wear it Purple Day, and Transgender Day of Remembrance (*see the Important Dates section at the end of the guidelines for a list of relevant days*).
- Provide information and resources for parents of LGBTQA+ young people, including information on sources of support.
- Include a sign or notice that informs young people that all paperwork is kept private (e.g., on the intake form or website, or in the waiting room).
- Include a sign or notice that informs young people that an envelope is available from reception to keep any of their paperwork private (e.g., on the intake form or website, or in the waiting room).

- Provide optional feedback forms which prompt clients to report on the inclusivity of the service.
- Communicate that young people are welcome to take time to use private spaces to change/get ready/present in preferred clothing.
- Provide access to gender neutral bathrooms.
- Communicate that LGBTQA+ young people are welcome to use whichever bathroom they choose, if there are no gender neutral bathrooms.

Signs of inclusivity and support for LGBTQA+ young people within a service (e.g., rainbow flags) should be:

- Easily identifiable.
- Present, but not ‘overdone’.
- Complemented by inclusive and supportive actions on the part of the service providers.

When working with young people the service provider should not assume the sexuality or gender identity of the young person they are working with.

If some clinical/community staff at a service are not adequately prepared to work with LGBTQA+ young people, the service should:

- Ensure that staff reflect on their personal capacity to provide appropriate care to LGBTQA+ young people and be honest and open about their level of preparedness.
- Refer LGBTQA+ young people only to staff who do have sufficient competency working with this population wherever possible.
- Indicate which staff are competent to work with LGBTQA+ young people and ensure this information is easily accessible to others (e.g., listed in their website biographies).
- During intake, ask LGBTQA+ young people if they prefer to work with a staff member who is competent working with LGBTQA+ young people.



Communication

All service providers who have contact with young people have an important role in creating an inclusive environment for LGBTQA+ young people, regardless of whether they specialise in working with LGBTQA+ young people or not. The following section provides recommendations for key communication skills for any service provider who has contact with young people. It is important that service providers are mindful of the context in which their service operates. For example, the service provider should not ask for information about someone's body if that information is not relevant to the service they provide.

When working with LGBTQA+ young people, the service provider should avoid the following:

- Language that assumes heterosexuality (e.g., language that refers to a partner as a 'boyfriend' or 'girlfriend', or statements that refer to a person's 'mum and dad' as opposed to 'parents').
- Language that assumes that someone is a certain sexuality (e.g., assuming that someone is a lesbian based on their appearance and referring to their partner as 'she').
- Language that assumes that someone is cisgender (e.g., assuming that a person who was presumed female at birth identifies as female).
- Language that assumes the young person's gender identity based on appearance, name, the sound of their voice, or any other characteristic.
- Language that assumes the young person's pronouns based on their gender identity or expression, or that their pronouns and identity/expression are equivalent (e.g., assuming that a transfeminine person uses she/her pronouns).
- Language that assumes sexuality and gender are binary (e.g., asking, "Are you a boy or a girl?" or "Are you gay or straight?").
- Language that assumes that pronouns and/or gender identity are fixed and will not change.
- Asking for information about someone's body that is not clinically relevant.

Instead, service providers should:

- Use gender neutral language if unaware what pronouns the young person uses (e.g., use someone's name).
- Use gender neutral language when asking questions about the young person's relationship and/or sexual behaviour with others (e.g., use 'partner' or 'significant other' rather than 'boyfriend/girlfriend').
- Use the same label/language used by the young person when they refer to their sexuality.
- Use the same label/language the young person uses when they refer to their gender.
- Introduce themselves along with their own pronouns if the service provider feels comfortable to do so.
- Empower and encourage young people to alert the service provider to mistakes regarding their pronouns, gender, or sexuality.

If a service provider refers to the young person by the wrong name or pronouns, they should:

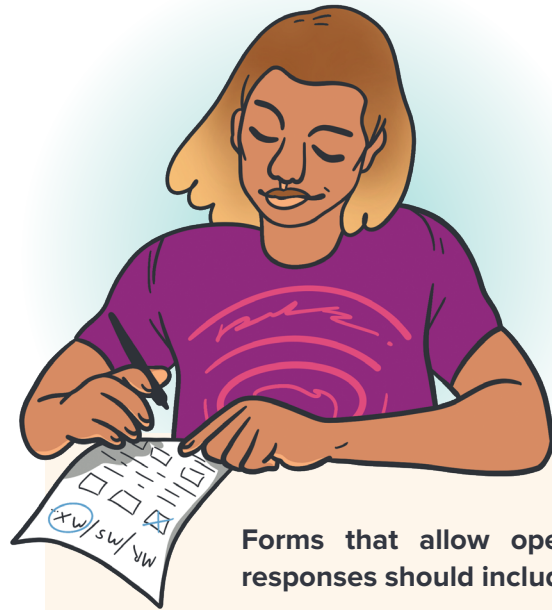
- Acknowledge their mistake.
- Briefly apologise to the young person.
- Tell the young person they will do their best not to make the same mistake again.
- If corrected, thank the young person for the correction and use their chosen name or pronouns on the next appropriate occasion.

Official documentation

LGBTQA+ young people often encounter written documents in health and community services that do not include them. This can result in young people disengaging from services as early as the intake process. Inclusive documentation signals to LGBTQA+ young people that a service has considered their identities and needs. When completing official documentation, it is important that LGBTQA+ young people do not feel discriminated against by the document's use of wording, or the questions included. The following section concerns the use of inclusive language and non-discriminating questions in official documentation.

All registration and intake forms, including online forms, should:

- Include non-discriminatory and gender-neutral language (e.g., Ms, Mr, Mx, or no title).
- Ask the young person to identify the name they prefer to be used in correspondence that may be seen or heard by others (e.g., mail, voice mail, text messages).
- Identify the title (e.g., Ms, Mr, Mx, or no title) the young person prefers to be used in correspondence that may be seen or heard by others.
- Identify the pronouns the young person would prefer to be used in correspondence that may be seen or heard by others.
- Identify the young person's chosen name in addition to their legal name (e.g., the name recorded on their identity documents such as their driver's licence, birth certificate, Medicare card).
- Include a statement explaining that the young person can determine for themselves who the term 'family' refers to (e.g., family of origin and/or chosen family) if there are questions referring to family and prompt the young person to advise the service accordingly.
- Include a statement that the young person's names and pronouns can be updated and changed in their files whenever they like.
- Include a statement explaining why information about sex or gender is relevant for the service.
- If asking about sexual health as part of the intake process, this should be done without making assumptions about sexuality or gender diversity.



Forms that allow open text responses should include:

- An open text section allowing the individual to describe their gender and sexuality in their own words.
- The option to not provide any answer for questions about sexuality.
- The option to not provide any answer for questions about gender.

Forms that do not allow open text responses should include:

- A 'prefer not to say' option for questions about gender identity.
- A 'prefer not to say' option for questions about sexuality.
- The option to describe their sexuality and/or gender as 'questioning'.
- The option to describe their sexuality and/or gender as 'fluid'.
- The option to select more than one option for gender or sexuality if options are given.

If a service provider notices that intake or registration forms are not currently inclusive of LGBTQA+ people and identities in their workplace, they should initiate the process for making this change.

If the young person's name or gender does not appear to match their insurance or medical records, the service provider should politely ask if the person's record could be filed under different information (e.g., "Could your chart be under a different name?" or "What is the name on your insurance?").

When using a document that requires the use of a young person's legal name and/or sex marker (e.g., referrals, prescriptions, blood request forms), the service provider should:

- Inform the young person of the use of their legal name and/or gender/sex marker.
- Explain why these needed to be used in this context.

The service provider should ask all returning clients whether they would like to update their personal details on record.

If a change to the young person's LGBTQA+ identity has been recorded, the treating service provider should be notified by reception or the responsible person before the young person's appointment.

Where possible, filing and administration should be done with the young person's chosen name and gender (as opposed to their legal name and gender presumed for them at birth). This should be done within the context of the service provider's work environment and with consideration of correct client identification processes to prevent harm from misidentification.



Collecting information about sexuality and gender identity

Many LGBTQA+ young people may not feel comfortable sharing information about their sexuality or gender identity due to prior experiences or fears of discrimination. They may also have concerns around the confidentiality or purpose of the information being collected. This section provides best practice recommendations when asking a young person about their sexuality and gender identity.

Before asking a young person about their sexuality, service providers should reflect whether they need information about the young person's sexuality. If this information is important, service providers should ask about a young person's sexuality in the following ways:

- Ask permission to broach the topic of sexuality (e.g., "Is it okay if I ask some questions about your sexuality?", "The next few questions are about 'X'; is it alright if I ask those now, or would you like to come back to them later?").
- Ask "How do you describe your sexuality?"
- Consider the young person's reasons for presenting when making decisions about the depth of information to gather about sexuality.
- Make it clear that there are no right or wrong answers.
- Explain why asking about sexuality is important to the young person's care.
- Convey that it's normal and okay to not have a clear answer to questions about sexuality.

The service provider should make it known to the young person that they do not have to disclose their sexuality if they do not want to.

Before asking a young person about their gender identity, service providers should reflect whether they need information about the young person's gender identity. If this information is important, the service provider should ask about a young person's gender identity in the following ways:

- Acknowledge that the young person may not feel safe to share this information right now and encourage them to at any point that they feel safe to do so.
- Ask "Are you comfortable to discuss your gender identity?"
- Ask "How would you describe your gender identity?"
- Ask "Is there any specific label or word you'd like us to use when we talk about your gender?"
- Consider the young person's reasons for presenting when making decisions about the depth of information to gather about gender.
- Make it clear that there are no right or wrong answers.
- Explain why asking about gender is important to the young person's care.
- Convey that it's normal and okay to not have a clear answer to questions about gender.
- Recognise that gender holds different meaning for individuals and attempt to reach an understanding of what someone's gender means to them.

The service provider should make it known to the young person that the young person does not have to disclose their gender identity if they do not want to.

The service provider should always address the young person by their chosen name (i.e., not necessarily their legal name), even when the young person is not present (e.g., during progress reviews or clinical case reviews). This includes during interactions that involve electronic communication (e.g., email or text message).

The service provider should refer to the young person by their chosen pronouns, even when the young person is not present (e.g., during progress reviews or clinical case reviews). This includes communication that refers to the young person in third person, both face-to-face and during interactions that involve electronic communication (e.g., email or text message).

The service provider should directly inquire with the young person about which contexts they do and don't want their chosen name and pronouns to be used, in case there are situations in which using these names/pronouns may cause harm. For example, the service provider should ask what name and pronouns to use when communicating with the young person's family, if they are involved in their care, and avoid the use of a young person's chosen name and pronouns with the young person's family until they have clarified that it is safe to do so.

Service providers should collect information about a young person's pronouns in the following ways:

- Ask the young person about their pronouns as part of routine care.
- Ask the young person to identify their pronouns on the registration/intake form.
- Ask for all young people's pronouns, regardless of whether they 'appear' LGBTQA+.
- Let the young person know that if they don't want to share their pronouns now, they can do so at a later point in time, if they feel comfortable to do so.
- Allow young people to leave questions about their pronouns blank.
- Check in with the young person periodically about their pronouns if they are questioning their gender.
- Include an 'unsure' option when asking about pronouns.

The service provider should be aware that sexuality and gender are fluid, that identity and pronouns may shift over time, and accordingly maintain an environment that validates and normalises change, exploration, and uncertainty (e.g., "It's okay not to have your sexuality fully figured out yet. It takes some people more time than others.>").

Identity disclosure

Different people may be at different stages of acceptance and disclosure of their LGBTQA+ identity. For some, sharing their identity may be a liberating experience, or it may place them in a more vulnerable position if they are subjected to negative responses. Disclosing a young person's LGBTQA+ identity without their permission could put them at increased risk of experiencing abuse, homelessness, and discrimination. This section includes recommendations related to disclosure.

If the young person has disclosed their LGBTQA+ identity to the service provider, the service provider should ask the young person:

- If they want assistance disclosing their identity to others.
- If they have adequate support to express their LGBTQA+ identity.
- Who they currently receive support from (e.g., family, chosen family, friends, colleagues, teachers, etc.) with regards to their LGBTQA+ identity.
- If they have disclosed their gender to others (if they are not cisgender).
- Whether they expect to receive negative reactions following disclosure of their LGBTQA+ identity (e.g., from their family, friends, colleagues, teachers, etc.).
- If the young person has unsupportive family members, the service provider should ask if the young person wants their help to mediate conversations about this topic between the young person and their family members.

The service provider should tell the young person that the goal of the clinical interaction is not to help a young person define their sexuality or gender identity, unless the young person wants them to.

LGBTQA+ young people might be concerned about the privacy of their LGBTQA+ identity in their health records. You can make sure your service and providers are sensitive and alert to these concerns by doing the following:

- Inform LGBTQA+ young people about the processes and procedures for keeping their information confidential and safe.
- Ask LGBTQA+ young people if their next of kin knows their sexuality and gender identity, so that there are no accidental breaches in confidentiality.
- Run an in-service training with service providers on maintaining confidentiality when shared care is appropriate or necessary.

The service provider should be clear that the young person does not have to disclose their LGBTQA+ identity to other people.

The service provider should be clear that non-disclosure is sometimes the only safe and practical choice for LGBTQA+ young people and there is nothing wrong with choosing non-disclosure.

If the LGBTQA+ young person is unable to disclose their LGBTQA+ identity in any or all circumstances outside of the session with the service provider (e.g., with friends, family, school), the service provider should:

- Acknowledge and validate the stress and difficulty of concealing their LGBTQA+ identity.
- Assist the young person in developing strategies to cope with concealing their LGBTQA+ identity.
- Avoid encouraging the young person to disclose in situations where this may do more harm than good.

The service provider should inform the young person that they will not disclose the young person's LGBTQA+ identity to others without their permission, except in the context of providing standard clinical care (e.g., during confidential clinical supervision).

If a young person is concerned about rejection or has experienced rejection in disclosing their LGBTQA+ identity, these are some actions the service provider should take:

- Ask the young person to identify an emotional support network, while recognising that not all LGBTQA+ young people may have access to one.
- Help the young person identify personal coping strategies.
- If it's not safe to stay at home, help the young person develop a plan for alternative living arrangements.

If the service provider has contact with unsupportive parents and they are involved in the young person's care, the service provider should:

- Offer to provide information and resources to the parents on gender and/or sexuality.
- Identify and dispel any misinformation and misconceptions that the parents have about gender and/or sexuality.
- Inform the parents of the association between parental support/affirmation and the young person's wellbeing.

If the service provider and young person are both LGBTQA+, the service provider should (for adult clients) take extra care to maintain the professional relationship and avoid overstepping boundaries, given that LGBTQA+ service providers may be more likely to frequent the same social environments as their clients.

If the service provider and young person are both LGBTQA+ and of similar age, the service provider should acknowledge and reinforce that for these reasons, extra care must be taken by the service provider to maintain both the confidentiality of the young person and of the young person's peers, who they may discuss in the service context.



Training and skills needed for services and providers to work with LGBTQA+ young people

The following section concerns skills and training that may be useful for working with LGBTQA+ young people. This includes skills and training to manage unique difficulties faced by LGBTQA+ young people, and the contexts in which such training should be provided.

Before working with LGBTQA+ young people, the service provider should:

- Assess their own potential prejudices towards LGBTQA+ young people.
- Assess their competency to assist LGBTQA+ young people.
- Examine how their own sexuality might influence their interaction with the young person.
- Examine how their own gender identity and gender history might influence their interaction with the young person.

All service providers should:

- Receive training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Take steps to address potential prejudices they have towards LGBTQA+ young people.
- Take steps to address gaps in their competency for working with LGBTQA+ young people.

Training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people should be provided specifically to the following:

- Service providers in leadership positions (e.g., supervisors, managers, directors).
- Any service provider who wants training on this topic.
- Any service provider who potentially has contact with young people (includes face to face, email, and over the phone).

Training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people should include discussion of:

- The full scope of groups within the LGBTQA+ umbrella, and differentiation of their distinct needs and social cultures.
- Potential intersecting identities and membership of other marginalised groups.

All services that work with young people should:

- Have a person or people in their organisation responsible for organising training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide access to training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Arrange for all new staff members to receive training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide service providers with resources to increase their knowledge of LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide service providers working with LGBTQA+ young people with training on suicide risk and assessment.
- Require that new service providers educate themselves independently on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide non-clinical staff who are client-facing (e.g., receptionists) with education on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Encourage service providers to continue to increase their knowledge of LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people on an ongoing basis.

When seeking training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ people, services should seek to engage with training led by LGBTQA+ individuals or LGBTQA+-led organisations.

Part II: Assessing suicide risk and working with suicidal LGBTQA+ young people

Psychosocial risk factors in LGBTQA+ young people

LGBTQA+ young people experience multiple stressors that place them at heightened risk of suicidal thoughts and behaviours. This section is about identification of unique psychosocial risk factors associated with poor mental health outcomes (including suicide risk) in LGBTQA+ young people. While these are items that should be emphasised in a suicide risk assessment with an LGBTQA+ young person due to the high prevalence in this population, it is important to note that these items are not necessarily due to someone's gender or sexuality.

The service provider should periodically screen for both risk and protective factors and note any changes that occur over time.

When screening for risk and protective factors, the service provider should give equal attention to the positive factors in the young person's life.



SCREENING FOR RISK FACTORS

In addition to a thorough, standard psychosocial assessment, experiences of the following items (previous and current) should be identified when conducting an assessment with a LGBTQA+ young person, due to their increased likelihood in this population and/or unique contribution to mental ill health in this population:

- Bullying including social exclusion
- Bullying that resulted in physical injury
- Rejection based on disclosure of their LGBTQA+ identity
- Coping with distress related with rejection
- Verbal harassment
- Difficulties within the young person's educational settings (e.g., access to gender-appropriate bathrooms, refusal of school staff to use chosen name and/or pronouns, assumptions about heterosexuality)
- Physical abuse/assault
- Sexual abuse that involved physical contact
- Non-contact sexual abuse
- Domestic violence
- Vicarious trauma (e.g., from witnessing abuse or violence)
- Exposure to suicide (e.g., a relative, friend, or peer)
- Intimate partner violence
- Substance use
- Cultural pressures related to LGBTQA+ identity
- Poor relationship with a parent or caregiver due to conflict around LGBTQA+ identity
- How the young person feels about their own LGBTQA+ identity (e.g., internalised homophobia/biphobia/transphobia)
- Housing instability due to LGBTQA+ identity
- Social isolation
- Discrimination due to LGBTQA+ identity
- Intersection of sexual or gender identity with other identities/experiences such as race, ethnicity, or disability
- Social rejection or lack of belonging
- Issues related to body image
- Social isolation from other LGBTQA+ young people
- Social rejection from other LGBTQA+ young people
- History of conversion/reparative therapy
- Suicidal thoughts
- Suicidal behaviour without intent
- Suicidal behaviour with intent
- Religious beliefs as a source of distress
- Experiences of gender dysphoria
- Perceived barriers to gender affirmation
- Feelings of being unlovable, related to their experiences as an LGBTQA+ person
- Whether the young person has access to safe healthcare
- Whether the young person is taking gender-affirming hormones (if they are trans)

SCREENING FOR PROTECTIVE FACTORS

In addition to a thorough, standard psychosocial assessment of available protective factors, these items (past or present) should be included when conducting an assessment with a LGBTQA+ young person:

- Positive relationship with parents or caregivers
- Support from chosen family, as defined by the young person
- Social support from friends (online or in person)
- Positive and affirming educational environment/s
- Self-acceptance
- Presence of positive role-models
- Cultural connections
- Connection with LGBTQA+ community
- Experiences of gender affirmation
- Positive and affirming work environments
- Positive use of social media, in the context of their LGBTQA+ identity



The service provider should ask about the young person's previous experiences of help-seeking as an LGBTQA+ young person. This should include the following questions:

- What did the young person like about the previous service/s they received (or individual service provider/s)?
- Was there anything that the young person didn't like about the previous service/s they received (or individual service provider/s)?
- Was there anything that made the young person decide not to return to the previous service?

Screening for suicidal thoughts and/or behaviour

Service providers should adhere to relevant guidelines and training on how to screen for suicidal thoughts and/or behaviour. The following items are in relation to factors specific to screening for suicidal thoughts and/or behaviour in LGBTQA+ young people (e.g., frequency of screenings).

Considering the increased risk of suicidal thoughts and/or behaviour in LGBTQA+ young people, the service provider should periodically screen for suicidal thoughts and/or behaviour and note any changes or increases in symptoms over time.

When screening for suicidal thoughts and/or behaviour, the service provider should reassure the young person it is a safe space to discuss

suicidal feelings and behaviour, and that further steps will only be taken when necessary.

The service provider should use a validated screening instrument for suicidal thoughts and behaviour at intake, and then periodically, or when concerned that there are indications of increased risk.

SUGGESTED SUICIDE SCREENING INSTRUMENTS

Participants involved in creating these guidelines were asked to provide suicide screening instruments that they recommend for working with LGBTQA+ young people. These suggestions are listed below:

- Columbia-Suicide Severity Rating Scale¹³
- Suicide Assessment Five-step Evaluation and Triage (SAFE-T)¹⁴
- Suicide Status Form (SSF) and the Collaborative Assessment and Management of Suicidality (CAMS) approach¹⁵
- Suicidal Behaviors Questionnaire-Revised (SBQ-R)¹⁶
- Suicidal Ideation Attributes Scale (SIDAS)¹⁷
- Suicide Assessment Kit (SAK)¹⁸

These suicide screening instruments should only be utilised by service providers appropriately trained in their use. No suicide screening instruments that we are aware of have been validated specifically for use with LGBTQA+ young people, so clinical judgement and consideration of individual circumstances should be employed when considering the suitability of their use. Participants noted that clinical interviews and monitoring of LGBTQA+ young people can be valuable additional tools for suicide screening in this population.

Participants also suggested Applied Suicide Intervention Skills Training (ASIST)¹⁹ as beneficial to service providers working with LGBTQA+ young people. ASIST workshops can be undertaken without any need for prior training, allowing for all types of service providers working with LGBTQA+ young people to gain skills in suicide risk awareness.

Responding to LGBTQA+ young people who disclose suicidal thoughts and/or behaviour

The following section contains guidelines on the appropriate response to an LGBTQA+ young person who discloses suicidal thoughts and/or behaviour.

Before screening for suicidal thoughts and/or behaviour for the first time, and subsequent times, the service provider should:

- Let the young person know that if the service provider is seriously concerned that the young person will attempt suicide, that they have a duty to inform and involve other responsible adults to help the young person keep safe, even if there are ultimately no adults available for this role who are supportive of their LGBTQA+ identity.
 - Collaborate with the young person to determine in advance who these helping adults will be, such as family members (or other adult supports, such as the person's General Practitioner, if the young person is living independently).
- Refer the young person to services that are LGBTQA+ inclusive whenever possible.
 - Work with the young person to identify services that overcome any barriers to help-seeking related LGBTQA+ identity.
 - Provide young people with LGBTQA+ specific phone helpline numbers and online helpline contacts for mental health crisis, in addition to general contacts, including Rainbow Door and QLife. *(see Resources section)*
 - Take particular care to assess the safety of informing the young person's caregivers, before doing so.
 - Make decisions about informing others of suicidal risk collaboratively with the young person, due to the potential complexity of family dynamics for LGBTQA+ young people.
 - Take care not to inadvertently dismiss the reality of the situations that LGBTQA+ young people experience, and the hopelessness that may result.

In addition to standard practice of responding to a young person disclosing suicidal thoughts and/or behaviour, if an LGBTQA+ young person discloses suicidal thoughts and/or behaviour, service providers should:

- Ask the young person if they feel comfortable involving a parent or caregiver in their care.
- Ask the young person if they want to involve any other social supports in their care (e.g., chosen family, friends).
- Refer the client to a service or service provider that is trained to work with LGBTQA+ young people if the client's needs are beyond what the current service is able to provide.

The service provider should discuss expanding the young person's LGBTQA+ peer networks through:

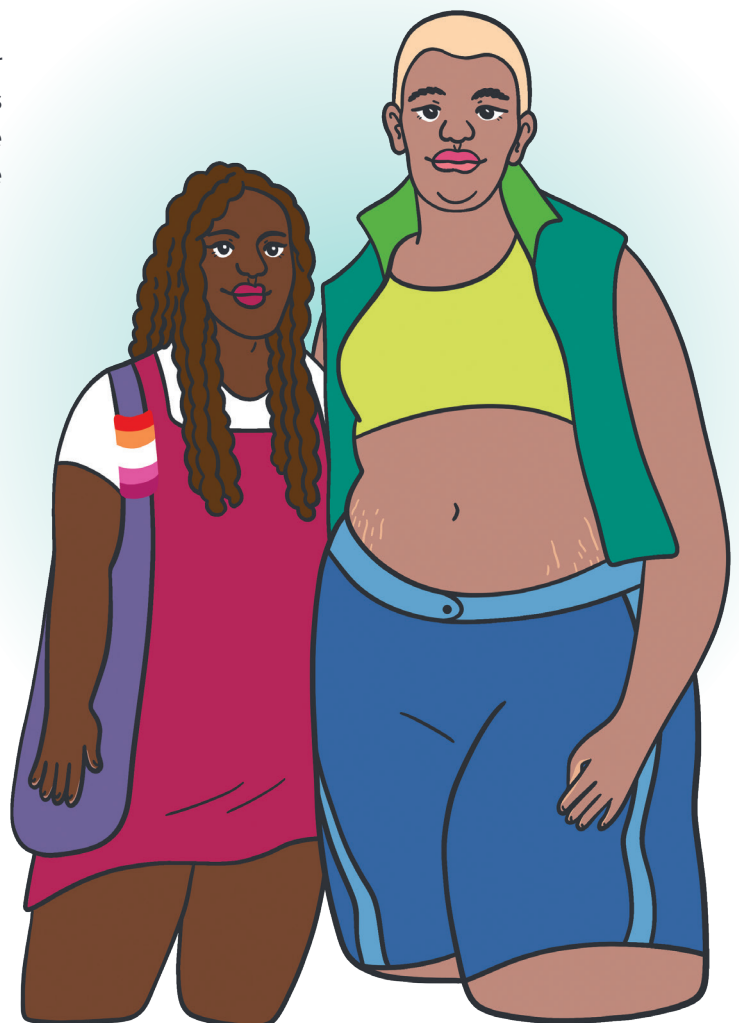
- Providing information on LGBTQA+ services that are available (if any) within schools, universities, and TAFEs.
- Referring families of LGBTQA+ young people to support services in the community or online.
- Discussing involvement with LGBTQA+ community services (e.g., Minus18, Freedom Centre, Twenty10, and others).

When working with LGBTQA+ young people, safety plans should:

- Be created with young people who indicate any level of suicidal risk.
- Be created in a way that is respectful and collaborative with the young person.

When an LGBTQA+ young person is found to be at high risk of suicide, service providers should be mindful that terminating service and referring the client elsewhere due to this risk may compound existing feelings of abandonment and should seek to maintain a therapeutic relationship where possible instead.

If service is terminated and a referral to another service is made due to an LGBTQA+ young person's suicide risk, the service provider has a duty of care to check that, wherever possible, the new service is safe for LGBTQA+ young people.



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 neurodivergent LGBTQA+ young people

Neurodivergent 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 neurodivergent 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 neurodivergent 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.



Part IV: Advocating for LGBTQA+ young people

LGBTQA+ young people live within the wider context of society. For many, this includes barriers to service access, as well as legal, social, organisational, and cultural discrimination.

To support LGBTQA+ young people holistically, advocacy to break down these barriers is an inherent component of good practice. Service providers should make their efforts visible to young people at an organisational level. Lack of authentic commitment to advocating for LGBTQA+ young people and partnering with LGBTQA+ community-led organisations and advocacy bodies may be interpreted as a lack of care or concern for LGBTQA+ rights and lives. The following items are steps that service providers should take to advocate for LGBTQA+ young people.

The service provider should advocate for LGBTQA+ inclusivity within their service. This includes taking the following actions (if they have not already been done):

- Request that training in LGBTQA+ inclusivity is made available to all employees, volunteers, and/or students at the service.
- Encourage others within their service to use gender neutral language.
- Encourage others within their service to use language that does not assume heterosexuality (e.g., saying 'partner' instead of 'boyfriend').
- Encourage others within their service to identify their pronouns as part of their email communication.
- Encourage others within their service to visually identify their pronouns (e.g., through a pin, nametag, lanyard, or other form of visible identification).
- Encourage others within their service to use gender neutral language if someone's pronouns are not known.
- Advocate for gender neutral bathrooms.
- Encourage others within their service to not assume that anyone is cisgender or heterosexual.

Service providers should politely correct colleagues who have used the wrong name or wrong pronouns for an individual.

Service providers should address colleagues who make negative comments about the young person's LGBTQA+ identity (e.g., use insensitive, discriminatory, or pathologising language) by doing the following:

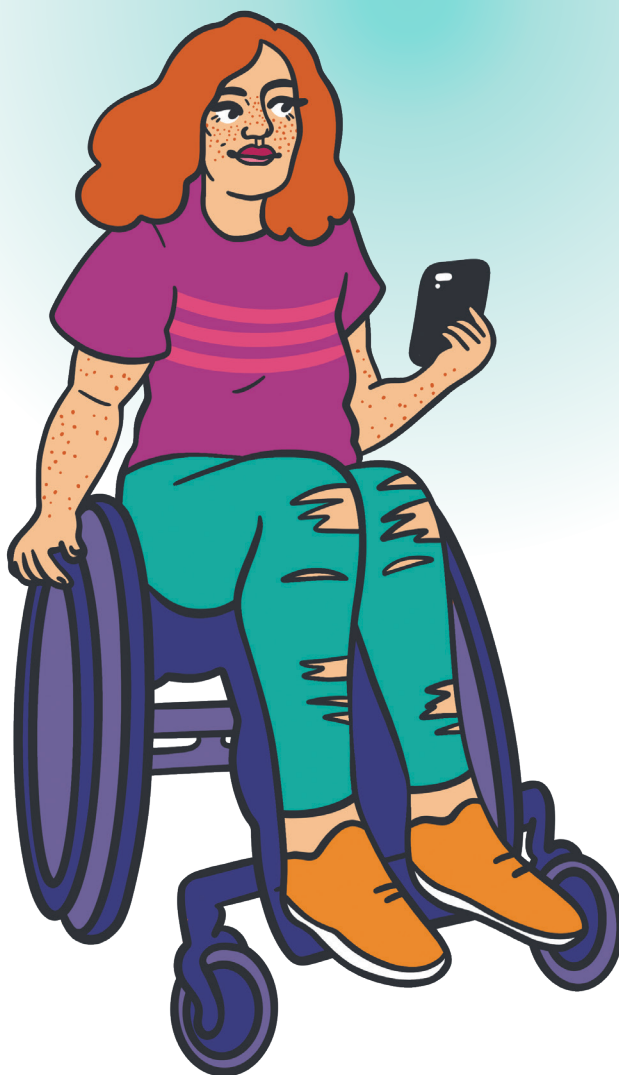
- Confronting the colleague individually about the potential harm of their comments.
- Providing the colleague with education and resources about LGBTQA+ identities and wellbeing.
- Make a formal complaint about the colleague if unacceptable behaviour continues despite informal guidance.

Services should not accept funding or sponsorship from funders who are actively anti-LGBTQA+.

Services should invite and allow their staff to participate in advocacy outside of clinical or community service care (e.g., be vocal about public policies to protect LGBTQA+ young people, attend protests/rallies on LGBTQA+ rights) if they feel comfortable to do so.

Resources

This list of resources is compiled from recommendations from the participants in the Delphi study. We have also added in some resources, existing best practice guidelines, and trainings that may be useful to refer to. We acknowledge that this is not an exhaustive list and that while these resources and services were available at the time of publishing these guidelines, some may not be in the future.



Existing LGBTQA+ peer support groups and mental health services

NSW

ACON acon.org.au — Provide LGBTQA+ counselling and community care services in NSW, digital mental health resources, as well as LGBTQA+ inclusion and training programs for service providers.

HERE here.org.au — A digital suicide prevention hub connecting the LGBTQA+ community, their loved ones, and service providers in NSW to care, support, and resources.

The Gender Centre gendercentre.org.au — Based in NSW and run social support groups LGBTQA+ young people, their parents, and partners, support services for LGBTQA+ people, as well as provide digital resources regarding gender diversity, and run training for service providers.

Twenty10 twenty10.org.au — Based in NSW and provide social support groups (in person and online) and support services to LGBTQA+ young people, as well as inclusivity training for service providers.

Pflag pflagaustralia.org.au — Based in NSW and have chapters across Australia which provide support meetings and digital resources for parents, family, and friends of LGBTQA+ people.

VIC

CHARLEE charlee.org.au — A suicide prevention hub made by LGBTIQ+ people who have thought about suicide, lived through suicide attempts, supported others in distress and live with the pain of loss through suicide.

Switchboard switchboard.org.au — Based in Victoria and provide peer support services to LGBTQA+ people, their families, allies, and communities, as well as suicide prevention training and digital resources.

Queerspace queerspace.org.au — Based in Victoria and provide peer counselling and peer support groups for LGBTQA+ people, and a range of programs for LGBTQA+ communities and their families, as well as providing inclusivity training for service providers.

Rainbow Door rainbowdoor.org.au — A service of Switchboard Victoria that provide an Australia-wide peer support service to LGBTQA+ people through phone, text, and email, and provide digital suicide prevention resources on their website.

Transgender Victoria (TGV) tgv.org.au — An advocacy organisation that supports peer support groups for LGBTQA+ people across Victoria, and facilitates both peer support training and inclusivity training for service providers.

Zoe Belle Gender Collective (ZBGC) zbgc.org.au — A trans and gender diverse led advocacy organisation based in Victoria that facilitate support and training for service providers regarding LGBTQA+ identities, and provide digital resources on their website.

ACT

A Gender Agenda genderrights.org.au — Run a navigation service in Canberra, host peer support events throughout the ACT, and provide digital resources regarding gender diversity.

Diversity ACT diversityact.org.au — Run social groups and provide support services to LGBTQA+ people in the ACT region.

Meridian meridianact.org.au — Provide health and wellbeing services to LGBTQA+ people in the ACT, as well as facilitate inclusivity training for service providers, and provide a digital resource library on their website.

WA

Freedom Centre freedom.org.au — Run peer support drop-in sessions in Perth and online, provide digital mental health resources, and host LGBTQA+ workshops for service providers.

Discharged discharged.asn.au — Run suicide peer support groups in person in Perth and online, provide digital resources regarding suicide prevention, and host training for service providers regarding suicide prevention.

Living Proud livingproud.org.au — Provide peer-support and information to LGBTIQ+ people and communities in WA, and provide digital resources on their website.

Perth Inner City Youth Services (PICYS) picys.org.au — Run social support and drop-in programs for LGBTQA+ young people in Perth, as well as provide digital resources on their website.

Rainbow Community House rainbowch.org — Based in Perth and provide face-to-face counselling and youth services to LGBTQIA+ young people.

TransFolk of WA transfolkofwa.org — Based in Perth and host social and support groups in person and online for gender diverse young people and adults, and their families and friends. They also provide digital resources on their website and host training for service providers regarding gender diversity.

WAAC waac.com.au — Provide health and counselling services to LGBTQA+ people of the Perth region and LGBTQA+ young people in Bunbury, Geraldton, and Kalgoorlie regions of WA. They also host workshops for service providers regarding working with and supporting LGBTQA+ young people.

Youth Pride Network youthpridenetwork.net — Peer-led and run LGBTIQA+ advocacy body for young people in WA who host community events, as well as provide digital resources on key community issues on their website.

SA

Shine SA shinesa.org.au — Provide sexual and reproductive health services as well as LGBTIQA+ inclusion training for professionals.

Bfriend unitingcommunities.org/service/community-support/lgbtiqa-support — Based in SA and provides services for the LGBTQA+ community including peer support, community connections, workplace training, and volunteering opportunities.

QLD

Open Doors Youth Service (ODYS) opendoors.net.au — Provide support services to LGBTQA+ young people in the Fortitude Valley region of Queensland.

TAS

Working it Out workingitout.org.au — Provide support and advocacy services for LGBTQA+ people and their families in Tasmania, as well as host online and in person inclusivity training programs for service providers.

Multi-State

Minus18 minus18.org.au — Host social events for LGBTQA+ young people across Sydney, Melbourne and Adelaide, and online, as well as workplace training, school workshops and online resources.

Muslim Collective muslimcollective.com — Host inclusive discussion groups in Melbourne, Sydney, and online.

Thorne Harbour Health thorneharbour.org — Provide health and wellbeing services to LGBTQA+ people in Victoria and South Australia. They also facilitate inclusive practice training for service providers and digital resources regarding sexual health on their website.

National

Australian GLBTIQ Multicultural Council agmc.org.au — Provide a service directory of multicultural LGBTQA+ services and supports across Australia, as well as training for service providers that explores the intersections between race, culture, religion, and LGBTQA+ identities.

QLife 1800 184 527 qlife.org.au — Provide Australia-wide telephone and web-chat peer support services, and digital resources, for LGBTQA+ people, their families and friends, and health service providers. Professionals are welcomed to call and ask for guidance and referral recommendations.

International

Q Chat Space qchatspace.org — Based in the United States and provide online discussion groups for LGBTQA+ young people.



Existing Aboriginal and/or Torres Strait Islander specific LGBTQA+ peer support groups, mental health services, resources, and crisis supports

Aboriginal and Torres Strait Islander Community Health Service Brisbane atsichsbrisbane.org.au — Provide a list of digital LGBTQA+ specific health and wellbeing resources.

Black Rainbow blackrainbow.org.au — A national organisation that supports the health and wellbeing of Aboriginal and/or Torres Strait Islander LGBTQA+ people through community projects and initiatives. They also provide inclusivity training to service providers.

BlaQ blaq.org.au — An Aboriginal and/or Torres Strait Islander LGBTQA+ advocacy group based in NSW.

Elizabeth Morgan House emhaws.org.au — Provide culturally safe, inclusive, and holistic case management and support to Aboriginal people affected by family violence.

First Peoples Rainbow Mob WA rainbowmob.jimdofree.com — Provide advocacy, referrals, and support to Aboriginal and/or Torres Strait Islander LGBTQA+ people in WA.

Sistergirls & Brotherboys facebook.com/groups/sistergirls.brotherboys — A private Facebook group for gender diverse Aboriginal Sistergirls & Brotherboys, their families and friends, and allies.

Walkern Katadjin (Rainbow Knowledge) rainbowknowledge.org — A national research project that aims to understand and promote the mental health and wellbeing of Aboriginal and/or Torres Strait Islander LGBTQA+ young people, and to work with services to develop appropriate interventions.

WellMob wellmob.org.au/e-health-topics/mind — Provide digital resources made for and by Aboriginal and/or Torres Strait Islander people, with a focus on social and emotional wellbeing.

Existing general mental health and crisis supports

Emergency Services 000

13YARN 13 92 76 13yarn.org.au — Provide telephone crisis support to Aboriginal and Torres Strait Islander people.

Beyond Blue beyondblue.org.au — Mental health information, resources, and support, with a focus on anxiety, depression, and suicide. They also provide resources for suicide safety planning.

Black Dog Institute blackdoginstitute.org.au — Mental health and suicide prevention resources.

headspace headspace.org.au — Provide online, phone, and in person youth support services.

Kids Helpline 1800 55 1800 kidshelpline.com.au — Provide telephone, online, and email counselling services for young people, and digital mental health resources.

Lifeline 13 11 14 lifeline.org.au — Provide telephone, text, and online crisis support.

ReachOut au.reachout.com — Online mental health support and resources for young people and their families.

Samaritans 135 247 thesamaritans.org.au — Provide telephone crisis support.

Suicide Call Back Service 1300 659 467 suicidecallbackservice.org.au — Provide telephone and online counselling for people affected by suicide, and online suicide prevention resources.

Resources for young people

Another Closet: LGBTIQ Domestic & Family Violence ssdv.acon.org.au — Provide information and resources on domestic and family violence, particularly in LGBTIQ relationships.

#chatsafe²⁰ orygen.org.au/chatsafe — Provide tools and tips for young people to help them communicate safely online about suicide.

I Can Network icannetwork.online/autistic-lgbtqia — Provide Autistic LGBTIQ+ online mentoring and resources.

Intersex Peer Support Australia (IPSA) isupport.org.au — An intersex peer support, information, and advocacy group for people born with variations in sex characteristics, and their families.

Sock Drawer Heroes sockdrawerheroes.com — Online store and resource hub for information about gender expression.

The Trans Self-Care Workbook by Theo Nicole Lorenz theonicole.com

The Trevor Project (USA) thetrevorproject.org — Provide an online resource centre with information about LGBTQ+ identities, mental health, and suicide prevention.

Transforming Families transformingfamilies.org.au — An online information hub with research, resources and support for parents of gender diverse children.

Transhub transhub.org.au — ACON's digital information and resource platform for trans and gender diverse people, their families and allies, and service providers.

Additional trainings and guidelines for service providers

LivingWorks: SafeTALK, ASIST, and Suicide to Hope Training. An LGBTIQ-specific version of ASIST training has been developed in collaboration with the North Western Melbourne Primary Health Network (NWMPHN) and is available to those residing in their catchment area. livingworks.com.au

Orygen: Resources for clinicians on working with trans and gender diverse young people orygen.org.au/Training/Resources/trans-and-gender-diverse-young-people

Orygen: Coping with self-harm guide for parents and carers orygen.org.au/Training/Resources/Self-harm-and-suicide-prevention/Guidelines/Coping-with-Self-Harm-Guide-for-Parents-and-Carers

Rainbow Network rainbownetwork.com.au — Provide a directory of inclusive services in Victoria, and online resources.

Safe+Equal: Tip sheet to help practitioners responding to family violence provide LGBTIQ+ inclusive support safeandequal.org.au/resources/tip-sheet-to-help-practitioners-responding-to-family-violence-provide-lgbtqia

The Rainbow Tick Guide to LGBTI-inclusive practice rainbowhealthvic.org.au/media/pages/research-resources/rainbow-tick-guide-to-lgbti-inclusive-practice/2565067543-1605661769/rainbow-tick-guide-to-lgbti-inclusive-practice-web.pdf

University of Melbourne Training: Mental health care for trans, gender diverse & non-binary people catalog.lms.unimelb.edu.au/browse/communities/courses/mental-health-care-for-tgdnb

Intersex Human Rights Australia ihra.org.au — Provide online resources regarding people with intersex variations, as well as Yellow Tick training in collaboration with Intersex Peer Support Australia to individuals, organisations, and community groups across Australia.

Existing standards of care & resources for working with trans people

Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy²¹ auspath.org.au/2022/03/31/auspath-australian-informed-consent-standards-of-care-for-gender-affirming-hormone-therapy

Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents, Version 1.4²² https://auspath.org.au/wp-content/uploads/2024/02/230242-RCH-Gender-Standards-Booklet-1.4_Nov-2023_WEB.final_.pdf

Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients²³ auspath.org.au/2020/12/01/protocols-for-the-initiation-of-hormone-therapy-for-trans-and-gender-diverse-patients

Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline²⁴ academic.oup.com/jcem/article/102/11/3869/4157558

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8²⁵ <https://www.wpath.org/soc8>

Existing standards of care & resources for working with Aboriginal and Torres Strait Islander people

Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts²⁶ menzies.edu.au/icms_docs/310034_The_BestPrAxIS_study.pdf

Important dates

Important dates in Australia to acknowledge, celebrate, and remember LGBTQA+ people

Melbourne Midsumma Festival	January/February
Aromantic Spectrum Awareness Week	First week after 14 February
Zero Discrimination Day	1 March
Sydney Gay and Lesbian Mardi Gras	First Saturday of March
Transgender Day of Visibility	31 March
International Asexuality Day	6 April
Lesbian Visibility Day	26 April
International Day Against Homophobia, Biphobia, Intersexism, and Transphobia (IDAHOBIT)	17 May
Agender Pride Day	19 May
Pan Visibility Day (Pansexual and Panromantic)	24 May
LGBTQ Domestic Violence Awareness Day	28 May
LGBT Pride Month	June
Non-Binary Awareness Week	Week starting closest to 14 July
International Non-Binary People's Day	14 July
International Drag Day	16 July
Wear it Purple Day	Last Friday in August
Bisexual Awareness Week	Week surrounding 23 September
Bi Visibility Day/Celebrate Bisexuality Day	23 September
LGBTI+ Australia History Month	October
Trans Awareness Month	October
International Lesbian Day	8 October
National Coming Out Day	11 October
International Pronouns Day	Third Wednesday of October
Asexual (Ace) Awareness Week	Last week of October
Intersex Awareness Day	26 October
Intersex Day of Remembrance/Intersex Day of Solidarity	8 November
Transgender Awareness Week	Second week of November
Transgender Day of Remembrance	20 November
Perth Pride Parade	Last Saturday in November
World AIDS Day	1 December

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