



Responding to the needs of LGBTQ people in suicidal distress

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Mind Out



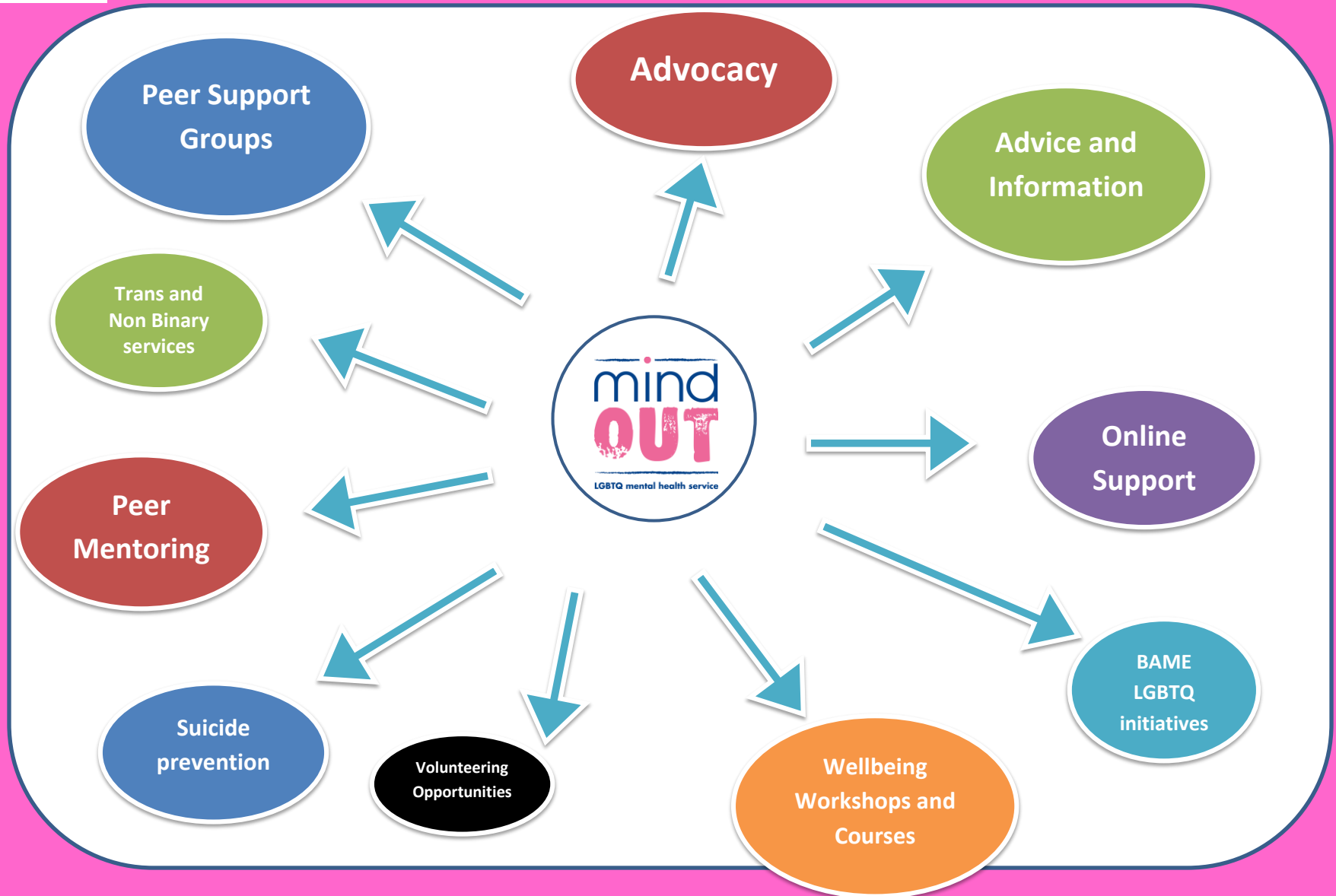


LGBTQ Mental Health Service



LGBTQ mental health service

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Intro exercise

- Introduce yourself – name, pronoun, role in organisation
- One thing you want to take away from the training today

Ground rules

- Confidentiality
- Mutual respect & agreeing to differ
- Responsibility for your own learning
- Participating as much as possible
- Mobiles off/silent
- Time keeping

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Aims

- To review understanding of LGBTQ identities
- Review understanding of LGBTQ mental health, what's different and why?
- Review understanding of challenges LGBTQ communities face
- To deepen awareness of trans issues
- To develop affirmative practice interventions for your workplace
- To review information for signposting to LGBTQ specific support

LGBTQ

A common acronym
standing for Lesbian, Gay,
Bi, Trans, Queer

Queer

A more recent term to describe a range of sexual orientations, all of which are 'not-straight', but do not necessarily fit into other labels.

Can also be used to describe gender identity.

Transgender

To be a different gender than the one assumed you will be due to sex assigned at birth.

Intersex

A person who's sex does not fit into either the 'male' or 'female' binary categories typical in Western medical language

Gay

Being attracted to people of the same gender. Most often used to describe men, but not always.

Asexual

is the lack of sexual attraction to others, or low or absent interest in or desire for sexual activity. It may be considered the lack of a sexual orientation, or one of the variations thereof, alongside heterosexuality, homosexuality and bisexuality. Asexual people may still have sex and feel romantic attractions towards people.

Non Binary

To not identify within the binary male or female ideologies in Western society.

GenderQueer

A gender diverse person whose gender identity is neither male nor female, is between or beyond genders, or a combination of male and female.



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Lesbian

**A woman attracted to
other women.**

Bisexual

Being attracted to more
than one gender

Cisgender

A match between your biological sex and your gender. For example a female sexed person identifying with their female gender. Also a term for non-transgender people.

Gender fluid

Not having a fixed sense of gender identity or expression



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GSRD

Gender, sexuality, and relationship
diversity

Transmasculine

a term used to describe transgender people who were assigned female at birth, but identify with masculinity to a greater extent than with femininity.

Transfeminine

a term used to describe transgender people who were assigned male at birth, but identify with femininity to a greater extent than with masculinity.

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Transsexual

Tends to refer to a transgender person who identifies as the 'opposite' binary gender to the one assumed due to sex assigned at birth, and who intends to undergo medical transition (although not always).

Transvestite

A person who likes to dress in the clothes associated with the 'opposite' sex assigned to them at birth (i.e. a man who likes to wear women's clothes). Typically, transvestites have no desire to transition and are happy in their sex assigned at birth.

Heterosexist / heterosexism

Beliefs, systems and attitudes that privilege heterosexual people and relationships. Often includes the assumption that all individuals are heterosexual.

Heteronormativity

Belief that people fall into distinct and complementary genders (male and female) with natural roles in life. It assumes that heterosexuality is the only sexual orientation or only norm, and that sexual and marital relations are most (or only) fitting between people of opposite sexes.

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Homophobia

Irrational fear, hatred, abuse etc. of gay people, or people who are perceived as gay.

Biphobia

Irrational fear, hatred, abuse etc. of bisexual people. Often differs from homophobia as it is based around common stereotypes and misconceptions about the bisexual community.

Transphobia

Irrational fear, hatred, abuse etc. of trans people and people who do not conform to traditional gender norms.

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Cissexism

Assumes that all people identify with the gender they were categorized as at birth, based on their genitals. Assuming all people are cisgender results in cisgender people being seen as “normal” and “natural”, while transgender people are seen as the opposite – “abnormal” and “unnatural.”

Cisnormativity

Cisnormativity is the assumption that all, or almost all, individuals are cisgender

Microaggression

Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership

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Patriarchy

A social system in which males hold primary power and predominate in roles of political leadership, moral authority, social privilege and control of property. In the domain of the family, fathers or father-figures hold authority over women and children. Some patriarchal societies are also patrilineal, meaning that property and title are inherited by the male lineage.

Misgendering

to refer to a person using terms that express the wrong gender, either accidentally or deliberately; for example by calling a woman "son", a boy "she", or a non binary individual "he" or "she" instead of "they".

Privilege

The benefits and advantages held by one group relative to another, often arising through the oppression or stigmatization of minority groups. These benefits and advantages are not usually codified as legal rights, and as such, they can be difficult to spot and can remain unseen or unrecognised.

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Why do LGBTQ people experience a higher prevalence of mental health issues?

- Linked to experiences of discrimination, homophobia, trans and biphobia) and bullying. This is often internalised, leading to self-harming behaviours and substance misuse problems.
- If not outright discrimination then regular microaggressions
- Lack of positive role models, historical legalised discrimination and pathologised identities
- Internalised experiences of hate and discrimination make it hard for LGBTQ people to talk about the issues we collectively face. So health crises can remain invisible e.g. Chem sex

Why continued?

- Not being believed
- Socio-economic effect
- LGBTQ people experience huge health inequalities, with mainstream services lacking capacity to meet their needs. Research shows that many LGBTQ people want specialist services in order to feel safe.
- Rejection and poor self esteem

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Minority Stress

- Being a member of a marginalized group requires effort.....struggling with shame and social validation
- Constantly scanning social/work situations where we may not fit in
- We may not even experience overt stigma and discrimination but the expectation of it is enough to impact on mental health
- Being 'invisible' and 'unknown' is a huge stressor so consider the number of LGBTQ people not 'out' at work
- LGBTQ people produce less cortisol (regulates stress)
- 'In-group' discrimination and unconscious bias – image conscious 'preferences', dating apps, problems with relationships, prejudice towards Bi, Trans people.
- 40-50% LGBTQ people say they feel lonely – loneliness causes stress.



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What do we know about LGBTQ mental health?

LGB

- LGB people are at least twice more at risk of suicide attempts than the general population
- Gay and bisexual men are over four times as likely to have attempted suicide in their lifetime as heterosexual men
- People who identify as bisexual, queer or 'other' are more likely to have seriously considered suicide in the past 12 months than the LGBT cohort
- LGB 1.5 - 3 times more depression, anxiety and substance use
- LB women at high risk of substance dependence



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- Across all age groups LGB people could be seven times more likely to take drugs
- People who are isolated were 3 x more likely to attempt suicide and/or to think about suicide
- 69.9% of young lesbian, gay and bisexual people and 88.9% of young trans people surveyed by the RaRE report in 2015 had considered suicide
- A third of GB men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation
- Cluster of deaths of older gay men.

Contribution of HIV/AIDS to mental health

- People with HIV 2x more likely to suffer from depression
- HAND (HIV-associated Neurocognitive Disorders) impairments in cognitive function due to HIV
- *Intersectional issues:* Trans people globally 49x more likely to contract HIV, issues with access to surgery
- People of colour, people who have less access to education, people living in poverty

Trans

Real lack of comprehensive data so hard to state clearly what the picture is

- 84% of Trans people had considered suicide, drops to 3% post transition
- 90% of our trans and non binary clients talk to us about their experience of suicide
- 41% of Trans people have attempted suicide, whilst just 4.6% of the general population have attempted suicide.
- Research suggests that harassment and discrimination is the main reason for the high suicide rates amongst Trans people.

The Equality Act 2010 – Protected Characteristics

Sexual orientation

Gender identity (gender reassignment)

Age, disability, marriage and civil partnership, pregnancy and maternity, race, religion, or belief, sex (male and female)

Gender Recognition Act

Gender Recognition Certificate – consultation in 2018

Spousal Veto

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Intersectionality

Intersectionality is a sociological theory describing multiple threats of discrimination when an individual's identities overlap with a number of minority classes — such as race, gender, age, ethnicity, health and other characteristics

e.g. a woman of colour may face sexism in the workplace, which is compounded by pervasive racism. Similarly, trans women of colour face exceptionally high levels of discrimination and threats of violence. Looking through the lens of intersectionality, these women potentially face anti-trans prejudice, sexism, misogyny, racism and — due to the ignorance surrounding trans identity — homophobia.

What is gender?

- How do we know what gender is?
- Where is it?
- How do I know what my gender is?
- Is gender the same across cultures and time?
- Is it fixed?

The **gender unicorn** is a diagram that covers five different aspects of identity that everybody has:

- Sex Assigned at Birth
 - Gender Identity
 - Gender Expression
 - Physical Attraction
 - Emotional Attraction

Transition 101

- The process of changing from living in the gender you were assigned at birth to living in the gender you identify as
- This can be split into social and medical transition
- This is not a given for *all* trans and non-binary people
- Often the result of many years of worrying, thinking, researching and planning

Social transition

- Coming out – choosing a new name, asking people to use this name and different pronouns
- Changing physical appearance e.g. clothes, hair
- Informing friends, families, partners, children
- Informing authorities – HMRC, banks, new passport, doctors, DVLA, DWP etc
- Informing work
- Deed poll
- Gender Recognition Certificate (GRC)

Issues with social transition

- Rejection from friends, family, partner, children
- Some places may not accept your deedpoll
- Workplace discrimination
- GRC can be problematic for married people
- Inappropriate or intrusive questions
- Isolation

Medical transition

- GP can refer to a Gender Identity Clinic
- Set of appointments over 6-8 months to gain a diagnosis of 'gender dysphoria'
- Hormones
- Surgery
- Speech therapy
- Can go privately for any of these

Issues with medical transition

- Long waiting lists
- Medical staff with out of date or incorrect info
- Side effects from taking hormones
- Self medicating
- Painful, expensive surgeries with high risk of complications
- Can lead to loss of fertility

Exercise

- What are your anxieties around working with trans/non-binary clients, with particular thought to your everyday working practices? Talk to the person next to you

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Affirmative practice – what is it?

- affirms lesbian gay bi, trans and queer identities as equally positive human experiences to heterosexual/cissexual identities.
- to go beyond a neutral acceptance and works to counteract the lifelong messages of homophobia, biphobia, transphobia, heterosexism and cissexism that LGBTQ individuals have experienced and often internalised.
- acknowledges that LGBTQ identities and mental health can be affected by discrimination, prejudice and societal messages
- positively validates the identities of LGBTQ people and proactively works to help them deal with the impact of external and internalised discrimination on their mental health.

Challenging Discrimination

- Review policies/procedures
- Educate people
- Be proactive and speak out (challenge prejudice)
- Allow respectful disagreement
- Practice unlearning gender and heterosexist bias
- Try to be sensitive and not defensive
- Don't make assumptions

Challenging Discrimination – in the moment when you encounter it in person

- Take offending person aside and challenge the remarks
- Name it i.e. what you just said was racist/transphobic etc
- Give them some info i.e tell offending person how you feel about their remarks and why its offensive
- Give some direction about how they can do something different next time
- Stand alongside person on the receiving end of the discrimination
- Tell your manager or another person who can support you – stay safe.

Monitoring

- Exercise What are the barriers to monitoring when working with clients?
- What is more difficult to disclose?
- What can we do to overcome these barriers and when and where should we complete these forms?

Affirmative Practice Exercise

Arrange laminated statements under the following 3 headings:

- Already happening
- Could easily happen with a bit of planning and a few tweaks!
- We're not there yet and the barriers are?



Q&A





National
Suicide Prevention
Alliance

Please head to the England suite for lunch.

The next plenary session starts at 13:45.