

## State Wide Consultation – Suicide Prevention in Tasmania



*Submission by Coming Out Proud Program State Steering  
Committee*

**“As a minority group the incidence of health and well being issues including self harm and suicide prevention is at a substantially higher level in the sexually and gender diverse community than in other sections of the Community”**



## ***Introduction***

### ***GLBTI Health & Well Being Issues for the Health Industry***

Health and wellbeing are important issues for the sexually and gender diverse (GLBTI) Community to determine and improve the quality of care and way the Health Industry treats us. As a minority group the incidence of health and well being issues including self-harm and suicide prevention is at a substantially higher level than in other sections of the Community.

It is also important that these health & wellbeing issues and strategies identified and designed at local & regional level are referred to the State Level through the Chairpersons of the Community Liaison Committees to the Tasmanian GLBTI Consultative Committee. At the State level, local issues and appropriate, efficient and effective strategies are best negotiated with the State Government's Reference Group. Initially this would be through the Department of Health and Human Services GLBTI Reference Group 'up the line' to the State Government GLBTI Reference Group.

One of the most sensitive and most important priorities for the GLBTI Communities is the issue of suicide and self harm prevention strategies. This does not seem to have been recognised by the Department of Health and Human Services or to have been given credence in the composition and direction of the Tasmanian Suicide Prevention Committee.

### ***Wellbeing from 'being In Control' - Working Together***

One of the unique issues that the GLBTI Community experiences is the need to work together with the general community as well as GLBTI Service Organisations to better achieve health and well being outcomes in an environment where the GLBTI people are a minority and sometimes marginalised group. The Coming Out Proud Program working as it does at local & regional level works particularly effectively with general community health services as well as specific GLBTI Services.

GLBTI health & well being issues including self harm and suicide prevention relate in some part to improved legislation, policy and service provision but this is not achieved without evaluation and audit of what is happening or not happening at the local and regional community for the GLBTI Community. It is useless as in the past centralising policy and practice without the essential local/regional knowledge informing state policy and practice. Resolving GLBTI health and well being issues relate in large part to ensure policy and practice is sensitive and training measures are in place at local and regional level for health and welfare professionals to guarantee the GLBTI Community in the Huon/Channel region have access to the following:

- Government and GLBTI Service Organisations that have effective, efficient, appropriate and fully operational health & well being programs/strategies in place to ensure respect for the GLBTI Community as fully participating members of the general community in the regions.
- The GLBTI Community itself can ensure (standing together) the special and particular health and well being support that is required for its members e.g. youth, older persons, indigenous, ethnic, and parents etc to participate as fully participating members of the general community.

- The special and particular health and well being needs of the GLBTI Community in the regions are recognised by government and community organisations.

### ***An Environment of Abuse Causes Increased Health Problems***

The 'fear factor' of being disclosed as being gay or lesbian, complicates health and well being objectives as it applies to the GLBTI Community. The denigration and homophobia existing in many communities seriously affects the wellbeing and therefore the general health of the whole GLBTI Community. This is especially true in most Tasmanian communities that have sections of 'religious fundamentalist', 'neo Nazi' and homophobic groups encouraging hatred, violence and victimisation of all associated with the GLBTI Community. This factor makes disclosure to authorities of hate and discrimination very difficult for most GLBTI people in the community and can only be resolved by a 'courageous' stand. Most people are not able to take this stand and would be unwise to do so without very good self-protection skills. Only a concerted and planned community approach in relation to self-harm and suicide prevention with highly developed strategies will work. It is also the only ethical way to involve GLBTI people in program design, evaluation and practice.

Self-determination in turn achieves the wellbeing that comes from being in control of the process of change, rather than being controlled. In turn a strong community educational approach needs to be developed in all regions and localities, which has the approval and bi-partisan support of community leaders and all relevant organisations in relation to self-harm and suicide prevention. Local Government services and programs have a strong lead role to play in this respect as well as the more centralised State Community and Government and specialised GLBTI programs/services. The process of telling people what they want and what they are going to get not only disempowers people but also is dangerous in that it does not anticipate or take into consideration local conditions/environment. Above all it does not count the cost to local GLBTI people of change outside their control.

### ***Vulnerability of GLBTI Community Leading to Self Harm & Suicide – A Well Being Profile***

In 2005, here in Australia, a major study found that:

- 80 per cent of respondent gay, lesbian, bisexual, transgender and intersex (GLBTI) people had experienced public insult
- 70 per cent had experienced verbal abuse
- 20 per cent had experienced explicit threats
- 13 per cent had experienced physical assault

(McNair, R., Thomacos, N., *Not Yet Equal: Report of the VGLRL Same Sex Relationships Survey*. 2005. Victorian Gay and Lesbian Rights Lobby.)

Research in Australia also shows the results of this harassment:

- 55 per cent of gay men and lesbians had contemplated self-harm as a direct result of bullying
- 40 per cent had attempted self-harm or suicide on at least one occasion
- 30 per cent had done so more than once

(Rivers, I., *The Bullying of Sexual Minorities At School: Its Nature and Long Term Correlates*. Educational and Child Psychology. 2001 Vol 18. p39)

- 64 per cent of non-operative transgender people had contemplated suicide on at least one occasion in their lives
- 37 per cent had made at least one attempt

(Singer et al 1997, Xavier 2000, Kenagy & Bostwick 2001, Nemoto et al 2001, Clements-Nolle et al 2001, Risser & Shelton 2002. Cited from [www.nctequality.org](http://www.nctequality.org))

- same sex attracted young people (SSAYP) are three times more likely to attempt suicide than heterosexual youth

(Howard, J. et al, *Same Sex Attracted Youth in Mental Health Promotion and Young People: Concepts and Practice*. 2002. Eds Rowling, L, Martin, G., Walker, L. McGraw Hill, Australia)

- rural SSAYP are six times more likely to attempt suicide than the population as a whole

(Quinn, K., *Rural Youth and Same Sex Attracted Youth: Issues, Interventions and Implications for Rural Counsellors*. Rural and Remote Health. 2003 Vol 3.)

- 30 per cent of all homeless young people identify as gay or lesbian

(*As long as I have my doona: A report on lesbian and gay youth homelessness* [1995]. 2010 Gay and Lesbian Youth Service and the Australian Centre for Lesbian and Gay Research)

and yet

- 67 per cent of Australian doctors surveyed knew of instances where GLBTI patients had either been refused care or received substandard care as a result of their sexual orientation or gender identity

(Thomacos, N., *Enhancing and Promoting the Health and Wellbeing of all Gay Men and Lesbians in Victoria*. Lecture: University of Melbourne, Sept 2006)

## **A Too Often Told Story Laurence's Story**

Laurence grew up a Catholic in a northern Tasmanian rural town. He was always considered to 'be different' in that he was very sensitive, gentle to the extreme in his personality.

At the local Catholic school he was considered different and often bullied by other boys. By the teachers he was considered to be 'angelic' and probably headed for the priesthood because he was sensitive, reflective and spiritual in his bearing.

Laurence's parents were 'mixed' in their religious adherence, his father was Catholic and in an important administrative position in town. His mother was a Uniting Church member and very close to Laurence, she had signed a pledge to bring her children up Catholic. There was another son Michael in the family both sons were close and always supported one another at school. Michael being the eldest and more self-assertive always defended Laurence from bullies who tended to 'zone in on Laurence'.

Laurence unfortunately took to heart the moral teaching of the parish priest and religious school teachers in the Catholic High School who unhealthily and too often condemned homosexuals as 'mortally sinful and headed for hell unless they converted from their evil ways'.

As Laurence grew older he realised that the Church was talking about him as he became conscious of his growing attraction to men around him especially one of the teaching religious brothers. He had become an altar server because of this attraction and the 'safety' in being around a male group in the Church.

Laurence developed a strong guilt response to his feelings and fantasies. In trying to get relief from this guilt he confessed his feelings in confession only to be further condemned and urged to extreme acts of penance and self-denial.

Laurence's parents were concerned at the sense of unhappiness they perceived in their son but gained no insights from teachers and professionals in his life as too it's cause. His father grew impatient about Laurence and Michael's refusal to accompany him to Mass each Sunday and his perception of his sons growing cynicism and unusual anger about the Church. While Michael had an understanding from intuition about his brother's difference he was loyal and uncommunicative about it all. At some stage Laurence confided in his older brother regarding his sexuality and the bond was sealed, a huge burden on Michael.

Laurence to enter work had to leave home and live in the provincial town as he had gained an apprenticeship in a large hotel & entertainment complex. Within six months of entering work Laurence had suicided. The investigation brought no understanding to his parents beyond the comment of the police that 'there was some evidence of bullying at work from comments on the toilet wall'. The coronial inquiry and investigation gave no reason or motivation about the suicide. In Laurence's parents opinion the right questions were not asked and everyone seemed to be in denial.

Laurence's parents were desperate in their grief to understand and find some meaning to Laurence's terrible final act. Stories were rife in town. People actually crossed the road to avoid the family. Michael finally broke his silence to tell of Laurence's awful burden and secret – he was also at breaking point and has never recovered from his depression.

Laurence's mother blamed herself - in having signed the pledge to bring her son's up Catholic she felt she had signed Laurence's death warrant.

The parents travelled to Hobart to meet the Archbishop to explain their anger at the Church and to request some change in attitude and responsibility from the organisation – they gained no joy. The Archbishop asked them for a lift to the Airport.

A Uniting Church Minister, a friend of Laurence's Mother in contact with other parents of gay sons and daughters who had similar stories to tell brought people together into a network of support also to work for change. People have gained some sense of closure from this group – but none have recovered from the sadness and deep depression in their lives.

### ***Intent of the Coming Out Proud Program***

The intent in establishing the Coming Out Proud Program is in part to develop management plans in the local areas & regions of Tasmania in partnership with Local Government to provide for strategies that will allow GLBTI people in the Region to 'come out with pride' and live in their community with dignity as fully respected and participating members. One of the major objectives of COPP is to 'support the GLBTI Community create a climate where they are accepted and celebrated as full, contributing and proud members of the general community'.

The COPP is managed by Community Liaison Committees (CLC) that are being established at local or regional level with the endorsement of the local government authorities but self-funded and owned by the local GLBTI community. The CLC's act as a coordination, consultation and evaluation base for the GLBTI community to develop a Management Plan to ensure that active strategies on the part of Federal, State/Local Government and GLBTI organisations are being delivered in the region in an efficient, effective and appropriate way. There has been an initial regard for the local educational, legal, welfare, health, and social issues in the management plans being developed.

It is proposed that the GLBTI State Consultative Council, which will be developed with representation from the local, COPP Community Liaison Committees will act in concert with the State GLBTI Reference Group. Prior to this establishment the COPP State Steering Committee is comprised of the Co Chairpersons (or local Contact Officers) of the Community Liaison Committees.

Community Liaison Committees exist and are endorsed and supported by local government as follows:

- Southern Kingborough/Huon
- Greater Hobart
- West Coast/West Coast (Cradle Coast)

As well a Committee is in formation for the Greater Launceston/Nth East Coast area.

Central to this planning is the incidence of suicide and self-harm prevention by negotiating solutions at local and regional level.

### ***GLBTI Cultural Appreciation in Program & Service Delivery***

The concern of the COPP State Steering Committee in regard to the failure to adequately implement policy or practice protocols for the for the sexually and gender diverse community (particular reference to youth) in the state is leading to a failure to consider appropriate specialised and mainstream program design including self harm and suicide prevention for this marginalised and disadvantaged group. In addition youth workers, teachers and professionals working with this particular group of young people are not generally trained in the necessary cultural diverse needs and rights of the sexually and gender diverse youth community. Of particular concern is the lack of respect or understanding of the sexual and gender diverse youth community by religious organisations providing services under funding tendering arrangements to this section of the youth population with some ethical code of practice being applied.

One of the unique issues that the GLBTI Community experiences is the need to work together to achieve protection as a minority and marginalised group within the local Community. GLBTI legal and policing issues relate in some part to improved legislation, policy and service provision. Resolving the issues relate in large part to ensure policing, enforcement and education measures are in place including self-harm and suicide prevention at local and regional level that will guarantee the GLBTI Community in all regions access to the following:

- Government and GLBTI Service Organisations that have effective, efficient, appropriate and fully operational legal programs/strategies in place to ensure respect for the GLBTI Community as fully participating members of the general community concurrent and post law reform.
- The GLBTI Community itself can provide (standing together) the special and particular para-legal support required for its members e.g. youth, older persons, indigenous, ethnic, and parents etc to participate as fully participating members of the general community.
- The special legal protection and special enforcement needs of the GLBTI Community in the State are recognised by government and community organisations.

### ***GLBTI Health & Well Being Industry Issues***

- Where GLBTI relationships and families are subject to increased tensions, disputes and incidents of abuse, poor health and self-esteem will result including self-harm and suicide prevention. This is evident in increased mental health problems, self-harm, mutilation, drug taking and attempted suicide in sections of the GLBTI Community in direct proportion to the incidence of localised homophobia.
- GLBTI Members have a right to equal access to all health and well being policies and programs in an environment that understands and considers their culture and special needs as a minority group that is often under intense pressure.
- The GLBTI Community is often not consulted about their particular health and well being needs including self-harm and suicide prevention or about building these into **appropriate, efficient and effective**<sup>1</sup> program and policy development.
- Special GLBTI health and wellbeing services including self-harm and suicide prevention are often not designed for delivery at local or regional levels.

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<sup>1</sup> Auditor-General's Special Report No 6 ... develop a "Best Practice Guide" to be used for the administration of all grants 2005.

- All professional health and well being professionals/staff programs and service delivery (public & private sectors) need to be well trained in the cultural and special issues relating to the GLBTI Community. Anecdotal evidence indicates this is not the case despite the Governments instructions by the Public Service Commissioner<sup>2</sup>.
- A GLBTI safe and friendly service environment is an important issue with special regard to health and well being facilities including self-harm and suicide prevention.
- Education and Para welfare/health programs regarding self-harm and suicide prevention using/building on a sense of GLBTI community are usually very effective as for all minority groups.
- Defamation, black mail and violence and are often used against GLBTI people to keep them hidden. Health and well being professionals need to anticipate and address this 'denial factor' in self-harm and suicide prevention.
- Single discipline departments and organisations need to work together in a multidisciplinary, complimentary and compatible way to achieve better health and well being issues including self-harm and suicide prevention for the GLBTI Community eg police, health organisations/departments and education working together. This requires care-full facilitation at the local, regional and state level. It is important eg that the Department of Premier & Cabinet ensures that careful coordination at the State level and local government works at local level through programs such as Stronger Communities<sup>3</sup> to avoid the failure of compartmentalisation.

### ***Stakeholders in Developing GLBTI Health & Well-being Self-harm and Suicide Prevention Management Plans***

#### **Government**

- Tasmanian Department of Health & Human Services - GLBTI Health Reference Group
  - All health and wellbeing services as they apply to the GLBTI Community
  - Local Regional Health Centres
  - Particular Units eg Sexual Health, Population Health etc
- Tasmanian Police Department at all Police local station level and special reference to the Department's GLBTI Reference group.
- All High Schools and Colleges and special reference to the Education Department's GLBTI Reference Group.
- Department of Premier & Cabinet's Whole of Government Reference Group coordinating Health & Human Services, Police, Education, and Justice.

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<sup>2</sup> Tasmanian State Service Commissioner's Direction No 3 Implementing a Workplace Diversity Program.

<sup>3</sup> Stronger Communities NSW, Victorian and Tasmanian State Government initiatives implemented through local Councils.

## **GLBTI Service Delivery**

- Tasmanian Council on AIDS, Hepatitis and Related Diseases Inc
- Working It Out
- Women's Centres
- Pride & Prejudice program in all public & private high schools

## **Community Based**

- Local GP's and Health & Wellbeing Professionals
- Community Health Centres (Public & Private)
- Local Councils through the Stronger Communities Committees
- Coming Out Proud Program [www.comingoutproud.org](http://www.comingoutproud.org)
- GLBTI local social organisations [www.logtas.org](http://www.logtas.org)

## **Some Suggested Self-harm and Suicide Prevention Strategies for Local/Regional Communities**

- GLBTI Health & Wellbeing Self-harm and Suicide Prevention Management Planning in regional Coming Out Proud Program Community Liaison Committees.
- Developing GLBTI health & well being issues through the local/regional Stronger Communities Committees/Local Government.
- Local planning and developing local/regional responses for self-harm and suicide prevention through 'mainstream' health & wellbeing programs services as applying to the GLBTI community.
- Developing and auditing GLBTI cultural awareness training for all health & wellbeing professionals/staff.
- Audit of GLBTI 'friendly signage' in surgeries and health centres.
- Audit of GLBTI Service Organisations delivery of health and wellbeing services with special reference to self-harm and suicide prevention in local and regional areas.
- Encouraging coordination between health, education and police workers as well as GLBTI Service Organisations for self-harm and suicide prevention on a coordinated approach to local/regional health & wellbeing issues.
- Developing local/regional forums/questionnaires on GLBTI self-harm and suicide prevention.
- Developing referral to and awareness of GLBTI Services Organisations.
- Establishing the Pride & Prejudice Program through local effort in all secondary private and public secondary High Schools & Colleges.
- Developing the COP website [www.comingoutproudprogram](http://www.comingoutproudprogram) as a referral tool for GLBTI Health and Wellbeing related services in relation to self-harm and suicide prevention.
- Nominating GLBTI self-harm and suicide prevention community based initiatives for the LOG Annual Rainbow (GLBTI) Awards.

## **Other State Based Self-harm and Suicide Prevention GLBTI Related Issues**

- GLBTI assessment criteria are built into police coronial investigations regarding attempted or actual instances of suicide. Parents and next of kin anecdotally reference the absence of relevant causal questions in relation to sexual preference identification in the investigations. 'Studiously avoided' is the constant response from next of kin.
- Lack of involvement and consultation with GLBTI related services and local GLBTI community based organisations in policy and practice development.
- Centralised (Hobart Centric) solutions and services for a most regionalised and de centralised Tasmanian population.
- GLBTI Services (funded) are not consultative or in touch with the local regional GLBTI population on this issue.
- Anti-discrimination legislation should prevent and not provide exemption to religious based organisations and educational establishments/organisations to vilify sexually and gender diverse students/people.
- Codes of conduct apply to all organisations providing services to the GLBTI Community (with particular reference to GLBTI young people. Religious and most 'faith based' organisations have strong moral and homophobic invocations against sexually and gender diverse people. When these are applied to part of the population they are supposed to serve then this is not only a mayor cause of stress and loss of well being it is part of the intrinsic cause of self harm and suicide.

## **State Based Recommendations**

The following recommendations are made in relation to the elimination of the high rates of self-harm and suicide in the GLBTI Community in Tasmania. The recommendations should be considered as part of mainstream attempts at local, regional levels for communities to be empowered to develop local appropriate, efficient and effective measures to counter self-harm and suicide.

- The GLBTI Community should be represented on the State Suicide Prevention Committee (as a priority group) from a local and regional perspective. This would naturally be representation from the Coming Out Proud Program State steering Committee.
- The network of GLBTI Community Liaison Committees established with local government support and endorsement should be recognised by the Minister for Community Development as major points of coordination to develop appropriate responses to the prevention of self-harm and suicide at local & regional level in Tasmania.
- The Department of Health & Human Services (DHHS) GLBTI Reference Group in consultation with the State Government GLBTI Reference Group as part of the GLBTI Framework develops a management plan to eliminate the incidence of self-harm and suicide in the GLBTI Community.
- Accurate monitoring and reporting statistics (coronial inquiry) are developed by the Tasmanian Police Department (GLBTI Reference Group) on the GLBTI related motivational factors involved in all

instances of suicide. These deidentified statistics are made available to local service providers working in this area for monitoring and evaluation purposes.

- Accurate monitoring and reporting statistics (hospital emergency entries triage protocols) are developed by the DHHS (GLBTI Reference Group) on the GLBTI related motivational factors involved in all instances of self-harm and suicide attempts. These deidentified statistics are made available to local service providers working in this area for monitoring and evaluation purposes.
- DHHS regional Health Centres work with local practitioners, service providers (special GLBTI and mainstream educational, welfare and police) and COPP Community Liaison Committees to develop appropriate, efficient and effective measures to counter self-harm and suicide.
- Local covenants should be developed in communities of high incidence of suicides and self-harm by local government or an appropriate convenor (Local Stronger Communities Committees) bringing together all educational, police, health and human service sectors both public and private to discuss local and regional approaches to eliminate the problem. There should be special reference to local minority groups that have a high incidence in their community eg GLBTI, indigenous etc.
- Suicide and self-harm prevention measures and targets should be included in Tasmania Together'
- The Pride & Prejudice Program should be introduced in all State & Private High Schools in Tasmania over the next two years. Regions with high rates of homophobia should be a high priority for introduction of the program.
- Sexual health programs in public and private high schools should be reviewed for GLBTI cultural content and evaluated as to their effectiveness and need for program redesign.
- The successful informal GLBTI network 'peer' groups established in some Colleges by social workers e.g. Elizabeth College should be encouraged in other public and private Colleges across the State.

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