LGBTIQ+ SUICIDE PREVENTION TRIAL

Australian Research Centre in Sex, Health and Society (ARCSHS) Peer and Community Leaders Research |

Evaluation Report

IMPACT — CO.

Disclaimer

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ACKNOWLEDGEMENT

We wish to acknowledge Aboriginal and Torres Strait Islander Peoples as Traditional Custodians of the lands, waters and winds across Australia and pay our respects to Elders past and present, and emerging young leaders.

We acknowledge the sorrow of the Stolen Generations and the impact of colonisation on Aboriginal and Torres Strait Islander Peoples. We recognise the ongoing pain and trauma inflicted to this day on Aboriginal and Torres Strait Islander Peoples.

We also would like to pay our respects to those amongst the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse communities who have contributed towards promoting equality and improving the health and wellbeing of their peers, children, families, friends, and Country. We honour the Elders in the diverse communities of which we are a part of and we celebrate the extraordinary diversity of people's bodies, genders, sexualities, relationships and other forms of identities that they represent.

Finally, we would like to acknowledge and recognise the contributions from individuals and communities who have generously shared their lived experience, knowledge, and wisdom to inform this evaluation.

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GLOSSARY OF TERMS

Bisexual	A person who is romantically and or/sexually attracted to more than one sex or gender. Sometimes termed multi-gender attraction.
Gay	A person who primarily experiences romantic and/or sexual attraction to people of the same sex and/or gender. Historically gay has been a term used to describe men who are attracted to other men, but some women and gender-diverse people choose to describe themselves as gay.
Gender identity	One's personal sense of their own gender. The physical features one is born with (sex assigned at birth) does not necessarily define their gender. Gender is complex and there are a diverse range of gender identities.
Intersectionality	Intersectionality is a framework that recognises the multi-dimensional nature of human existence. It recognises that people can have multiple, co-existing identities that shape how they perceive and relate with the world around them and at its core, fosters inclusion and promotes diversity.[1]
Intersex	People who are born with a broad range of physical or biological sex characteristics that do not fit medical norms determined for female and male bodies. There are many different variations of sex characteristics, for some these include chromosomes, hormones, and anatomy. There are many different terms used by individuals that help to describe their identities and bodies.
Lesbian	A woman who primarily experiences romantic and/or sexual attraction to other women.
LGBTIQ+	Abbreviation of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals. Other acronyms such LGBTIQ and LGBTIQA+ are used throughout this evaluation with the same intent where it forms part of the name of an organisation, service, or resource.
Mental ill-health/mental illness	A clinically diagnosed health problem affects how a person feels, thinks, behaves, and interacts with other people

[1] Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/

Peer support	Peer support refers to support that is delivered based on shared lived experience to provide care and support others. Peer workers in the mental health space can use their own experiences of mental illness and recovery to engage and support people accessing mental health care. In the context of peer LGBTIQ+ workers, the specific experiences that one can have due to their sexuality and/or gender identity can help to provide a safer, more open environment for other LGBTIQ+ individuals. Due to these common life experiences, peer workers can foster authenticity, safety, advocacy, inclusion, and community within their work.
Postvention	Activities and intervention related to supporting and helping people bereaved by suicide. This may include counselling, support groups, support from medical professionals etc. This aims to reduce the heightened risk of those bereaved by suicide and promote healing.
Queer	A term to broadly describe diverse gender identities and sexual orientations, particularly where someone feels other terms do not fully encapsulate all parts of their own gender and/or sexual identity. In the past 'queer' was used as a derisive term and for some, particularly among older LGBTIQA+ people, may still conjure hurtful associations.
Sexual orientation	Describes the romantic and/or sexual attraction that a person feels toward other people.
Suicidal ideation	A state of extreme anxiety or pain in which a person is seriously contemplating or planning to end their life.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background

The National Suicide Prevention Trial is a suicide prevention initiative funded by the Commonwealth Government across 12 different sites (referred to as 'trial sites') across Australia over a 4-year timeframe. Each of the trial sites are led by a local Primary Health Network (**PHN**) and aims to improve the current evidence base around effective suicide prevention strategies. The trial site led by North Western Melbourne PHN (**NWMPHN**) has now concluded and was focused on LGBTIQ+ communities in the North West of Melbourne. The trial site led by NWMPHN comprised of 8 individual interventions.

One of these interventions is the Peer and Community Leaders research delivered by the Australian Research Centre in Sex, Health and Society (**ARCSHS**) at La Trobe University. The research sought to address the following research questions:

- What is the nature of mental health and suicide prevention-related support provided by peers or community leaders within LGBTIQ communities?
- What is their lived experience of providing this support, including any experience of emotional labour, burnout or cognitive burden and how can they as individuals be supported to reduce or manage this?
- How can such peers or community leaders be supported in their roles in terms of identifying, responding, and referring at times of mental health crisis?

A Community Advisory Board (**CAB**), drawn from members of the Trial-wide Taskforce, and those with lived experience known to ARCSHS, were engaged throughout research design, delivery and reporting to ensure it remained within the control of the Community and reflected their lived experience.

The data gathering phase of the research was undertaken over a two-month timeframe, in October and November 2020, through an online survey and interviews with LGBTIQ+ people (specifically those aged 23 to 79 living in metropolitan Melbourne). Following the collection of data, ARCSHS engaged closely with the CAB during report drafting the impact of this engagement is described in this report.

Participation from:	25	326
	Individuals interviewed	Individuals surveyed online

Table 1 - Participation from members of LGBTQ communities

The final report entitled *Lean on Me: Exploring Suicide Prevention and Mental Health-Related Peer Support in Melbourne's LGBTQ Communities* was published in August 2021.

Evaluation findings

Impact Co. was engaged to undertake an evaluation of this research (and the other interventions that were implemented as part of the overall trial). This evaluation (which was conducted from June to July 2021) identified that the research represented a highly effective commissioned intervention that closely aligned with the purpose of the overall trial.

Program delivery

This research was conducted by ARCSHS, an experienced research institution that has a strong profile within the LGBTIQ+ service system and communities. Whilst there were some challenges with reaching specific cohorts (e.g., reaching intersex and trans and gender diverse individuals), ARCSHS' reputation and established network ultimately enabled it to engage extensively and reach a large number of research participants (as indicated in Table 1 above).

It was also identified that ARCSHS' was trusted by NWMPHN and was provided with a high level of autonomy to undertake the research. This approach enabled it to focus its time and resources on delivering the research to a high standard, without being constrained by overly rigid/prescriptive funding parameters.

The evaluation also revealed that there was a highly effective working relationship between ARCSHS and the CAB, where the CAB strengthened the design and reporting of the research. Feedback provided by the CAB was considered by ARCSHS in a genuine and respectful manner, allowing members of the CAB to feel that they were making meaningful contributions to the research process.

Program Impact

This evaluation concluded that the research was able to:

- Increase the knowledge base around the role of peers and community leaders and the challenges / issues they face when providing informal mental health and suicide prevention supports
- Identify initiatives to better support peers and community leaders in providing informal mental health and suicide prevention supports
- Increase the evidence-base for suicide prevention in LGBTIQ+ communities

Whilst its success over the long-term is unclear (considering the limited time frame for this evaluation), given ARCSHS' role as a prominent and respected research organisation affiliated with La Trobe University, there are strong reasons to be optimistic about how the research will be used in the future and the impact that it can achieve.

Evaluation recommendations

The recommendations of this evaluation are summarised below:

Recommendation
Recommendation 1: Empower experienced organisations with autonomy to maximise the value of their expertise in project design and delivery, while ensuring outcomes align with objectives.
Recommendation 2: Ensure research is informed by hard-to-reach target groups, as well as more prominent individuals and organisations, to understand new perspectives
Recommendation 3: Encourage all stakeholders to actively contribute to remote (virtual) meetings and consultations by applying better practice facilitation techniques
Recommendation 4: Explicitly identify potential indirect benefits of participating in projects for research participans (e.g., joining advisory boards) and maximise these benefits wherever possible.

INTRODUCTION

1. PURPOSE

The purpose of this document is to outline the evaluation findings and recommendations for future consideration from Impact Co.'s evaluation of the Peer and Community Leaders research delivered by Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University. This was funded as part of the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals (LGBTIQ+) Suicide Prevention Trials being implemented by the North Western Melbourne Primary Health Network (NWMPHN).

2. CONTEXT

LGBTIQ+ people are at a higher risk of self-harm and suicidality compared to the general population.[2] There are significant limitations that exist in Australia to determine how many LGBTIQ+ people die by suicide each year. However, a large survey of Trans and Gender Diverse (TGD) young people in Australia, aged 14-25, found that almost half (48.1%) had attempted suicide and 79.7% had self-harmed.[3] This compares to a rate of attempted suicide within the general population of approximately 3.6%.[4] In addition, recently published data from the US reports that LGBTIQ+ young people aged 12-29 accounted for 24% of all people nationally who died by suicide.[5] This rate is more than seven times the estimated proportion of the population who are LGBTIQ+ in the US. These rates have been attributed to everyday and systemic and institutionalised experiences of discrimination, violence and harassment.[6,7,8,9] The higher rates of suicide among LGBTIQ+ communities discussed above is exacerbated by a higher prevalence of mental ill-health and psychological distress. According to the Private Lives 3 survey, bisexual and pansexual participants had poorer mental health and higher levels of psychological distress compared to lesbian or gay participants. Conversely, cis-gendered participants had overall better mental health than those who identify as trans or non-binary.[10]

Having a sexual orientation, gender identity or intersex status that goes beyond the cis-gendered and heteronormative narrative in itself is not a risk of suicide or poorer mental health.[11] The drivers behind the increased risk relate to societal factors including stigma, prejudice, and discrimination.[12] In a healthcare setting, LGBTIQ+ people face significant barriers when accessing services, which may lead to delays in seeking medical help and decreased use of services. A recent mixed methods study

[2] QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: https://qlife.org.au/uploads/17-Suicide-Prevention.pdf
[3] Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. Associations Between Negative Life Experiences and the Mental Health of Trans and Gender Diverse Young People in Australia: Findings from Trans Pathways. Psychol Med. 2019:1-10.
[4] Johnston AK, Pirkis JE, Burgess PM. Suicidal Thoughts and Behaviours Among Australian Adults: Findings from the 2007 National Survey of Mental Health and Wellbeing. Australian & New Zealand Journal of Psychiatry. 2009;43(7):635-43.
[5] Ream GL. What's Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings From the National Violent Death Reporting System. J Adolesc Health. 2019;64(5):602-7.
[6] Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, et al. Private Lives 2: The second national survey the health and wellbeing of GLBT Australians. Melbourne, VIC: Australian Research Centre in Sex, Health & Society & La Trobe University; 2012.
[7] Leonard W, Lyons A, Bariola E. A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians. Melbourne, VIC: Australian Research Centre in Sex, Health & Society & La Trobe University; 2015.
[8] Perales F. The health and wellbeing of Australian lesbian, gay and bisexual people: a systematic assessment using a longitudinal national sample. Aust N Z J Public Health. 2019;43(3):281-7.
[9] Kay B. Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. Med Ref Serv Q. 2011;30(4):393-401.
[10] Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq People in Australia. Melbourne: La Trobe University; 2020.
[11] QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: https://qlife.org.au/uploads/17-Suicide-Prevention.pdf
[12] QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: https://qlife.org.au/uploads/17-Suicide-Prevention.pdf

was conducted by Australian Research Centre in Sex, Health and Society (ARCSHS) in partnership with Lifeline Australia to explore the needs of LGBTIQ+ people during a time of personal or mental health crisis. This research (which included 472 participants) highlighted key barriers to accessing safe crisis support services as well as counselling and mental health support services. These barriers primarily revolved around experiences of discrimination and perceptions of lack of safety, as a result of widespread 'heterosexism' that is common within healthcare practices.[13] The environment (the institutional micro-climate) of mainstream healthcare delivery, where medical models of sex and gender prevail and assumptions regarding sexual orientation are founded on heteronormative paradigms, increase the reluctance of LGBTIQ+ patients to disclose their sexual or gender identities and reduce help-seeking behaviour.[14] Consequently, failures to screen, diagnose and treat important medical problems may arise and the inhibition of providing whole-of-person care, in itself a form of discrimination, perpetuate the discrepancies in health outcomes and general wellbeing.[15] Overall, mainstream medical services were the most frequently type of health service visited by LGBTIQ+ people.[16] However, this type of service was associated with lowest proportions of people who felt that their sexual orientation or gender identity was 'very or extremely' respected. This was compared to other forms of health services including those that cater exclusively for LGBTIQ+ communities and mental health services. It is worth noting that the experience of discrimination and safety concerns varied substantially between different gender identities, sexual orientations and individuals with an intersex variation within LGBTIQ+ communities. Overall, gender identity was less respected in mainstream health services than sexual orientation; people who identified as transgender or intersex reported higher incidences of unconscious and unintentional bias and discrimination and fewer reports of acceptance.[17]

It is important to recognise that experiences of discrimination and lack of safety in healthcare settings, may also be influenced by other factors including (but not limited to) patient age, race, location, and whether they have a disability.[18] Intersectionality is a framework that recognises the multi-dimensional nature of human existence.[19] It recognises that people can have multiple, co-existing identities that shape how they perceive and relate with the world around them and at its core, fosters inclusion and promotes diversity. It allows for understanding that a person may experience multiple forms of overlapping oppression or challenges and how these may vary across different contexts such as in healthcare or workplace settings.[20] LGBTIQ+ people who also identity as youth, culturally or linguistically diverse, Aboriginal and Torres Strait Islander as well as those who have a disability, live in remote or rural areas, or are experiencing homelessness are some examples where concurrent identities shape the experience of being a LGBTIQ+ person in Australia.[21] People at

[13] Victorian Department of Health. Community health pride: A toolkit to support LGBTIQ+ inclusive practice in Victorian community health services. Melbourne: Victorian Government; 2021. Available from: https://www.vgls.vic.gov.au/client/en_AU/search/asset/1301510/0.
[14] Gay and Lesbian Rights Lobby. In their own words: Lesbian, gay, bisexual, trans* and intersex Australians speak about discrimination. Department of Prime Minister and Cabinet; 2013.
[15] Australian Medical Association. AMA Position statement: Sexual diversity and gender identity [Internet]; 2002. Available from: https://www.ama.com.au/media/ama-position-statement-sexual-diversity-and-gender-identity.
[16] Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.
[17] Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.
[18] Hughes M. Health and well being of lesbian, gay, bisexual, transgender and intersex people aged 50 years and over. *Australian Health Review*. 2018;42(2):146.
[19] Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/
[20] Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.
[21] Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.

the nexus of multiple identities have higher risks of psychological distress and discrimination may require extra support protect their mental and physical health and wellbeing.[22]

Developmental stressors including the disclosure of identity are also known to contribute to a higher suicide risk, particularly in younger LGBTIQ+ people. Research has highlighted that young LGBTIQ+ people aged 16-27 years are more than five times more likely to report attempting suicide.[23] This age group encompasses the late adolescent and early adulthood period where the development of multiple identities arise and distress surrounding 'coming out' occurs.[24] At this time, young LGBTIQ+ people may experience feelings of low self-worth, isolation, shame and internalise homophobia.[25] It is important to recognise that many young people have a history of attempting suicide prior to disclosure.[26]

Compounding the impact of a higher prevalence of psychological distress and history of suicide attempts by people within LGBTIQ+ communities, a majority of people do not seek help in a crisis.[27] The reasons for this are complex and multifaceted. Low rates of help seeking behaviour may reflect systemic issues relating to service access, which includes the anticipation of discrimination, as well as the impact of prior experiences with crisis or non-crisis support services (mainstream and LGBTIQ+ inclusive), and other physical, financial and technological factors. According to an Australian-based survey of LGBTIQ+ people, perceptions around being 'queer enough' and concerns about safety, confidentiality, and difficulties regarding seeking support from someone with a similar background or lived experience are additional contributors to low crisis support use.[28]

[22] Victorian Government. Intersectionality [Internet]. Delivering the reform for Victoria's diverse communities. Victorian Government; 2020. Available from: https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/reform-principles/intersectionality
[23] Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf
[24] Skerret DM, Kolves K & De Leo D. Suicidal behaviours in LGB populations: A literature review of research trends. Brisbane: Australian Institute for Suicide Research and Prevention; 2012.
[25] LGBTIQ+ Health Australia. A snapshot of mental health and suicide prevention strategies for LGBTIQ+ people [Internet]; 2021. Available from: https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703
[26] QLife. Suicide Prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: https://qlife.org.au/uploads/17-Suicide-Prevention.pdf
[27] Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf
[28] Waling A, Lim G, Dhalla S, Lyons A & Bourne A. Understanding LGBTI+ lives in crisis. Australian Research Centre in Sex, Health & Society Lifeline Research Foundation. La Trobe University & Lifeline Australia; 2019.

3. TRIAL OVERVIEW

The Commonwealth Government has funded the implementation of twelve suicide prevention trial sites across Australia as part of the National Suicide Prevention Trial, which spanned a 4-year period (2016-17 – 2019-20). Each trial site was led by the local Primary Health Network (**PHN**) and aimed to improve the current evidence base around effective suicide prevention strategies for the general population and priority population groups.

NWMPHN was leading the only trial site in Victoria, which focused on LGBTIQ+ communities. The objectives of the Trial were to:

- Understand and address the factors that contribute to suicide within LGBTIQ+ communities;
- Increase the available evidence base on effective suicide prevention strategies for LGBTIQ+ communities; and
- Share relevant insights and information gathered from the trial with other community organisations and commissioning agents to enable them to better support local LGBTIQ+ communities.

NWMPHN worked closely with a LGBTIQ+ people, people with a lived experience of mental ill-health and suicide and representatives from the mental health and suicide prevention service system (referred to as the '**Taskforce'**) to co-design the Trial in order to meet the objectives above and designed the individual interventions that collectively make up the Trial.

The trial comprises a total of 8 interventions, which are identified below along with the organisation that has been commissioned by NWMPHN to deliver the intervention:

Intervention	Commissioned organisation
Aftercare – Providing support to a person after a suicide attempt or someone who is experiencing suicidal ideation	Mind Australia
Postvention – Developing a Suicide Postvention Response Plan for LGBTIQ+ communities to support the broader community and/or organisations that have experienced the loss of an LGBTIQ+ person to suicide	Switchboard
LGBTIQA+ Mentoring Projects – Providing mentoring and peer support to LGBTIQ+ individuals, groups and their families	drummond street services
Capacity Building – Delivering LivingWorks Start, safeTALK and ASIST training to individuals across the North Western Melbourne region that play a role in suicide prevention and intervention for people who are LGBTIQ+	LivingWorks
LGBTIQ+ Affirmative Practice – Delivering training to first responders and frontline health and social service providers to build their capacity in providing gender affirming care	Thorne Harbour Health

Peer and Community Leaders – Researching the role of peer and community leaders in providing mental health crisis support to LGBTIQ+ communities and identifying ways to better support them	Australian Research Centre in Sex, Health and Society (**ARCSHS**) at La Trobe University
Campaign – Conducting a marketing campaign within the North Western region of Melbourne to encourage the mainstream community to take action against discrimination towards LGBTIQ+ communities	The Shannon Company
Wellness Grants – Offering small grants to encourage local organisations to implement initiatives that (i) support greater inclusion for LGBTIQ+ communities, (ii) address stigma/discrimination and (iii) raise the awareness of effective suicide prevention initiatives	Various* ***Note:*** * 9 separate organisations have been awarded grants as part of this intervention.

Table 2 - Description of Trial interventions

Impact Co. was engaged to undertake an evaluation of the 8 interventions that are part of the trial.

This evaluation report specifically relates to the Peer and Community Leaders research (also referred to as '**the Program**') led by ARCSHS.

PROGRAM OVERVIEW

4. PROGRAM OVERVIEW

Information on the Program is outlined below:

Commissioned organisation

ARCSHS conducts world-class research and education on the social dimensions of sexuality, gender, health and human relationships. It works collaboratively with other researchers, communities, community-based organisations, government and professionals to advance knowledge and promote positive change in policy, practice and people's lives.

Target cohort

LGBTIQ+ people living in metropolitan Melbourne were the target cohort for the research undertaken by ARCSHS.

Program objectives

The objectives of the Program are to:

- Gain a greater understanding of the role of community leaders in suicide prevention (and mental health more broadly) within LGBTIQ+ communities;
- Make recommendations on how to improve support for LGBTIQ+ community leaders that will reduce the likelihood of burnout for this group;
- Address the lack of evidence base for LGBTIQ+ communities in suicide prevention; and
- Establish a strategy to support sustainability and enduring outcomes from the research (e.g. how to promote the findings to the LGBTIQ+ communities).

Program design

The research team at ARCSHS developed a two-phase approach in which they sought to broadly establish the breadth and nature of mental health and suicide prevention support that is provided by peers within LGBTIQ+ communities, before undertaking a more focussed, qualitative study that explores the lived experience of providing this type of support. They were guided and supported by a Community Advisory Board (CAB) drawn from the Trial Taskforce, and members of the LGBTQ+ communities (noting that no people of an intersex variation were surveyed or interviewed, nor was any asexual person interviewed, as part of the research).

Note: 'Peers' in the context of this report refers to individuals in the community who provide informal mental health or suicide prevention support and are not connected to professional services or LGBTIQ+ organisations, either as a staff member or volunteer.

Timeframe

The Program was delivered throughout 2020 and 2021:

- Phase one: an online survey of the target cohort was delivered from October to November 2020;
- Phase two: interviews were conducted with those who completed the survey, and nominated themselves to be interviewed, from October to December 2020; and
- The final report was released in August 2021

Impact Co. conducted this evaluation from June to July 2021.

Program output

See report published online by ARCSHS

EVALUATION CONTEXT AND APPROACH

5. EVALUATION CONTEXT

There are a number of external contextual factors that have impacted this evaluation. These are identified below and should be noted when considering the findings of the evaluation outlined in Section 7 of this report:

- COVID-19 pandemic

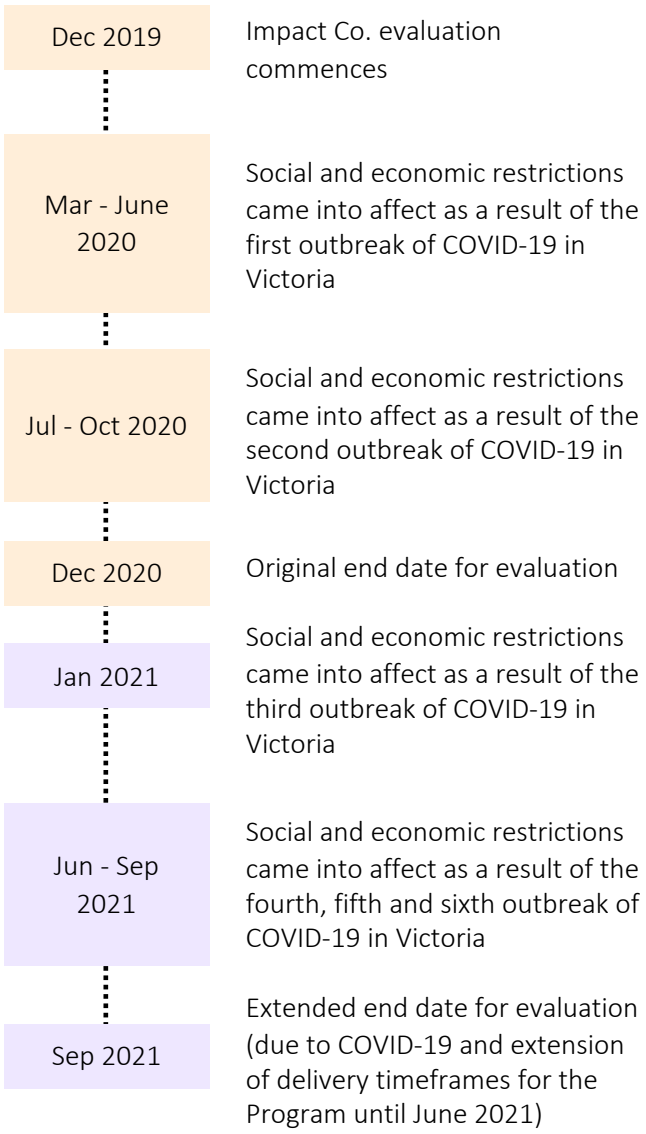

Figure 1 - Timeline of evaluation

There was an outbreak of the COVID-19 virus in Victoria in early 2020, which ultimately led to stringent social and economic restrictions being put in place in March 2020, to slow down the spread of the virus. This was then followed by a number of other outbreaks between July 2020, and September 2021. The restrictions put in place meant that in-person interactions had to be limited as much as possible, forcing ARCSHS to adapt the design of the research process to take place in a virtual environment. This limited the level of engagement with research participants and CAB members, potential impacting their experience of the research.

- Timeframe of evaluation

  This evaluation was completed prior to the release of the *Lean on Me* report. As a result, it is impossible for Impact Co. to draw any firm conclusions on the medium to long-term impact of it. Where Impact Co. has made inferences as to the short-term impact of this Program, this is based on information provided to it from CAB members and ARCSHS (through interviews and an online survey).

- Limitations in data provided
  Impact Co. reached out, via ARCSHS, to all CAB members to invite them to complete an anonymous online survey as well as selected members for an interview. One survey was completed by an anonymous CAB member, and one interview was held with a CAB member. Two separate interviews were held with members of the ARCSHS research team. Information collected during surveys and interviews informed this evaluation report. Quotes from the interviews and surveys are noted as such in the evaluation findings below.

6. EVALUATION METHODOLOGY

The methodology used for the evaluation is detailed further in Appendix A.

EVALUATION FINDINGS

7. EVALUATION FINDINGS

A summary of the key evaluation findings are outlined in the table below. Each of these are outlined in more detail on the following pages.

Category	Insight
Category 1: Program Design and Delivery	**Insight 1.1:** ARCHS leveraged its strong network and reputation to engage with LGBTIQ+ communities
	Insight 1.2: There were some challenges with the reach of the Program
	Insight 1.3: NWMPHN trusted and empowered ARSCHS to deliver the research in line with its expertise
	Insight 1.4: COVID-19 meant that all consultation and data gathering activities were delivered online, which limited the level of engagement
Category 2: Engagement with the CAB	**Insight 2.1**: The CAB added value to the research and reporting process
	Insight 2.2: ARCSHS took on board feedback provided to them
	Insight 2.3: Increasing the number of meetings, and improving their structure, may have enabled the CAB to contribute more effectively to the research process
	Insight 2.4: Members of the CAB strengthened their networks throughout the research project
Category 3: Program Impact	**Insight 3.1**: The research has been able to achieve its short-term objective
	Insight 3.2: The systemic impact of the Program over the long term is unclear
	Insight 3.3: An extended research timeframe and budget may have allowed ARCSHS to deliver greater impact

Table 3 - Summary of evaluation findings

Category 1: Program Design and Delivery

This category explores how the Program was delivered.

Insight	Detail
Insight 1.1: ARCSHS leveraged its strong reputation and network to engage with LGBTIQ+ communities	It was identified that ARSCHS has a strong reputation and wide-ranging partnerships/affiliations among LGBTIQ+ communities and the organisations that support them. ARSCHS was able to leverage its strong reputation and network to recruit members of the CAB as well as disseminate the research survey. *"ARCHS have excellent communication channels, networks and partnerships to ensure this research is disseminated effectively" – CAB Survey Respondent*
Insight 1.2: There were some challenges with the reach of the Program	Despite Insight 1.1 above, it was recognised that the reach of ACRSHS' engagement efforts had its limitations (as outlined in the points below): • ARCSHS' targeted approach to recruiting members of the CAB may have meant that only people who are connected to ARCSHS or actively involved in the sector are represented, limiting the diversity of voices/representation on the CAB. *"Would have been better in the future if the process was more open rather than tapping people on the shoulder – otherwise you get the usual faces" – CAB Member* • Not all segments of the LGBTIQ+ communities were involved in the surveys and interviews (despite best efforts) such as intersex and asexual individuals. This has been highlighted in the draft report developed by ARCSHS. *"Despite our efforts to be as inclusive as possible, this study cannot claim to be representative of intersex people or communities […] Similarly, this report cannot claim to be representative of asexual people or communities." – Lean on Me, page 3* • A number of community leaders and peers may not have been able to contribute to the research due to the health, wellbeing and capacity impacts of their roles as community leaders/peers. *"My only concern about the lived experience captured is that it may under-represent the problem. Some folks who are very embedded in the focus of this research may not have had the capacity to participate due to burnout, stress and poor mental health" – CAB Survey Respondent*

Insight	Detail
Insight 1.3: NWMPHN trusted and empowered ARCSHS to deliver the research in line with its expertise	ARSCHS was highly complementary about the way in which NWMPHN engaged with them throughout the Program. ARSCHS felt that they were treated as experts in their field, especially compared to other funders who are typically more prescriptive when working with academic/research institutions. NWMPHN were clear in their expected outcomes and enabled ARSCHS to effectively design an appropriate research methodology by giving it sufficient autonomy. *"Really lovely approach with NWMPHN" - ARCSHS Researcher* *"There was a bit of back and forth around the scope, but gave us a good deal of free reign"– ARCSHS Researcher*
Insight 1.4: COVID-19 meant that all consultation and data gathering activities were delivered online, which limited the level of engagement	As an unavoidable consequence of the COVID-19 social distancing requirements, all CAB meetings and consultations were delivered virtually. Whilst this allowed the Program to continue during the pandemic, engaging in a virtual environment was found to have limited the ability for rapport building and CAB members to contribute to the research. *"Meeting in person would have helped with rapport building, but I don't think that had a substantial impact on the quality of the research" - ARCSHS Researcher* *"Unfortunately COVID-19 meant this research had to be conducted solely online, which is unfortunate. I feel that in-person focus groups could have yielded more quality qualitative results" – CAB Survey Respondent*

Category 2: Engagement with the CAB

This category explores the effectiveness with which the CAB was engaged and the value the group added to the research project.

Insight	Detail
Insight 2.1: The CAB added value to the research and reporting process	The CAB was found to add significant value to the research, including contributing to the following: • Identifying how participants can be appropriately supported throughout the research process; • Defining the scope and focus of the research; • Designing the participant recruitment process, including providing suggestions on how specific cohorts can be engaged in the research process; • Refining and evolving the approach as necessary throughout the program; and • Providing feedback and comments on the recommendations to the report (over 2-3 rounds of feedback). *"we received some solid feedback from the CAB members" – ARSCHS Researcher* *"the recommendations are no doubt better with their input" – ARSCHS Researcher*
Insight 2.2: ARCSHS took on board feedback provided to them	ARCSHS was open to, and took onboard, the feedback provided by the CAB (particularly for the recommendations in the report). This led to CAB members feeling that they were: • making meaningful contributions to the process; • satisfied with their involvement in the research; and • satisfied with the overall outcome. *"I felt our input was always valued" – CAB member* *"I saw that the feedback was reflected in the next draft" – CAB member* This feedback indicates that the Program successfully brought members of the LGBTIQ+ communities along the journey – a key priority for the Trial and the program.

Insight	Detail
Insight 2.3: Increasing the number of meetings, and improving their structure, may have enabled the CAB to contribute more effectively to the research process	ARSCHS' approach in engaging with the CAB primarily included plenary (group) quarterly meetings held virtually to discuss the progress of the research, which were supplemented by group email updates. It was indicated that there were some challenges associated with this approach. Plenary discussions, and asking for general feedback and comments, weren't effective at ensuring every member was heard from, and resulted in certain voices dominating. Smaller breakout rooms, targeted discussions and planned activities may have helped to mitigate this problem and better leverage the collective and individual experience of the CAB. *"Felt a bit rushed – it would have been useful to have 1-2 more meetings " – CAB member* *"It was hard to build a community with only 3 hours with each other over a 6-month period" – CAB member*
Insight 2.4: Members of the CAB were able to strengthen their networks throughout the research project	Whilst noting the above challenges of remote delivery and engagement in insight 1.4 and 2.3, it was identified that members of the CAB were able to strengthen their own network through their involvement in the Program. Creating new connections between CAB members, in turn, improves connections within LGBTIQ+ communities in North West Melbourne.

Category 3: Program Impact

This category explores the potential impact of the Program.

This evaluation is limited in its ability to infer any long-term impact of the Program as a whole because of its timing. This review has been drafted prior to the release of the final report and as such cannot provide insights beyond the short-term outcomes of the research (see *Evaluation Context* above for more information).

Insight	Detail
Insight 3.1: The research has been able to achieve its short-term objective	It was identified that the research has been able to achieve its short-term objectives of: • Increasing the knowledge base around the role of peers and community leaders and the challenges / issues they face when providing informal mental health and suicide prevention supports; • Identifying initiatives to better support peers and community leaders in providing informal mental health and suicide prevention supports; and • Increasing the evidence-base for suicide prevention in LGBTIQ+ communities. In addition, it has also been identified to have helped elevate the profile of peers and community leaders by documenting how peers and community leaders provide informal mental health and suicide prevention supports to other people who are LGBTIQ+; and the impact that they have on LGBTIQ+ communities. *"What I like about Lean on Me is that [it shines a light on] how are queer people keeping queer people alive in 2021 - my hope is that it will create more of a dialogue." – CAB Member* *"It highlights the suite of supports [that are provided by peers]…[and shows] funders and policy makers - here is the gap" – CAB Member* *"It was a great study and we hope to do more [with] them" - CAB Member* ARCSHS researchers throughout the Program, commented that it was clear from the start that people had experience in peer support, wanted to talk about those experiences and felt there was a genuine need for the Program. In capturing the lived experiences of peers and leaders in LGBTIQ+ communities and recommending a number of actions to better support this group, this Program has achieved its short-term objectives.
Insight 3.2: The systemic impact of the Program over	The final set of recommendations includes: 1. Develop a set of guiding principles to support LGBTQ communities in providing care to people experiencing both chronic and acute mental-health crisis; 2. Raise awareness of and further resource telephone support lines or web-chat services for people in peer-support roles;

the long term is unclear	3. Help peers better respond to active suicidal ideation and recognise burnout; 4. Develop safe suicide-prevention referral pathways; 5. Develop a broader action plan for responding to suicidality in LGBTQ communities; and 6. Undertake further research that examines experiences for those being cared for. *Note: ARCSHS declined to purport to speak for the Intersex and Asexual communities and so have use an adapted acronym in reporting to describe the community. See insight 1.2 and the report for full context.* CAB members indicated that recommendations could have been more targeted to systemic improvements given that peers and community leaders, through their support of people within the LGBTIQ+ communities, are filling a gap that the current systems do not fill. *"I am optimistic but I know that systemic change is still heavily rooted in the medical model, and community and peer support is undervalued" – CAB Survey Respondent* *"There's only so much that you can do within the existing service system" – CAB Member* *"Some of the recommendations felt like it was incremental change rather than the systemic change that is necessary - Would have been great if the report would have acknowledged the structural change that is required in the system" – CAB Member* When interviewed by Impact Co., ARCSHS acknowledged that they wanted to create recommendations that could be implemented and actionable. Its intention was to direct some recommendations towards direct support to peers and community leaders as well as advocating for broader systemic improvements. Fundamentally, the impact of this research systemically or directly on peers and community leaders will only become clear in the coming years, after the report is released and communicated to policy makers and other key stakeholders (including LGBTIQ+ communities themselves).
Insight 3.3: An extended research timeframe and budget may have allowed ARCSHS to deliver greater impact	More funding would have enabled the research to understand the impact of the support provided by peers and community leaders on LGBTIQ+ communities. This would have provided a more holistic and robust view of the role of peers and community leaders, as well as potentially strengthening the influence of the research on other stakeholders (e.g. policy makers, the public). Whilst it remains possible that other research projects in the future may fill this gap (and this is a recommendation in the report), certain synergies exist when designing complementary research projects together such as aligning data gathering processes. *"Complementary co-design of surveys etc could have been beneficial" - ARCSHS Researcher*

	"There is scope for another study - we did peers - so we haven't heard from people being helped. That is a study that could have been combined with this. That would have given multiple perspectives. It would have added some depth" - ARCSHS Researcher

EVALUATION RECOMMENDATIONS

8. RECOMMENDATIONS

The research project was effectively led and delivered by ARCSHS as a result of its substantial experience and expertise in projects of this type. NWMPHN appropriately empowered ARCSHS to conduct research which was consistent with the objectives of the Trial and better practice approaches to engaging with LGBTIQ+ communities. Whilst there are opportunities to improve in the future, particularly in the areas of digital engagement and reach, the recommendations below highlight how future projects should be conducted in a similar way to *Lean on Me*.

Recommendation
Recommendation 1: Empower commissioned organisations to lead research design and delivery to maximise the impact of their expertise A key factor in the overall success of this research was the willingness of NWMPHN to empower ARCSHS to design and deliver the research in line with its substantial expertise and experience. NWMPHN ensured the research was aligned with the Trial objectives, was informed by the work of the Taskforce, and met its procurement (contract management) requirements appropriately, but also provided ARCSHS autonomy to use its networks and experience to execute the project as a whole. This approach ensured a high-quality outcome, and good value for money, by allowing researchers to focus on delivery rather than managing its commissioning body.
Recommendation 2: Ensure research is informed by those not frequently reached by other initiatives or activities, as well as more prominent individuals and organisations CAB members were drawn from the Trial Taskforce, as well as ARCSHS' own networks, to ensure the voice of lived experience guided and informed the way the research was conducted and represented in the final report. The CAB represented significant experience and expertise in LGBTIQ+ mental health and greatly improved the final report. This approach should be balanced against a need to ensure *new* voices are heard when conducting new research to mitigate the risk that the same voices are heard repeatedly. Reaching out to groups or individuals not represented (e.g. TGD communities) will bring new perspectives, increase the strength of the research, and open doors to allow different communities to contribute to research. It could also mitigate against the risks that certain groups are excluded because they lack strong networks or a community around them.
Recommendation 3: Encourage active contribution of all stakeholders where consultations and meetings are held remotely Virtual meetings and consultations can stymie rapport building and the free exchange of ideas, especially in larger groups, where attendees have varying levels of expertise, or where topics of a personal nature are raised. Given this, researchers should take note of better practice techniques when leading discussions virtually. For example, more breakout rooms, smaller groups, and different applications can be used to ensure every voice is heard. Circumstances may prevent the effective use of technology in this way, in which case researchers (and commissioning organisations) should consider how resources might be re-allocated to increase the frequency of engagement or meeting size.

Recommendation
Recommendation 4: Maximise the value of indirect benefits for participants It was reported to Impact Co. that members of the CAB benefitted indirectly from their membership by building their networks and connection to other members of the community. An opportunity exists to take steps to embed these benefits within the program. For example, events could be held to encourage networking amongst members before, during and after the research is conducted. These events would help attract individuals to become CAB members and encourage people to contribute more to group discussions.

APPENDICES

APPENDIX A: EVALUATION SCOPE AND METHODOLOGY

Evaluation questions

The agreed evaluation questions that form the focus of this evaluation are identified below. They have been grouped according to questions that relate to the process of designing and implementing the Program and questions that relate to the outcomes achieved.

Element	Evaluation questions
Process	1. Was the research process conducted effectively?
Outcomes	2. Is the research likely to increase the knowledge base around peers and community leaders' roles providing informal mental health and suicide prevention supports (including the role that they play in the community, the challenges/issues that they face and the supports they require)? 3. Is the research likely to increase the awareness and understanding of policy makers and broader community around the challenges that LGBTIQ communities face and significance of peers and community leaders providing informal mental health and suicide prevention supports?

Data gathering

Approach

To support this evaluation, Impact Co. developed a mixed-methods approach to data collection. The matrix below highlights the various methods utilised to address each of the evaluation questions outlined previously.

Approach	Number of stakeholders consulted	Evaluation question		
		Q1	Q2	Q3
Semi-structured interviews and / or surveys with ARCSHS research staff	A total of 2 researchers were consulted and 1 responded to a survey	X	X	X
Semi-structured interviews and / or surveys with the CAB	A total of 1 CAB members were consulted		X	X

Note: 'X' indicates the data gathering approaches that seeks to address the respective evaluation questions

The program logic below describes the potential long-term, medium-term and short-term outcomes that Program could achieve and identifies the corresponding outputs, activities and inputs of the Program. It provides the framework that underpins the design of this evaluation

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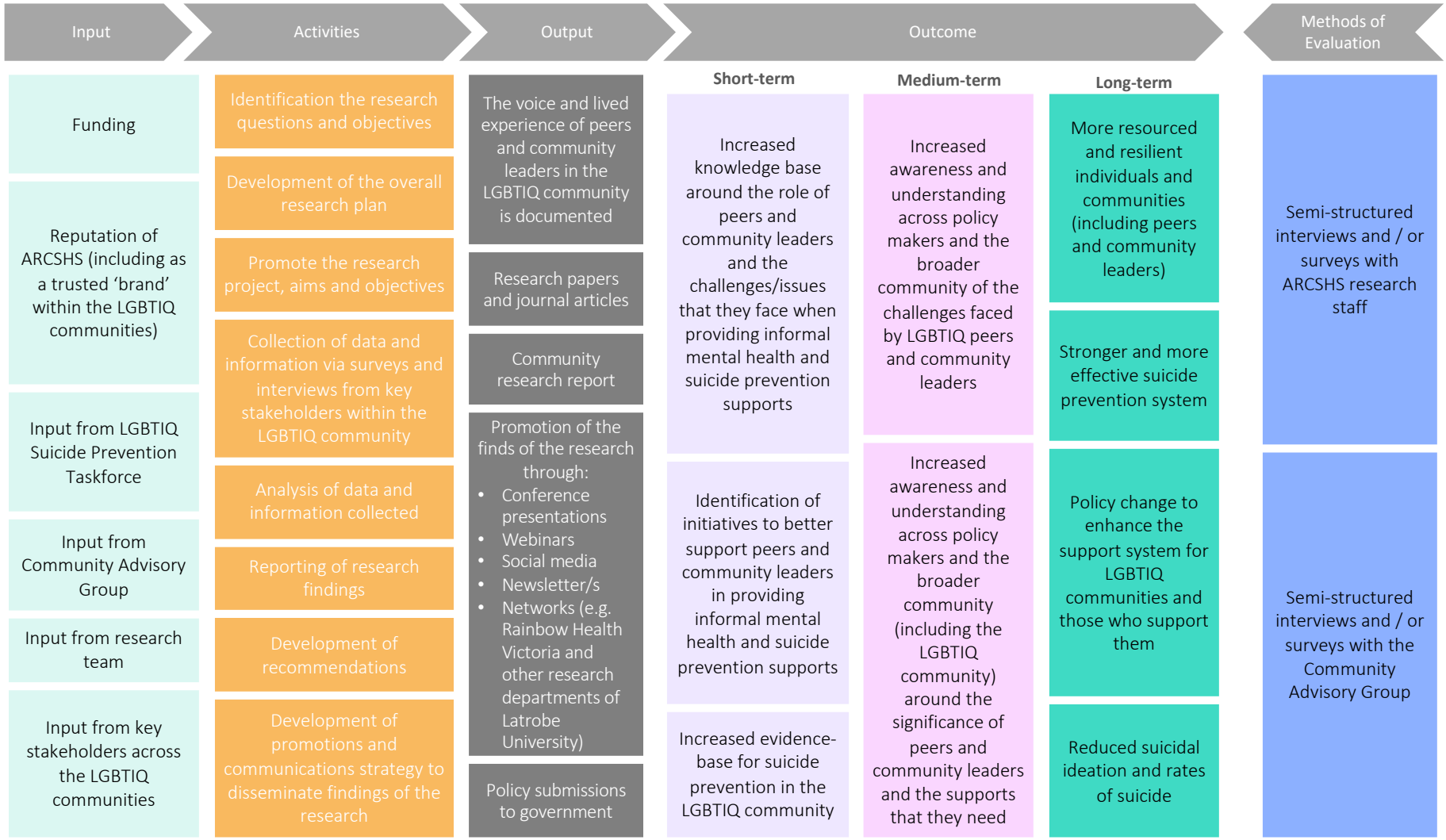
Input
Activities
Output
Outcome
Methods of Evaluation
Short-term
Medium-term
Long-term
Funding
Reputation of ARCSHS (including as a trusted 'brand' within the LGBTIQ communities)
Input from LGBTIQ Suicide Prevention Taskforce
Input from Community Advisory Group
Input from research team
Input from key stakeholders across the LGBTIQ communities
Identification the research questions and objectives
Development of the overall research plan
Promote the research project, aims and objectives
Collection of data and information via surveys and interviews from key stakeholders within the LGBTIQ community
Analysis of data and information collected
Reporting of research findings
Development of recommendations
Development of promotions and communications strategy to disseminate findings of the research
The voice and lived experience of peers and community leaders in the LGBTIQ community is documented
Research papers and journal articles
Community research report
Promotion of the finds of the research through:
• Conference presentations
• Webinars
• Social media
• Newsletter/s
• Networks (e.g. Rainbow Health Victoria and other research departments of Latrobe University)
Policy submissions to government
Increased knowledge base around the role of peers and community leaders and the challenges/issues that they face when providing informal mental health and suicide prevention supports
Identification of initiatives to better support peers and community leaders in providing informal mental health and suicide prevention supports
Increased evidence-base for suicide prevention in the LGBTIQ community
Increased awareness and understanding across policy makers and the broader community of the challenges faced by LGBTIQ peers and community leaders
Increased awareness and understanding across policy makers and the broader community (including the LGBTIQ community) around the significance of peers and community leaders and the supports that they need
More resourced and resilient individuals and communities (including peers and community leaders)
Stronger and more effective suicide prevention system
Policy change to enhance the support system for LGBTIQ communities and those who support them
Reduced suicidal ideation and rates of suicide
Semi-structured interviews and / or surveys with ARCSHS research staff
Semi-structured interviews and / or surveys with the Community Advisory Group

Timeframe

The timeframe of the data gathering occurred in June and July 2021

Data analysis

Interview

All interviews were transcribed, and a thematic framework was developed using inductive analysis to identify evaluation findings.

Insight validation

A draft copy of this evaluation report was circulated to ARCSHS and NWMPHN for their review and feedback before being finalised.

Survey questions – CAB

1. To what extent are you satisfied with the overall outcome of this research: [Rating between 1-10 and Free Text Response Option]
2. To what extent are you satisfied with your involvement in this research: [Rating between 1-10 and Free Text Response Option]
3. To what extent do you think your involvement in this research was meaningful and genuine: [Rating between 1-10 and Free Text Response Option]
4. To what extent do you think the research undertaken has captured the lived experience of the LGBTIQ+ community [Rating between 1-10 and Free Text Response Option]
5. To what extent do you think the research reflects leading practice approaches to designing and undertaking effective research [Rating between 1-10 and Free Text Response Option]
6. To what extent do you think this research has improved our understanding of the role of peers and community leaders in providing informal supports (around suicide prevention and mental health) within the LGBTIQ+ community [Rating between 1-10 and Free Text Response Option]
7. To what extent do you think this research has contributed to increasing the evidence base for suicide prevention within the LGBTIQ+ community [Rating between 1-10 and Free Text Response Option]
8. To what extent do you think this research has improved our understanding of how peers and/or community leaders can be better supported [Rating between 1-10 and Free Text Response Option]
9. To what extent do you think the proposed recommendations are fit-for purpose in terms of better supporting peers and/or community leaders in the provision of informal supports: [Rating between 1-10 and Free Text Response Option]
10. To what extent do you think the insights and proposed recommendations from this research will lead to policy and systemic change in the future: [Rating between 1-10 and Free Text Response Option]

11. To what extent are you confident that the findings of this research will be effectively communicated to the relevant stakeholders: [Rating between 1-10 and Free Text Response Option]
12. What are some of the strengths of this Initiative: [Free Text Response]
13. What are some of the areas for improvement of this initiative: [Free Text Response]
14. Do you have any further comments you would like to note for the purposes of the evaluation: [Free Text Response]