

LGBTIQ+ SUICIDE PREVENTION TRIAL

Switchboard - LGBTIQA+ Suicide
Postvention Response Plan
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.

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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 as 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 LGBTIQ+ 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 was a suicide prevention initiative funded by the Commonwealth Government across 12 different sites across Australia over a 4-year timeframe. Each of the trials sites were led by a local Primary Health Network (PHN) and aimed to improve the current evidence base around effective suicide prevention strategies for priority population groups and the broader population.

The trial site led by the North Western Melbourne PHN (NWMPHN) was focused on LGBTIQ+ communities in the North West of Melbourne and comprised of 8 individual interventions. One of these interventions was the LGBTIQ+ Suicide Postvention Response Plan that was developed by Switchboard. This involved conducting a qualitative research study into how Switchboard responded and supported its staff following the loss of Ingrid Zhang, a Switchboard staff member who died by suicide in April 2018. The findings of the research was then used to develop a Suicide Postvention Response Plan (referred to as the **LGBTIQ+ Suicide Postvention Response Plan**) specifically for LGBTIQ+ organisations and communities. The LGBTIQ+ Suicide Postvention Response Plan contains a set of guidelines, actions and procedures that can be implemented following the death by suicide of an LGBTIQ+ individual to help alleviate distress, reduce risk of imitative suicidal behaviour, facilitate bereavement and promote recovery.

Evaluation findings

The LGBTIQ+ Suicide Postvention Response Plan was identified to accurately capture the complexity of being LGBTIQ+, providing a robust foundation for the suicide postvention recommendations contained within the document. Whilst there are other resources available around suicide postvention (e.g. the Postvention Guidelines developed by the Australian Institute for Suicide Research and Prevention and Postvention Australia), there is nothing that has been developed specifically for LGBTIQ+ communities that addresses their nuanced needs. This emphasised the significance of the LGBTIQ+ Suicide Postvention Response Plan in contributing to the evidence base for suicide postvention for LGBTIQ+ communities.

The LGBTIQ+ Suicide Postvention Response Plan was also identified to be practical and developed in a way that provides tangible recommendations/actions for organisations and communities to implement. A number of examples of how the LGBTIQ+ Suicide Postvention Response Plan has been used include:

- Being embedded within Regional Suicide Postvention Response Plans to provide a LGBTIQ+-specific resource for the community and local organisations to refer to;
- Being actively disseminated by a peak body to member organisations;
- Being actively disseminated across the LGBTIQ+ and suicide prevention service system; and
- Switchboard being invited to speak at numerous events and conferences on the research.

In addition to the examples above and most notably, in December 2020 there was an unexpected need among LGBTIQ+ organisations to provide appropriate postvention support to their staff and the broader community due to a number of death by suicide by people who are LGBTIQ+. This led to an earlier-than-expected distribution of the LGBTIQ+ Suicide Postvention Response Plan to ensure that

the relevant LGBTIQ+ organisations were adequately equipped to either support their own staff members or broader LGBTIQ+ communities.

Switchboard’s reputation and profile as a trusted community-controlled organisation within LGBTIQ+ communities and the broader suicide prevention sector added significant credibility to the research and enabled the LGBTIQ+ Suicide Postvention Response Plan to be readily adopted. In developing this resource, Switchboard was also able to build its capacity in conducting complex research which will position it to undertake activities of a similar nature in the future.

The main criticism of the LGBTIQ+ Suicide Postvention Response Plan was identified to be its lack of focus on intersectionality. Whilst the document has been able to effectively highlight the specific needs and nuances around providing postvention support to people who are LGBTIQ+ and LGBTIQ+ communities broadly, it does not explicitly discuss how the needs (and hence the according postvention responses) might differ according to other aspects of a person’s identity (e.g. cultures, faiths and geographical location).

Evaluation recommendations

The recommendations for the LGBTIQ+ Suicide Postvention Response Plan following this evaluation are summarised according to the content and reach of the resource below:

Category	Recommendation
Content	Recommendation 1: Expand the sample size for the research by undertaking additional case studies of how other deaths by suicide were experienced to strengthen the evidence base that underpins the LGBTQIA+ Suicide Postvention Response Plan
	Recommendation 2: Address the gap in intersectionality or ensure that this gap is transparently declared in the LGBTQIA+ Suicide Postvention Response Plan
Reach	<p>Recommendation 3: Actively focus on sharing the LGBTIQ+ Suicide Postvention Response Plan to key stakeholders including (but not limited to)</p> <ul style="list-style-type: none"> • LGBTIQ+ - community-controlled organisations; • Peak bodies (such as LGBTIQ+ Health Australia, Suicide Prevention Australia, Australian Council of Social Services, Mental Health Victoria etc); • Suicide prevention, postvention and bereavement supports services (including mainstream and community-specific support services); and • Local, State and Commonwealth Governments

In addition to the recommendations in relation to enhancing the next iteration of the LGBTIQ+ Suicide Postvention Response Plan, the following recommendations should be considered by NWMPHN when commissioning future services:

Category	Recommendation
Commissioning	Recommendation 4: Recognise the unique strengths of community-controlled organisations and prioritise them in future commissioning efforts
	Recommendation 5: Actively leverage commissioning efforts as a way to build capacity of the commissioned organisation

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 LGBTIQ+ Suicide Postvention Response Plan developed by Switchboard. 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 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

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>

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 identify 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 Lgbtqi 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.lgbtqiintersect.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 Lgbtqi 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 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
LGBTIQ+ 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

<p>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</p>	<p>Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University</p>
<p>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</p>	<p>The Shannon Company</p>
<p>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</p>	<p>Various*</p> <p>Note: * 9 separate organisations have been awarded grants as part of this intervention.</p>

Table 1 - 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 development of the LGBTIQ+ Suicide Postvention Response Plan (also referred to as **'the Program'**) by Switchboard.

PROGRAM OVERVIEW

4. PROGRAM OVERVIEW

Information on the Program is outlined below:

Commissioned organisation

Switchboard is a community based not for profit organisation that provides a peer driven, support service for LGBTIQ+ communities and their allies, friends, support workers and families. It is Australia's leading organisation in the delivery of suicide prevention, intervention and postvention programs to LGBTIQ+ people with focus on leveraging lived experience in the design and delivery of its activities.

Target cohort

The target cohorts of the Program are LGBTIQ+ organisations across Australia and internationally.

Program objectives

The objectives of this Program are to:

- Understand how a suicide of an LGBTIQ+ staff member has impacted the lives of other; LGBTIQ+ individuals within an organisation, the broader LGBTIQ+ communities and the organisation itself;
- Identify the needs of LGBTIQ+ people who have been affected by suicide;
- Identify effective suicide postvention strategies within an LGBTIQ+ organisation;
- Explore how LGBTIQ+ people and communities grieve following the loss of an LGBTIQ+ person through suicide; and
- Build the evidence base around suicide postvention for LGBTIQ+ communities.

Program description

The focus of this Program is to conduct a qualitative research study into the effect of a death by suicide of a LGBTIQ+ individual(s) on LGBTIQ+ communities and organisations. This research was specifically conducted into how Switchboard responded and supported its staff following the loss of Ingrid Zhang, a Switchboard staff member who died by suicide in April 2018.

The findings from this study were then used to develop a Suicide Postvention Response Plan (referred to as the LGBTIQ+ Suicide Postvention Response Plan) specifically for LGBTIQ+ organisations and communities, ensuring that the resource reflects the nuanced need of LGBTIQ+ communities, which then enables safer and more appropriate responses from organisations. The LGBTIQ+ Suicide Postvention Response Plan consists of a set of guidelines, actions and procedures that can be implemented following the death of someone to suicide to help alleviate distress, reduce risk of imitative suicidal behaviour, facilitate bereavement and promote recovery of communities and individuals left behind to grieve the loss of someone to suicide.

The key research questions that formed the focus of this research are identified below:

- How do LGBTIQ+ people and LGBTIQ+ communities experience loss following the suicide of an LGBTIQ+ person?
- What are effective suicide postvention strategies in an LGBTIQ+ workplace and community following the suicide of an LGBTIQ+ person?

Semi-structured interviews and focus groups were conducted with a number of Switchboard staff members to explore their views on the questions above (based on their lived experience of a death by suicide of a staff member).

In order to ensure approach governance throughout the research study, an Oversight Committee was established to monitor, review processes and provide guidance throughout the Program. The Oversight Committee comprised of key staff members from Switchboard as well as a number of external academics with extensive experience and expertise in the areas of suicide prevention or LGBTIQ+ health.

The main functions of the Oversight Committee include the following:

- Providing feedback to Switchboard staff throughout research process;
- Monitor study conduct and progress;
- Support data collection process;
- Contribute knowledge to data analysis;
- Ensure research meets compliance agreements and participant needs; and
- Leverage their own networks to support the dissemination of the research.

Timeframe

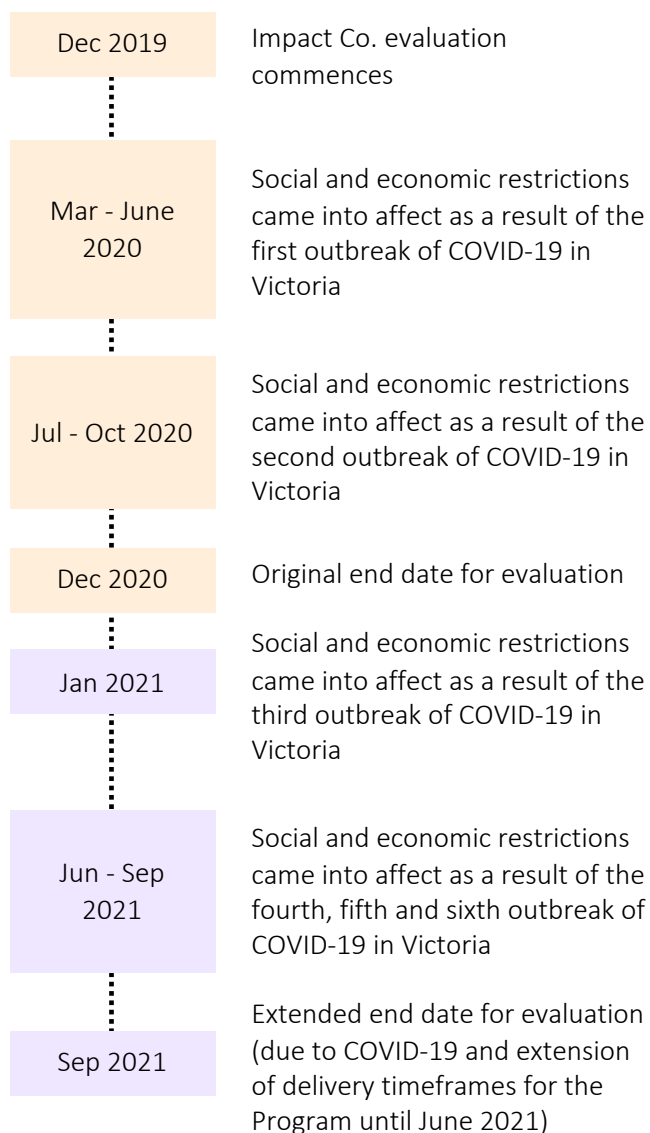
The Program was initially scheduled to commence in April 2019 and be completed by June 2020. However, due to the COVID-19 pandemic, the end date of the Program was extended to December 2020.

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**



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 second outbreak in June 2020 and second round of restrictions being enforced. The impacts of these restrictions are explored further below:

Figure 1 - Timeline of evaluation

- *Delays to the delivery of the Program* - The restrictions put in place as a result of COVID-19 meant that in-person interactions had to be limited as much as possible. This forced Switchboard and Impact Co. to adapt the design of the Program and evaluation respectively to take place in a virtual environment, where engagements were primarily conducted via teleconference or phone. There were significant implementation challenges with this, particularly during the early stages of the transition process where new processes and systems had to be developed and established in a very short time. This resulted in a period of hiatus for both the

Program and the evaluation as workarounds to the restrictions were being put in place, limiting the amount of information gathered within the timeframe for this evaluation;

- *Delay of evaluation* – The Program was extended until 30 June 2021 and the completion of this evaluation was extended to 30 September 2021 to take into consideration the impacts of COVID-19; and
- *Limited ability to engage* – Social interaction, community access and business activity were severely limited between March 2020 and December 2020 due to the COVID-19 restrictions. This had a significant impact on the general mental health and wellbeing of the broader community and made it very challenging to research participants of the Program. As a result, only a limited amount of consultation and data gathering were able to be conducted to inform the findings of this evaluation.

- **Timeframe of evaluation**

This evaluation was to be completed approximately 3 months after the end date of the Program. Consequently, the evaluation focused primarily on assessing the short-term outcomes of the Program as it was not possible to observe and measure any of the medium or long term outcomes within the timeframe of this evaluation.

- **Trial and system-wide initiatives impacts**

There were a number of other initiatives within and outside the National Suicide Prevention Trial targeting LGBTIQ+ communities in the North West of Melbourne during the same time as this Program. It is likely that these other initiatives would have had some impact on the participants of the Program, and consequently the findings of this evaluation. Due to the broad nature of these initiatives (similar to most other programs and services delivered in the health and social services sector), it was difficult to assess the extent to which these other initiatives have impacted the Program. As such, it should be noted the outcomes identified through this evaluation may not be fully attributed to the activities of this Program only.

- **Deaths by suicide within LGBTIQ+ communities**

There were a number of unfortunate deaths by suicide in LGBTIQ+ communities in late 2020, resulting in a significant outpouring of grief and support from LGBTIQ+ communities. In respect and recognition of the difficult news, the data gathering activities as part of this evaluation were put on hold during the month of December 2020 and resumed again in late January 2021 to allow the community sufficient time to grieve and the local LGBTIQ+-specific service providers, such as Switchboard to focus on supporting the community. This also had a number of significant implications on this Program:

- As a result of the deaths by suicide in the community, there was a sudden and significant need for guidance on the most appropriate way for organisations to respond and support their staff members. This led to the distribution of the LGBTIQ+ Suicide Postvention Response Plan being brought forward earlier than initially anticipated. It is worth highlighting that the LGBTIQ+ Suicide Postvention Response Plan was already completed by the time it was distributed and time allowed for content development was not compromised in any way.
- In addition to distributing the LGBTIQ+ Suicide Postvention Response Plan, Switchboard also leveraged the findings and insights gained from the research study to provide additional support and advice to organisations in need.

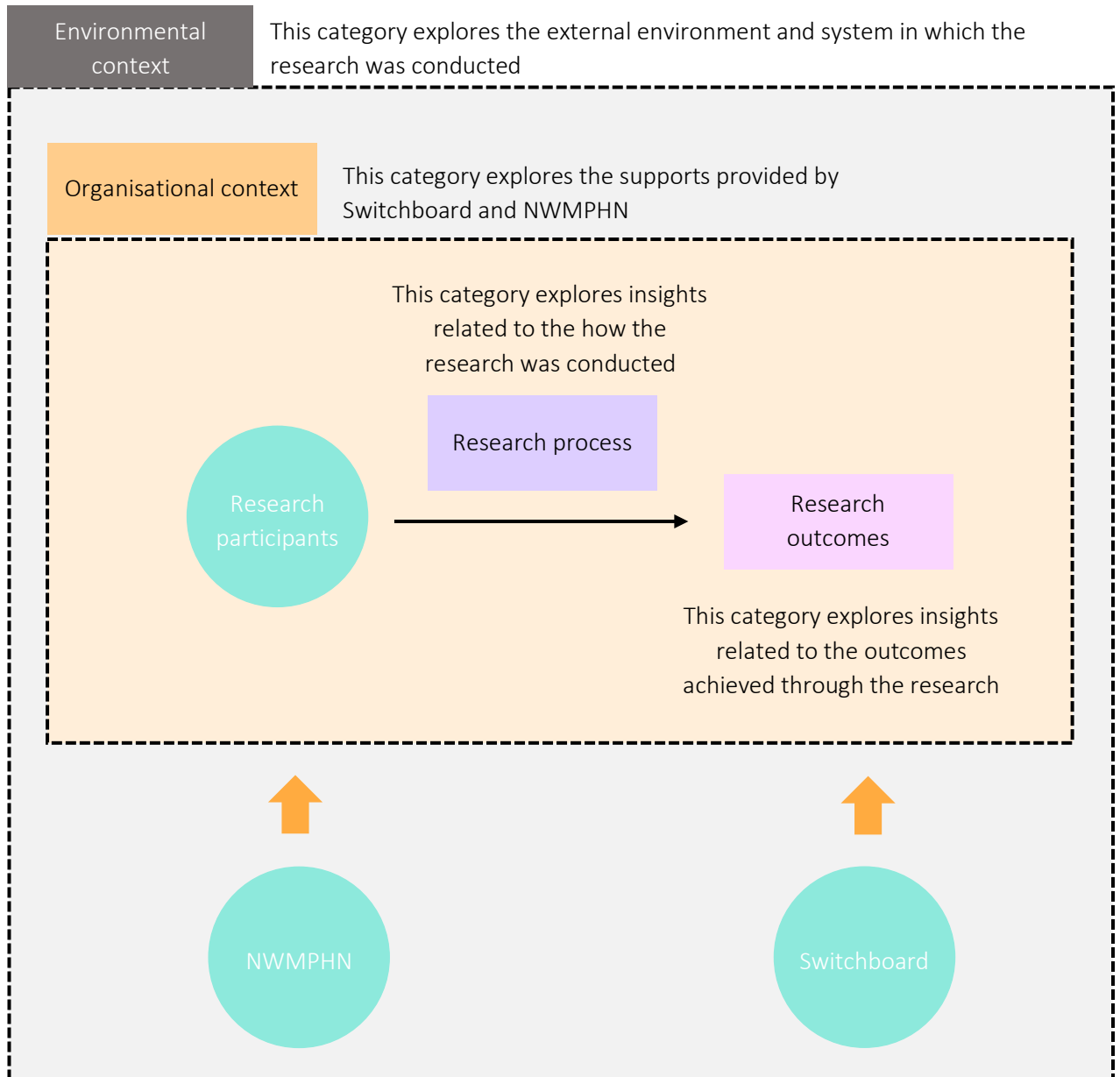
6. EVALUATION METHODOLOGY

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

EVALUATION FINDINGS

7. EVALUATION FINDINGS

The insights for the evaluation of this program are segmented in the following categories:



Legend

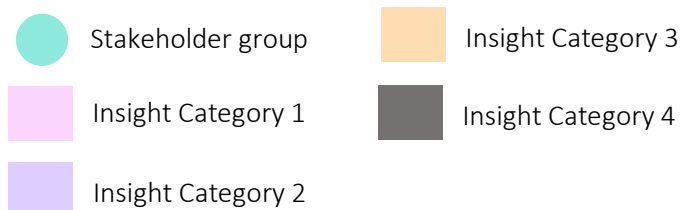


Figure 2 - Key categories for evaluation insights

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

Category	Insight
Category 1: Research outcomes	Insight 1.1: The LGBTIQ+ Suicide Postvention Response Plan is easy to understand
	Insight 1.2: The LGBTIQ+ Suicide Postvention Response Plan effectively articulates the rationale for a LGBTIQ+ - specific approach to suicide prevention and postvention
	Insight 1.3: The LGBTIQ+ Suicide Postvention Response Plan helps to increase the awareness/ understanding of suicide bereavement and postvention within LGBTIQ+ communities
	Insight 1.4: The LGBTIQ+ Suicide Postvention Response Plan can also support suicide prevention
	Insight 1.5: The research contributed to the global evidence base for suicide postvention
	Insight 1.6: The LGBTIQ+ Suicide Postvention Response Plan is practical and able to effectively support organisational readiness to respond to a death by suicide
	Insight 1.7: The LGBTIQ+ Suicide Postvention Response Plan helps to validate and empower the actions of LGBTIQ+ communities
	Insight 1.8: The LGBTIQ+ Suicide Postvention Response Plan has led to tangible outcomes within organisations
	Insight 1.9: The LGBTIQ+ Suicide Postvention Response Plan lacks focus on intersectionality
Category 2: Research process	Insight 2.1: The research was conducted in a safe and ethical manner
	Insight 2.2: There were mixed opinions on the sample size of the research
	Insight 2.3: The research was conducted in a rigorous and robust manner
	Insight 2.4: A strength of the research is that it is premised on lived experience
	Insight 2.5: The Program lacked sufficient resources
Category 3: Organisational context	Insight 3.1: As a community-controlled organisation, Switchboard’s affiliation with the research added to its trustworthiness
	Insight 3.2: The development of the LGBTIQ+ Suicide Postvention Response Plan has helped to build the research capability within Switchboard
	Insight 3.3: Involvement in other activities across the Trial took up significant time of Switchboard staff
	Insight 3.4: NWMPHN collaborated effectively with the Switchboard
Category 4: Environmental context	Insight 4.1: COVID-19 severely impacted the data gathering process

Table 2 - Summary of evaluation findings

Category 1: Research outcomes

This category explores the LGBTIQ+ Suicide Postvention Response Plan, including the outcomes that are achieved through it.

Insight	Detail
<p>Insight 1.1: The LGBTIQ+ Suicide Postvention Response Plan is easy to understand</p>	<p>The language used within the LGBTIQ+ Suicide Postvention Response Plan was identified to be simple and easy to understand. The fact that (i) jargon and technical language was avoided where possible; and that (ii) a glossary of terms was provided upfront to provide definitions for key terminology used, helped to ensure that the document was accessible to as many people as possible.</p> <p><i>“It’s also I would say pretty close to plain English. It speaks to a broader group of people” – Staff</i></p> <p><i>“it’s comprehensive enough without being overwhelming that it’s in the “too hard” basket.” – Stakeholder</i></p> <p><i>“This strikes a good balance between being a research paper and being overly simple. This document would make sense for the general public as it is not too academic. It will allow everyone to understand it.” - Stakeholder</i></p>
<p>Insight 1.2: The LGBTIQ+ Suicide Postvention Response Plan effectively articulates the rationale for a LGBTIQ+ - specific approach to suicide prevention and postvention</p>	<p>The LGBTIQ+ Suicide Postvention Response Plan provides sufficient context upfront by exploring the suicide bereavement and grief experience of people who are LGBTIQ+. This was identified to be particularly useful for individuals who do not have a deep understanding of LGBTIQ+ communities as it helps to clearly articulate the rationale for a community-specific response, which then builds buy-in and understanding to why a LGBTIQ+ - specific response to suicide prevention and postvention is necessary.</p> <p><i>“Up until recently, there’s only been a mainstream response to suicide prevention and what we need is a specialist LGBTIQ+ space... I think suicide rates have kind of stayed the same - which is bad, so the mainstream approach is not working.” – Staff</i></p> <p><i>“There are these mainstream activities that has been around for a long time, but they haven’t had an LGBTIQ+ overlay” – Staff</i></p> <p><i>“Because of the particular dynamics of LGBTIQ+ communities as well as individuals that means that there is more need to really look specifically at that community” – Stakeholder</i></p> <p><i>“I think that it articulates well, the rationale for an LGBTIQ+-specific postvention response plan” – Stakeholder</i></p>

Insight	Detail
	<p data-bbox="488 253 1394 360"><i>“And because of how it's written, you get context. So, someone who may not be from one of our communities picks that up and goes "oh okay, I wouldn't have considered that” – Stakeholder</i></p> <p data-bbox="488 439 1417 584"><i>“It's not just "here's a plan", you can see the process and the methodology behind it. It gives context and when you have context, you get buy-in and understanding; and I think that is really a key thing. They can actually go "okay this is why it's important, these are people's experience” – Stakeholder</i></p>
<p data-bbox="204 613 443 1070">Insight 1.3: The LGBTIQ+ Suicide Postvention Response Plan helps to increase the awareness/ understanding of suicide bereavement and postvention within LGBTIQ+ communities</p>	<p data-bbox="472 613 1430 1070">By exploring the experiences of the research participants and Switchboard as an organisation after the death of Ingrid Zhang, the LGBTIQ+ Suicide Postvention Response Plan was able to increase the awareness/understanding of suicide bereavement and grief within LGBTIQ+ communities. The research was highlighted to have accurately captured the complexity of being LGBTIQ+ and being part of the broader LGBTIQ+ communities (e.g. exploring the nuances between biological family and families of choice for people who are LGBTIQ+; and the connectedness/relational aspect of LGBTIQ+ communities, which means that the impact of a death by suicide within LGBTIQ+ communities can be often felt more broadly beyond the immediate circle of family and friends). This provided a robust foundation for the suicide postvention recommendations contained within the document.</p> <p data-bbox="488 1115 1407 1301"><i>“There's often a clash between what the person's friends and maybe chosen family-type relationships might think should be done and what the family of origin thinks should be done... That's a point of extreme distress for people. So in that plan, it's pretty unique that these dynamics are taken into consideration.” – Stakeholder</i></p> <p data-bbox="488 1379 1356 1487"><i>“This document is a window into what it might mean to be in a queer community and have a suicide happen as opposed to having an outsider’s perspective” – Stakeholder</i></p> <p data-bbox="488 1565 1388 1673"><i>“Having a specific plan where you can honour them around their LGBTIQ+ identity is vital, particularly when someone who dies by suicide - that part of them isn't always acknowledged in the family.” – Stakeholder</i></p> <p data-bbox="488 1751 1378 1821"><i>“What stood out to me the most is just the incredible understanding of how we grieve as a community”– Stakeholder</i></p> <p data-bbox="488 1899 1366 2007"><i>“What this plan does is highlight the general sensitivity and considerations involved around suicide postvention, but it takes it to the level, nuanced specifically to the LGBTIQ+ community” – Stakeholder</i></p>

Insight	Detail
	<p><i>"I just think it really highlighted the complexities of being part of the LGBTIQ+ community when there is a death of a community member by suicide" – Stakeholder</i></p>
<p>Insight 1.4: The LGBTIQ+ Suicide Postvention Response Plan can also support suicide prevention</p>	<p>The LGBTIQ+ Suicide Postvention Response Plan is centred around the lived experience of suicide, prompting discussions around the topic. Doing so, further raises the awareness around suicide, normalising and encouraging engagement with the topic, which supports suicide prevention.</p> <p><i>"So whilst it's a postvention plan, if we use it right, if we talk to it more, if we refer to it, then it helps to actually prevent suicide" – Stakeholder</i></p> <p><i>"If there was some kind of display of the Postvention Plan and we talk about it more, people have that very subtle signal that it's something that's okay to talk about" – Stakeholder</i></p>
<p>Insight 1.5: The research contributed to the global evidence base for suicide postvention</p>	<p>A leading expert in suicide prevention and postvention highlighted the lack of comparable research around the world and emphasised the significance of the LGBTIQ+ Suicide Postvention Response Plan in contributing to the evidence base for suicide postvention for LGBTIQ+ communities.</p> <p><i>"We're leading the way in Australia globally, there just isn't this kind of document." – Stakeholder</i></p> <p><i>"What Person X has been able to produce as part of this project really is at the top ranks of the international postvention field because she has come from an evidence-informed view from the perspective of the people the plan is designed for. So the other plans that are out there whether they are Australian or international, are very much focused on the generic, heteronormative, "white" kind of view. There's very little for any minority groups... So I would say that in doing this, she really is kind of at the cutting edge." – Stakeholder</i></p> <p>This reflection was similarly shared by a number of the other stakeholders (which includes stakeholders and experts from the suicide prevention sector and from LGBTIQ+ organisations) consulted as part of this evaluation. It was identified that whilst there are other resources available around suicide postvention (e.g. the Postvention Guidelines developed by the Australian Institute for Suicide Research and Prevention and Postvention Australia), there is nothing that has been developed specifically for LGBTIQ+ communities that specifically addresses their nuanced needs.</p> <p><i>"People do have an adaptation of say, a "Support After Suicide" plan, and I know Switchboard had one prior to this but I think this goes into more depth. It actually has considerations for the community that are unique to other postvention plans. So yes, people will have adapted ones out there, but this is</i></p>

Insight	Detail
	<p data-bbox="488 239 1409 309"><i>more evidence-based and based on actual lived experience which is important and it's more comprehensive than other plans, I would say” – Stakeholder</i></p> <p data-bbox="488 383 1418 452"><i>“They named it and said look ‘LGBTIQ+ considerations aren't a part of what we have out there in regards to postvention support or planning’ ” – Stakeholder</i></p>
<p data-bbox="204 519 448 958">Insight 1.6: The LGBTIQ+ Suicide Postvention Response Plan is practical and able to effectively support organisational readiness to respond to a death by suicide</p>	<p data-bbox="472 519 1430 824">The contents of the LGBTIQ+ Suicide Postvention Response Plan were identified to be practical and developed in a way that provides tangible recommendations/actions for organisations and communities to implement. The checklist that outlines the various steps to take at various timeframes was highlighted as being particularly helpful as organisations and communities are often in a state of significant distress in the event of a death by suicide. Having a document that organisations and communities can reference would enable a more considerate and comprehensive response during such an adverse event.</p> <p data-bbox="488 864 1353 934"><i>“It gives people something tangible at a time when often they don't know what to do and so it provides a base for action” – Stakeholder</i></p> <p data-bbox="488 1010 1418 1079"><i>“What I particularly liked about it actually was the 24 hours 48 hours, that was something that I thought was super practical”– Stakeholder</i></p> <p data-bbox="488 1155 1326 1225"><i>“No amount of planning can prepare you for a death by suicide but this certainly helps” – Stakeholder</i></p> <p data-bbox="488 1301 1418 1370"><i>“What I particularly liked about it actually was the 24 hours 48 hours, that was something that I thought was super practical”– Stakeholder</i></p> <p data-bbox="488 1447 1390 1476"><i>“It avoids postvention being seen as too hard to do, because it's not.” – Staff</i></p> <p data-bbox="472 1561 1404 1668">The practical nature of the LGBTIQ+ Suicide Postvention Response Plan was also identified to empower organisations and communities to act by validating the appropriateness of their actions.</p> <p data-bbox="488 1693 1418 1843"><i>“It kind of helps us have an understanding that what we're doing for each other is okay. I think we always think we don't need permission to do things for each other in community, but it helps to know that what you're doing is appropriate.” - Stakeholder</i></p> <p data-bbox="488 1919 1385 1989"><i>“It tells a story about what people might be experiencing and it helps people act on that” – Staff</i></p>

Insight	Detail
	<p>In addition, the LGBTIQ+ Suicide Postvention Response Plan is recognised as being sufficiently broad that it provides a foundation for organisations and communities to adapt the document to suit their specific needs.</p> <p><i>“An organisation could certainly plan its response based on the elements of the plan” – Stakeholder</i></p> <p>However, it was identified that the LGBTIQ+ Suicide Postvention Response Plan would benefit from having a clearer link between the findings of the research and the checklist/action plan provided in the appendices of the document, specifically how the research led to the list of actions in appendices.</p> <p><i>“It’s a ‘leap’ from the content to the appendices” – Stakeholder</i></p> <p><i>“If someone is in a crisis and they’re in charge of the response and they’re thinking, “what do I do?” - the appendices are helpful from that point of view but I think there’s a gap between the content of the report and the appendices... There needs to be something in the middle.”– Stakeholder</i></p>
<p>Insight 1.7: The LGBTIQ+ Suicide Postvention Response Plan helps to validate and empower the actions of LGBTIQ+ communities</p>	<p>The findings of the research will help to normalise and reaffirm the emotions, thoughts and actions that come after a death by suicide. It addresses a gap in current literature by documenting the bereavement and grieving process after a death by suicide, which helps to validate the experiences of other organisations and communities.</p> <p><i>“The other thing that it does that I think is really important in postvention and is supported by evidence is really to normalize some of the things that happen after a suicide death and in doing so, allows people to go “okay, its not just me that might be struggling with this particular death.” – Stakeholder</i></p>
<p>Insight 1.8: The LGBTIQ+ Suicide Postvention Response Plan has led to tangible outcomes within organisations</p>	<p>A number of tangible examples of how the LGBTIQ+ Suicide Postvention Response Plan was being used were identified by stakeholders – This includes:</p> <ul style="list-style-type: none"> • Being embedded within Regional Suicide Postvention Response Plans to provide a LGBTIQ+-specific resource for the community and local organisations to refer to; • Being actively disseminated by a peak body to member organisations; • Being actively disseminated across the LGBTIQ+ and suicide prevention service system; and • Switchboard being invited to speak at numerous events and conferences on the research. <p>In addition to the examples above and most notably, in December 2020 there was an unexpected need among LGBTIQ+ organisations to provide appropriate postvention support to their staff and the broader community due to a number of death by suicide by people who are LGBTIQ+. This led to an earlier-than-expected distribution of the LGBTIQ+ Suicide Postvention Response Plan to</p>

Insight	Detail
	<p>ensure that the relevant LGBTIQ+ organisations were adequately equipped to either support their own staff members or broader LGBTIQ+ communities. Switchboard was also able to leverage the findings and insights gained from the research study to provide additional support and advice to these organisations in need.</p> <p>The examples identified above demonstrate the value and usefulness of the LGBTIQA+ Suicide Postvention Response Plan.</p> <p><i>“The number of times we have been invited to speak recently has skyrocketed and particularly around the report, which is really great.” – Staff</i></p> <p><i>“It’s being incorporated into the Macedon Ranges Postvention Plan. This means that this document has a life beyond the document itself. It has gone on to inform of how other communities and organisations think about postvention” – Stakeholder</i></p> <p><i>“We would be sharing this with all our members and encouraging people to use it because of the way it was developed and it is specific to the LGBTIQ+ communities. So I do see it being taken up by organisations, especially community-controlled organisations” – Stakeholder</i></p> <p><i>“I think it’s great and I think once its finalised, we will include it within our organisation. We’ve got a whole list of LGBTIQ+-specific resources and referral pathways internally as well on our website. So we would like to include this plan on those different platforms so that we can access it but so can other organisations looking for resources” – Stakeholder</i></p> <p><i>“When it became available and was launched, we had disseminated this across all of our mental health services, which was a wide reach” – Stakeholder</i></p>
<p>Insight 1.9: The LGBTIQA+ Suicide Postvention Response Plan lacks focus on intersectionality</p>	<p>The main criticism of the LGBTIQA+ Suicide Postvention Response Plan is its lack of focus on intersectionality. Whilst the document has been able to effectively highlight the specific needs and nuances around providing postvention support to people who are LGBTIQ+ and LGBTIQ+ communities broadly, it does not explicitly discuss how the needs (and hence the according postvention responses) might differ according to other aspects of a person’s identity (e.g. cultures, faiths and geographical location). Consequently some of the recommendations might not be fully fit-for-purpose for certain community groups (e.g. Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds, people living in regional/remote communities, people of different faiths etc).</p>

Insight	Detail
	<p data-bbox="488 250 1398 327"><i>"Recommendations are very anglo-centric... "I got so caught up in the lack of intersectionality within it that I ended up not engaging with it"- Stakeholder</i></p> <p data-bbox="488 398 1398 474"><i>"The plan should be expanded to take into consideration the needs of specific communities and cultures" – Stakeholder</i></p> <p data-bbox="488 546 1414 775"><i>"I'm always thinking about the regional context and to make sure that useful resources also translates in the regional context... Living regionally, people might be less likely to be 'out' in their community. They might be more isolated from the LGBTQ+ community members, so I know that sometimes knowing if people identify or not is going to be tricky. These sorts of considerations would be useful to include in the plan" – Stakeholder</i></p> <p data-bbox="472 855 1430 963">This point is recognised by Switchboard as a gap within the current document and there is acknowledgement that the LGBTQ+ Suicide Postvention Response Plan will continue to be iterated on an ongoing basis.</p> <p data-bbox="488 1003 1398 1151"><i>"These things are always iterative. I don't see that this is the final document. We're constantly thinking of new things that should go into the report. I want this to be opening up a conversation, not having a finite kind of "this is everything you need to know" – Stakeholder</i></p>

Category 2: Research process

This category explores the process in which the research was conducted.

Insight	Detail
<p>Insight 2.1: The research was conducted in a safe and ethical manner</p>	<p>The research was able to strike a balance between ensuring that:</p> <ul style="list-style-type: none"> • The participants of the research process felt safe and comfortable to share their experiences; and • The objectives of the research were met. <p>A key reason for this was identified to be the lead researcher’s deep understanding of suicide and LGBTIQ+ communities, enabling them to tactfully engage and draw on the experiences of interviewees to inform the research.</p> <p>The researcher’s thoughtful and considerate manner was also highlighted as a key enabler in supporting the research to be conducted in safe way.</p> <p><i>“Person X was able to balance the needs of the interviewees and outcomes of the project.” – Stakeholder</i></p> <p><i>“Person X was always, throughout the project, I would say, very sensitive to people’s individual privacy, as well as the need to use that lived experience essential to the creation of this work.” – Stakeholder</i></p> <p><i>“Person X placed the needs of the LGBTIQ+ people that were grieving at the center, and how they might feel, and the impacts (of the research) on them over proceeding in certain areas of the research. I just think that is integrity in research.” – Stakeholder</i></p>
<p>Insight 2.2: There were mixed opinions on the sample size of the research</p>	<p>Some of the stakeholders interviewed as part of this evaluation thought that the sample size underpinning the research was appropriate whereas others thought it was too small.</p> <p><i>Appropriate sample size</i></p> <p>The fact the research was centred around one specific incident was highlighted as a key strength by some. It was identified that this provides a consistency of context when considering the lived experience and input provided by the research participants, enabling a deeper understanding of the impacts of one death by suicide (as compared to involving participants with lived experience of different incidents which might introduce more variables to the research, making it significantly more difficult to synthesise/extract the relevant themes). The themes emerging from the research were also identified to be sufficiently broad that they could have wide-spread applicability.</p>

Insight	Detail
	<p><i>“If we're basing it (the research) on multiple deaths... there's too many other varying factors, whereas, what I like about this is that it's the same incident. People have different experiences of grief, people have different connections to community and this is based on the one death, so there are not as many variable.” – Stakeholder</i></p> <p><i>“Person X has been able to use participant's voice and keep reminding herself and participants that, yes this was about this one death that has affected us all, but we're thinking about what to do the next time this happens - so that's where it got that broader applicability.”– Stakeholder</i></p> <p><i>Sample size too small</i></p> <p>Other stakeholders however expressed concerns around the size of the research sample (based around one specific incident and the lived experience of only 6 individuals). It was highlighted that the limited size of the research sample might limit the applicability of the research to how other people, organisation and communities should respond to a death by suicide of someone who is LGBTIQ+ in the future.</p> <p>Note: Switchboard plans on conducting an additional 12 interviews in 2021 to add to the underpinning evidence base for this research. This however, falls outside the scope of this evaluation.</p> <p><i>“More interviews and interviews with people that aren't related to the death of Ingrid would be good.” – Participant</i></p> <p><i>“You can't generalise postvention based on one incident” – Participant</i></p> <p><i>“And what else I liked about it is the case studies or the interviews that they did, the participants all experienced the same death by suicide, so you're getting a different perspective of the same incident. Rather than different experiences of different deaths by suicide which would have varying and obviously different results.” – Participant</i></p>
<p>Insight 2.3:</p> <p>The research was conducted in a rigorous and robust manner</p>	<p>The experience and background of the Research Team added to the credibility of the research. The Research Team was identified as a key strength of the research, with the following aspects highlighted in particular:</p> <ul style="list-style-type: none"> • The team's reputation and experience in mental health, suicide prevention and working with LGBTIQ+ communities • The research being led by someone who is LGBTIQ+ <p>Going through a formal ethics process also ensured that the research was conducted in a safe and effective manner.</p>

Insight	Detail
	<p data-bbox="488 253 1406 327"><i>“There was an amazing combination of people who worked on this project.” – Staff</i></p> <p data-bbox="488 398 1299 510"><i>“When I saw the Research Team, I was like “oh wow they're LGBTQI+ researchers leading this work”, which was really important to me.” – Stakeholder</i></p>
<p data-bbox="204 539 448 741">Insight 2.4: A strength of the research is that it is premised on lived experience</p>	<p data-bbox="475 539 1406 645">Using real-life case studies and lived experience as the underpinning evidence-base for the LGBTQIQA+ Suicide Postvention Response Plan made the content relatable.</p> <p data-bbox="488 685 1414 797"><i>“Another thing about this project that has separated from the other projects is that it’s always been lived-experience-led and I think that's part of what makes suicide prevention initiatives very successful.” – Staff</i></p> <p data-bbox="488 875 1378 981"><i>“What's done really nicely is that use of first-person voice and how and why we respond. It helps to illustrate and humanize what it is that's trying to be done.” – Stakeholder</i></p> <p data-bbox="488 1059 1394 1205"><i>“I think it's in the case studies that makes it real, it's lived experience, people can't debate someone telling their story... This is someone telling it straight from their mouth, you can't tell someone “no, what you're feeling is incorrect”.” - Stakeholder</i></p>
<p data-bbox="204 1234 448 1514">Insight 2.5: The resources required to develop the LGBTQIQA+ Suicide Postvention Response Plan was underestimated</p>	<p data-bbox="475 1234 1422 1536">The level of resourcing required to develop the LGBTQIQA+ Suicide Postvention Response Plan was underestimated during the tendering stage by both NWMPHN and Switchboard (e.g. there wasn’t specific funding allocated for the research to obtain ethics approval, nor was there funding to reimburse participants for participating in the research and to conduct a debrief with them at the end of the consultation process). Funding had to be sought from other sources (e.g. Victorian Government) as well as contributed in-kind by Switchboard to make up the difference in resources required.</p> <p data-bbox="488 1581 1398 1727"><i>“Yeah, and that was another component. In order for the project to be as successful as it had been, we had to seek external funds. We have received money from the Victorian government and have had to put other inputs into this project” - Staff</i></p> <p data-bbox="488 1805 1382 1995"><i>“This project was really only specifically funded for staff time with a little bit of extra funding to cover the basic needs of the staff member being in employment. So the funding didn't cover costs such as putting us through ethics, it didn't cover costs to support people who were participating in the interview.” - Staff</i></p>

Category 3: Organisational context

This category explores the supports provided by Switchboard and NWMPHN

Insight	Detail
<p>Insight 3.1:</p> <p>As a community-controlled organisation, Switchboard's affiliation with the research added to its trustworthiness</p>	<p>Switchboard's reputation and profile as a trusted community-controlled organisation within LGBTIQ+ communities and the broader suicide prevention sector added significant credibility to the research and helped to create a stronger sense of trust in the findings reported.</p> <p>In particular, it was highlighted that because Switchboard is a community-controlled organisation it is more accountable and committed toward delivering positive outcomes for LGBTIQ+ communities. This point is exemplified in the way Switchboard contributed significant in-kind resources to this project (discussed previously in <i>Insight 2.5</i>)</p> <p>Switchboard (and its staff) also has a deep of understanding of the needs and nuances of people who are LGBTIQ+, which in addition to its expertise in suicide prevention, ensures that it is able to conduct the research in an effective way.</p> <p>The factors discussed above collectively contributed to giving LGBTIQ+ communities and organisations that work in the suicide prevention sector a greater sense of confidence in the LGBTIQ+ Suicide Postvention Response Plan.</p> <p><i>"We're not just doing it for ourselves as Switchboard. We're doing it for the community. It's not about making something that makes us look good, but creating a useful resources for someone who goes through this" – Staff</i></p> <p><i>"Well, the fact that it's happened within a community-controlled organisation, there's been an accountability to community" – Staff</i></p> <p><i>"I think when you give this kind of work to a research institution, whether you give it to a university, whether you give it to a research body, they're not necessarily accountable to the people through a part of that work in the way that we are. We're on the ground and we hear from people who are having these experiences every day and in the way that we work as an organisation. All this gets fed into this work... It becomes practical, it doesn't stay as research, it's implementable " – Staff</i></p> <p><i>"The fact that the plan has been developed by Switchboard has given it a lot of credibility, a community-controlled organisation that has a lot of experience and expertise in mental health and suicide prevention and also has its own lived experience through the death of Ingrid Zang." – Stakeholder</i></p> <p><i>"It's based on the knowledge and experience of Switchboard which is community-controlled, so, therefore, has very deep knowledge of the lived</i></p>

Insight	Detail
	<p><i>experience of people who identify with the LGBTIQ+ communities” – Stakeholder</i></p>
<p>Insight 3.2:</p> <p>The development of the LGBTIQ+ Suicide Postvention Response Plan has helped to build the research capability within Switchboard</p>	<p>Another outcome of this project is the enhancement of internal research capability within Switchboard through the research process. The development of the LGBTIQ+ Suicide Postvention Response Plan has increased the organisation’s experience in conducting complex research which will be beneficial in supporting further evidence-building and evaluation activities conducted in the future.</p> <p><i>“For us, to have an embedded research within the organisation, it is the sort of the process that will benefit us forever. The things that we've learnt around research and going through ethics, that's really important skills development” – Staff</i></p> <p><i>“In terms of research literacy, it has definitely gone up in Switchboard, as well as for Person X individually, which I think is really important around service delivery and in building the evidence base.” - Stakeholder</i></p>
<p>Insight 3.3:</p> <p>Involvement in other activities across the Trial took up significant time of Switchboard staff</p>	<p>Key Switchboard staff members were also actively involved in other projects as part of the Trial which made it challenging at times to dedicate sufficient time and energy to the development of the LGBTIQ+ Suicide Postvention Response Plan.</p> <p><i>“Because we were part of the Trial, I think we were drawn into other trial projects. I think there was a lot of pressure on Person X to take on other trial projects. I'm sure she could've spent less time on other Trial projects and more time on this project” - Staff</i></p> <p><i>“There was this expectation that because we were part of the Trial that we would participate in other aspects of it... Not to say they weren't value-add but we just weren't funded to participate in them” - Staff</i></p>
<p>Insight 3.4:</p> <p>NWMPHN collaborated effectively with the Switchboard</p>	<p>The relationship between NWMPHN and Switchboard was identified to be positive, collaborative and flexible, which provided a strong foundation for an effective project.</p> <p><i>“Jo and Susan and Chris before them were really nice people and they really wanted the project to succeed” - Staff</i></p> <p><i>“I always felt like their intentions were always really good and really professional. And even at times, they're trying to create opportunities for us” - Staff</i></p>

Insight	Detail
	<p>The fact that key staff at NWMPHN identified as LGBTIQ+ was also recognised as a key strength and enabler to the effective working relationship.</p> <p><i>“The thing that I thought was the most beneficial was that everyone was part of our community, everyone identified as LGBTIQ+. I think that was invaluable to the work that everyone's been doing on these projects. It meant that people got it and it also meant that people could advocate” - Staff</i></p> <p>However, there were times where the bureaucracy of Primary Health Networks and their limited ability to dictate the amount of funding that they receive/commission (including the purpose of the funding) made things challenging.</p> <p><i>“I always felt like they wanted to help, they just couldn't. I felt like people were really barracking for us. It felt like they were quite stymied by the bureaucracy at times” - Staff</i></p>

Category 4: Environmental context

This category explores the external environment and system in which the research was conducted.

Insight	Detail
<p>Insight 4.1: COVID-19 severely impacted the data gathering process</p>	<p>COVID-19 limited the number of interviews that could be conducted during the data gathering stage of this evaluation, limiting the sample size of research participants that could be engaged.</p> <p><i>“COVID-19 significantly impacted the number of people that we could speak to.” - Staff</i></p> <p>Note: Switchboard plans on conducting an additional 12 interviews in 2021 to add to the underpinning evidence base for this research. This however, falls outside the scope of this evaluation.</p>

EVALUATION RECOMMENDATIONS

8. RECOMMENDATIONS

The LGBTIQ+ Suicide Postvention Response Plan is a significant asset for LGBTIQ+ communities and organisations that employ LGBTIQ+ staff as it provides a targeted and nuanced approach to support people affected by the suicide of someone who is LGBTIQ+ and promote healing at an individual, community and organisational level. It is seen as a 'first of its kind' research that will act as a useful resource for communities and organisations that are in a time of significant distress. The following recommendations outlines a handful of considerations for the next iteration of the LGBTIQ+ Suicide Postvention Response Plan to further enhance the Plan's credibility and maximise the reach of the document's impact. These have been grouped into the 2 categories below:

- **Content** i.e. enhancing the underpinning evidence of the LGBTIQ+ Suicide Postvention Response Plan; and
- **Reach** i.e. extending the reach of the LGBTIQ+ Suicide Postvention Response Plan

Category	Recommendation
Content	<p>Recommendation 1: Expand the sample size for the research</p> <p>As identified in the insights above, a key strength and criticism of the LGBTIQ+ Suicide Postvention Response Plan is that the insights and recommended actions are based on the experiences of individuals from the same organisation, and of the same death by suicide incident. This was identified as a strength as the 'case study' research approach enabled a more in-depth understanding of a single incident; and is conversely seen as a limitation by others as it limits the underlying sample size for the research. The evidence base underpinning the LGBTIQ+ Suicide Postvention Response Plan would be significantly strengthened if a similar 'case study' research approach was undertaken of how other deaths by suicide were experienced to ensure that the insights and recommended actions are applicable to different circumstances.</p>
	<p>Recommendation 2: Address gap in intersectionality or make this explicit in the LGBTIQ+ Suicide Postvention Response Plan</p> <p>The primary gap identified by stakeholders involved in the evaluation process is the lack of focus on intersectionality in the document. It is suggested that this be addressed in the next iteration of the LGBTIQ+ Suicide Postvention Response Plan through either:</p> <ul style="list-style-type: none"> • Explicitly mentioning that intersectionality has not been adequately researched so that users are aware of this and can keep this in mind as they are going through the insights and recommended actions in the document; or • Researching the specific considerations that need to be applied in the event of a death by suicide of an LGBTIQ+ person of different faiths, cultures, geographies etc to recognise that a more nuanced approach might be required

Reach	<p>Recommendation 3: Actively focus on sharing the LGBTIQ+ Suicide Postvention Response Plan</p> <p>The value of the LGBTIQ+ Suicide Postvention Response Plan was highlighted through this evaluation. However, its value can only be realised if the resource is known to the individuals, communities and organisations who may find themselves requiring access to it. As Switchboard has already been doing since the launch of the interim report, the next iteration of LGBTIQ+ Suicide Postvention Response Plan will need to be actively promoted and disseminated to sources including (but limited to):</p> <ul style="list-style-type: none"> • LGBTIQ+ - community-controlled organisations; • Peak bodies (such as LGBTIQ+ Health Australia, Suicide Prevention Australia, Australian Council of Social Services, Mental Health Victoria etc); • Suicide prevention, postvention and bereavement supports services (including mainstream and community-specific support services); and • Local, State and Commonwealth Governments
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In addition to the recommendations in relation to enhancing the next iteration of the LGBTIQ+ Suicide Postvention Response Plan, the following recommendations should be considered by NWMPHN when commissioning future services:

Category	Recommendation
Commissioning	<p>Recommendation 4: Prioritising community-controlled organisations</p> <p>When working with priority population groups, there are strong benefits in commissioning community-controlled organisations to deliver programs/services back into their own community. As evident through the evaluation of the LGBTIQ+ Suicide Postvention Response Plan, community-controlled organisations already have a deep understanding of the needs and nuances of their community, allowing them to hit the ground running upon commencement of the service. They are also not only accountable to their funders but also to their community (as members of the community are often involved in the governance and leadership of the organisation). This added layer of accountability will help to ensure that programs/services are delivered to a high standard. Finally, community-controlled organisations are often already recognised and trusted by members of their own community, with strong networks in communities that are often hard-to-reach. This is critical in areas where there is a distrust of mainstream services (e.g. for LGBTIQ+ and Aboriginal and Torres Strait Islander communities).</p> <p>More active consideration should be given to commissioning community-controlled organisations in the delivery of community-specific programs/services in the future.</p> <p>Recommendation 5: Commissioning to build capacity</p> <p>NWMPHN should actively consider using commissioning opportunities to build the capacity of the commissioned organisation, especially in areas where there may be particular capacity gaps. The LGBTIQ+ Suicide Postvention Response Plan intervention represents a good example of where this has worked effectively i.e. through the commissioning of Switchboard to undertake the activity, NWMPHN has also helped to build the research capacity of the organisation.</p>

APPENDICES

APPENDIX A: EVALUATION SCOPE AND METHODOLOGY

Evaluation questions

The agreed evaluation questions that form the focus of this evaluation are identified below:

1. To what extent has the research identified effective postvention and bereavement facilitation following a death by suicide of an LGBTQ+ person?
2. To what extent has the research contributed to increasing the understanding of how LGBTQ+ people and LGBTQ+ communities experience loss following a death by suicide?
3. Did the research contribute to improved understanding of appropriate/effective postvention responses for the LGBTQ+ community?
4. Did the research contribute to improved understanding of appropriate/effective postvention responses for the LGBTQ+ workplace?

Data gathering

Approach

To support this evaluation, Impact Co. undertook the following data gathering activities to address each of the evaluation questions outlined previously.

Approach	Number of stakeholders consulted	Evaluation question			
		Q1	Q2	Q3	Q4
Semi-structured interviews with key stakeholders and experts from the suicide prevention sector and from LGBTQ+ organisations	<p>A total of 7 individuals were consulted. These included the following individuals:</p> <ul style="list-style-type: none"> • Professor Myfanwy Maple - Professor of Social Work and Chair of Research in the School of Health at the University of New England, Member of the Prime Ministers Suicide Prevention Advisors Expert Advisory Group, Deputy Chair of the National Suicide Prevention Research Fund Advisory Committee • Christina Hotka - LGBTQ+ Safety and Responsiveness Project Officer, St Vincent's Hospital • Louise Flynn - General Manager - Support After 	X	X	X	X

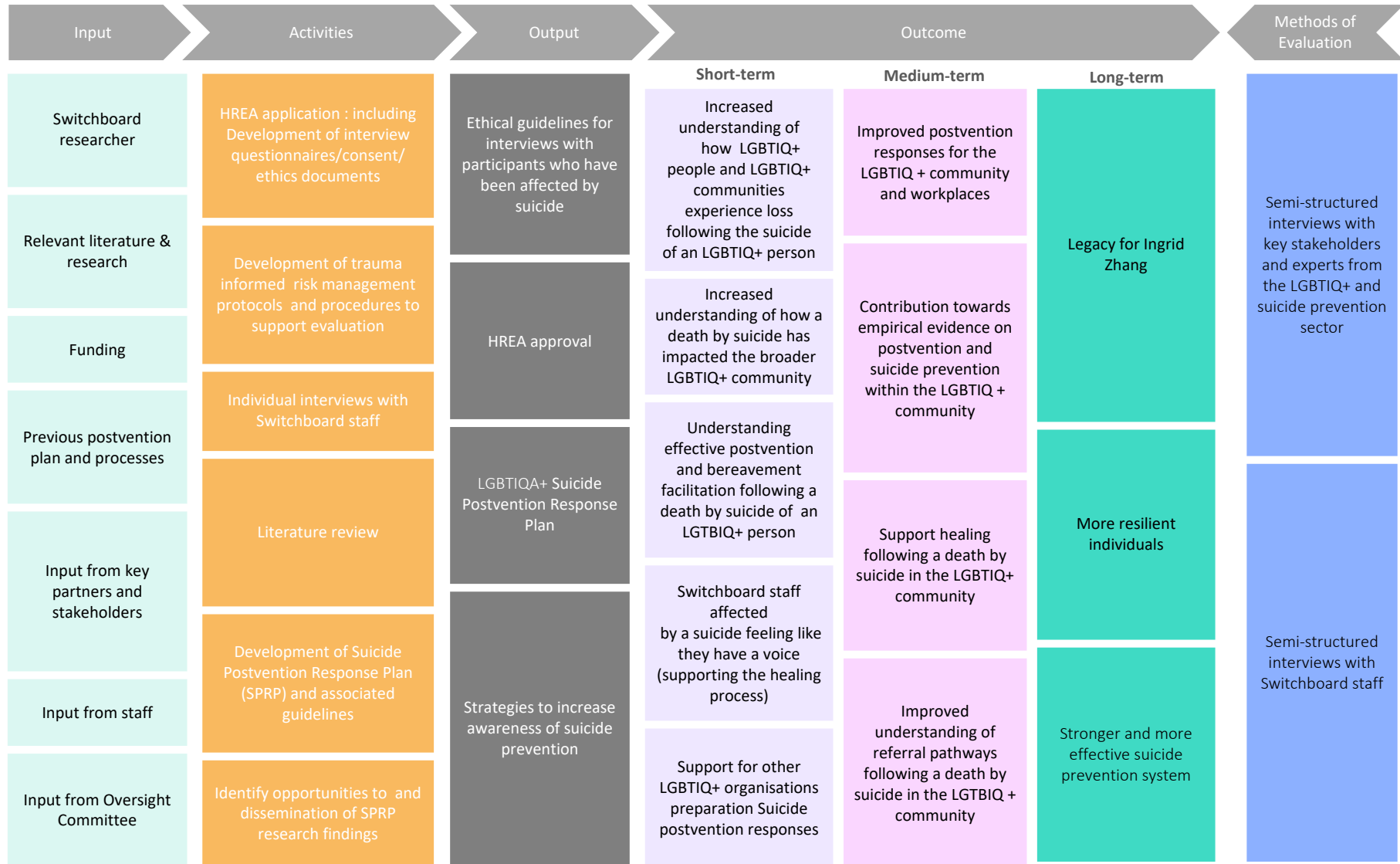
	<p>Suicide, Jesuit Social Service</p> <ul style="list-style-type: none"> • Charlie Willbridge - National Coordinator for the MindOUT Program, LGBTIQ+ Health Australia • Rhani Dean-Talbett - MindOUT Coordinator, Sunbury Cobaw Community Health Centre • Lyn Eales - SAFE in the South West Coordinator (LGBTIQA+) & Multicultural Project Coordinator - Brophy Family & Youth Services • Budi Suharto - Director, Ananda Training & Consultancy 				
Semi-structured interviews with Switchboard staff	<p>A total of 2 staff members were consulted:</p> <ul style="list-style-type: none"> • Jo Ball – Chief Executive Officer, Switchboard Victoria • Anna Bernasochi – Suicide Prevention Manager, Switchboard Victoria 	X	X	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.

Timeframe

The timeframe of the data gathering occurred between Jan 2021 and May 2021



Data analysis

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

Insight validation

The evaluation findings were validated with Switchboard via a series of validation workshops. A draft copy of this evaluation report was then circulated to Switchboard and NWMPHN for their review and feedback before being finalised.

APPENDIX B: INTERVIEW QUESTIONS – STAKEHOLDERS

Process:

1. How did you find out about the LGBTIQ+ Suicide Postvention Response Plan (SPRP) developed by Switchboard?

Outcome:

1. What do you think about the final SPRP developed?
 - Do you think the SPRP meets your needs?
 - What do you think are the strengths of the SPRP?
 - Do you think there are any gaps with the SPRP? If so, can you please describe what they are?
 - Do you think this SPRP is different to what is currently available? If so, can you please describe how it is different?
2. What outcomes/benefits do you think the SPRP has delivered?
 - To what extent has the research identified effective postvention and bereavement facilitation following a death by suicide of an LGTBIQ+ person?
 - To what extent did the research contribute to improved understanding of appropriate/effective postvention responses for the LGBTIQ+ workplace?
 - Individual-level
 - To what extent has the research contributed to increasing the understanding of how LGBTIQ+ people and LGBTIQ+ communities experience loss following a death by suicide?
 - To what extent did the research contribute to improved understanding of appropriate/effective postvention responses for the LGBTIQ+ community?
3. How enduring do you think are the outcomes that have been achieved?

APPENDIX C: INTERVIEW QUESTIONS – STAFF

Process:

1. What do you think about the process of developing the LGBTIQ+ Suicide Postvention Response Plan (SPRP)?
 - a. What have been some of the challenges encountered?
 - b. What do you think has worked well so far?
2. Is there anything that you would do differently if you had the opportunity to restart the process?
3. Can you think of any factors outside the program that might have influenced how the activity was put into action (or implemented)? Do you think that that might have influenced the changes that you have seen?
4. What are you most proud of in regards to this intervention?

Outcome:

1. What do you think about the final SPRP developed?
 - a. Do you think the SPRP meets the needs of organisations which have experienced a death by suicide of an LGBTIQ+ staff member?
 - b. What do you think are the strengths of the SPRP?
 - c. Do you think there are any gaps with the SPRP? If so, can you please describe what they are?
 - d. Do you think this SPRP is different to what is currently available? If so, can you please describe how it is different?
2. What outcomes/benefits do you think the SPRP has delivered at the:
 - a. Organisational-level
 - b. Individual-level
3. How enduring do you think are the outcomes that have been achieved?
4. Has the process of developing the SPRP supported the staff at Switchboard in any way? If so, can you please describe how this occurred?

APPENDIX D: SWITCHBOARD LGBTIA+ SUICIDE POSTVENTION RESPONSE PLAN