LGBTIQ+ AFFIRMATIVE PRACTICE PROJECT FRAMEWORK

thorneharbour health

phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

2021

Acknowledgements

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The LGBTIQ+ Affirmative Practice Training Project Team would like to acknowledge that this work was undertaken and produced on the lands of the Boon Wurrung and Wurundjeri/Woi Wurrung people of the Kulin Nations. We pay our respects to elders past and present, and acknowledge their enduring relationship to lands and waters.

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INTRODUCTION

NATIONAL SUICIDE PREVENTION TRIAL

Many LGBTIQ Australians live healthy and happy lives. But the LGBTIQ population continues to have poorer mental health outcomes than the broader population, and an above-average risk of suicidal behaviours.

The objectives of the LGBTIQ Suicide Prevention Trial are to:

1. Understand and address the factors that contribute to the higher rates of suicide within the LGBTIQ community.
2. Work with community stakeholders to co-design and implement a systems-based framework for suicide prevention within the LGBTIQ community.
3. Through implementation and evaluation of targeted initiatives understand what works for suicide prevention for the LGBTIQ community and contribute to the evidence base for this high-risk population.

In partnership with the strong LGBTIQ community in the region, North Western Melbourne Primary Health Network (NWMPHMN) are leading change through a National Suicide Prevention Trial aimed at reducing suicide rates for local LGBTIQ people.

The trial, funded by the Australian Government, started in July 2017, and undertook significant activities in 2019–20. These commissioned activities, co-designed with the LGBTIQ Taskforce, included:

- An LGBTIQ-focused suicide aftercare program
- Mentoring for LGBTIQ youth and families
- LGBTIQ-specific suicide prevention training
- Development of an LGBTIQ postvention plan
- Affirmative practice training programs for frontline workers.

THORNE HARBOUR HEALTH

Thorne Harbour Health is a community-controlled organisation, governed by our members, and working for our sex, sexuality and gender diverse communities.

Building on our legacy in the community response to HIV and AIDS, Thorne Harbour Health (formerly Victorian AIDS Council) aims to improve the health and wellbeing of our LGBTI communities. Through advocacy, health promotion, clinical service delivery and collaboration, we seek to address those issues impacting LGBTI health.

We envision a healthy future for our sex, sexuality & gender diverse communities, a future without HIV — where all people live with dignity and wellbeing. As a community-controlled organisation, we are governed by our members and work for people living with HIV as well as our sex, sexuality & gender diverse communities.

PROJECT OVERVIEW

LGBTIQ+ AFFIRMATIVE PRACTICE TRAINING PROJECT

Thorne Harbour Health were funded though the North Western Melbourne Primary Health Network (NWMPHN) as part of the National Suicide Prevention Trial (NSPT) to provide Affirmative Practice Training to first responders, mainstream healthcare and mental health workers in an effort to support LGBTIQA+ individuals seeking support for poor mental health and suicide crises.

We know from research and our service user engagement that;

- LGBTIQ+ people feel safer in interactions with support services if all personnel undertook specialised LGBTIQ training
- LGBTIQ+ people are at greater risk of suicide behaviour and death by suicide
- LGBTIQ+ people are less likely to seek support during mental health crises due to fear of discrimination and harm.

With this in mind, the LGBTIQ+ Affirmative Practice Training Project had a number of goals;

- To develop a LGBTIQ+ Affirmative Practice training package in consultation with LGBTIQ+ individuals with lived experience of mental health service use, poor mental health and suicidality.
- To deliver the LGBTIQ+ Affirmative Practice training package to mainstream service providers, with a focus on healthcare, mental health and emergency service organisations who work with LGBTIQ+ people experiencing poor mental health and/or suicidal crisis
- To create a sustainable model for the LGBTIQ+ Affirmative Practice Training Project by also developing:
    - A Train the Trainer model, which is offered to staff LGBTIQ+ champions within partner organisations who have participated in the LGBTIQ+ Affirmative Practice Training workshops and hope to deliver the training within their own organisations.
    - An Online Module, which is offered to partner organisations to disseminate to first responders, mainstream healthcare and mental health to access in addition to or to supplement the LGBTIQ+ Affirmative Practice training workshops.

Affirmative Practice is a culturally sensitive model for working with LGBTIQ+ people to better serve the unique, yet diverse needs of the sexuality, sex and gender diverse community (Crisp & McCave 2007).

The LGBTIQ+ Affirmative Practice Training Project was initially due to conclude in Dec 2020, and was extended to June 2021 following the COVID-19 pandemic.

PROJECT OBJECTIVES

The Project Objectives set out at the inception of the project are listed below;

1. Awareness of LGBTI+ lived experience, stigma and discrimination and impacts of these among health and welfare first responders. Outcomes measured via post training evaluations.
2. Increased awareness and skill development in responding appropriately, supportively, and therapeutically to suicidal presentations among LGBTI+ community members. Outcomes measured and captured via post training evaluations.
3. Staff confidence and skill in working therapeutically with LGBTI+ community members to reduce suicide risk increased.
4. Internal support and reinforcement of LGBTI+ affirmative practice within two key health organisations.
5. LGBTI+ affirmative practice in response to suicidal presentations among LGBTI+ community members is embedded as 'normal practice' in key health services.
6. Community and advisory engagement and co-design in training needs, development of training for frontline staff.
7. Community and advisory engagement and co-design in online adaption of training model.
8. Community and family members had meaningful participation and contribution in process, support was given throughout and payment for their work and time.
9. Procedures and practice that contribute to lack of engagement by LGBTI+ community members and lack of confidence in service provision identified and addressed.
10. New policies and practice procedures developed to support affirmative practice when need identified and absent.
11. Development of LGBTI+ affirmative 'Champions' within key health organisations with capacity to train other staff in LGBTI+ affirmative practice.
12. Training reinforced with key staff through supportive reflection on practice and discussion of real life engagement with clients/patients.
13. LGBTI+ affirmative practice in response to suicidal presentations among LGBTI+ community members is embedded as 'normal practice' in key health services.

PROJECT DELIVERABLES

The deliverables agreed upon by Thorne Harbour Health, as well as the final activities that were delivered, are listed below;

LGBTIQ+ Affirmative Practice Training Delivery

- Deliverables: 1100 participants to be trained across sector
- Delivered: 2184 participants trained from the following organisations;
    - Beyond Blue
    - Wellways (PARC workers)
    - Mind Australia
    - St Vincent's Hospital Melbourne (Mental Health, Emergency and HOPE Teams)
    - The Royal Melbourne and Royal Women's Hospitals (Mental Health and Emergency)
    - Orygen Youth Mental Health Service
    - Headspace

  - North West Mental Health
  - Star Health
  - Inner West Area Mental Health
  - The Northern Hospital (Emergency)
  - North Richmond Community Health (Safe Injecting Room)
  - Ambulance Victoria
  - LivingWorks Australia (ASIST Trainers)
  - Victoria Police (LGBTIQ+ Liaison Officers)
  - Djerriwarrh Health Service

Consumer Engagement

- Deliverable: engage LGBTI community and consumers to inform project
- Delivered:
  - LGBTIQ+ Mental Health Service User Focus Groups (29 consumers)
  - LGBTIQ+ Suicide Lived Experience Expert Advisory Group (15 consumers)

LGBTIQ+ Affirmative Practice Train the Trainer (TTT) Program

- Deliverables: 40 participants to be trained as trainers across sector
- Delivered: 43 participants trained from the following organisations;
  - The Royal Melbourne Hospital
  - North West Mental Health
  - The Women's Hospital
  - St Vincent's Hospital Melbourne
  - Mind Australia
  - Star Health
  - Victoria Police

LGBTIQ+ Affirmative Practice Online Module

- Deliverable: develop an online module to be shared with sector partners to continue to build the capacity of mainstream services to work in an affirming way with LGBTI consumers.
- Delivered: SCORM file provided to NWMPHN and sector partners to embed in their internal Learning Management Systems (LMS).

Program Report and Framework

- Deliverable: develop a Project Framework
- Delivered: in consultation with NWMPHN and Impact Co., a framework has been developed which details how the project was delivered, for use by other organisations.

PROJECT TIMELINE AND ACTIVITY PLAN

ACTIVITY	2019											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Project Lead Recruitment	x	x	x	x								
Consumer Consultation					x	x	x					
Service Delivery Organisation Engagement					x	x	x	x	x	x	x	x
Training Content Development							x	x	x	x	x	x
Training Delivery											x	x

ACTIVITY	2020											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Training Delivery	x	x	x	x	x	x	x	x	x	x	x	x
LGBTIQ+ Expert Advisory Group (LGBTIQ-LEAD)										x		x
Online Module												x
Train the Trainer Program Development												x

ACTIVITY	2021						
	JAN	FEB	MAR	APR	MAY	JUN	
Training Delivery	x	x	x	x	x	x	
LGBTIQ+ Expert Advisory Group (LGBTIQ-LEAD)	x		x		x		
Online Module	x	x	x	x	x	x	
Train the Trainer Program Development	x	x	x				
Train the Trainer Program Delivery				x	x		
Project Report and Framework					x	x	

CONSUMER CONSULTATION

We know from research that LGBTIQ+ people are more likely than their mainstream counterparts to have thoughts of suicide, and are at greater risk of suicide behaviour and death by suicide. We also know that this is not because of their LGBTIQ+ identity or identities, but because of how they are treated moving through the world.

As LGBTIQ+ individuals are the experts in their own lives, an essential part of developing the training project was consulting with LGBTIQ+ individuals with lived experience of suicidality and mental health or crisis support service use.

The project team engaged with LGBTIQ+ individuals in the following ways:

1. LGBTIQ+ Mental Health Service User Focus Groups, held in June and July 2019
2. Ongoing consultation with LGBTIQ+ individuals with suicide lived experience through the LGBTIQ+ Suicide Lived Experience Expert Advisory Group, LGBTIQ+ LEAD

LGBTIQA+ MENTAL HEALTH SERVICE USER FOCUS GROUPS

In 2019 Thorne Harbour Health, in partnership with Mind Australia, ran four focus groups with LGBTIQ+ mental health service users to determine the direction of the LGBTIQ+ Affirmative Practice Training Project.

Participants for the service user focus groups were recruited through an online Facebook post, through the Thorne Harbour Health Facebook page. The Facebook post included some information about the focus groups, an image with further details and an Expression of Interest link to an online form on Typeform. The Facebook post was also shared widely through LGBTIQ+ online networks. 29 40 participants were recruited to attend the focus groups, held at Thorne Harbour Health and Mind Equality Centre, and 29 participants attended across four focus groups. All participants signed THH consent forms, consenting to the use of any information shared within the focus groups to inform the LGBTIQ+ Affirmative Practice Training Project.

The questions asked of LGBTIQ+ mental health service users through the focus groups include;

- *What are some barriers or fears that mean you are unable or unwilling to engage with mainstream support services?*
- *Who or what do you use to support your mental health?*
- *What have been your experiences accessing mainstream mental health and crisis supports?*
- *What could have helped you to access mainstream mental health supports?*
- *What have been some good or positive mainstream service experiences?*
- *What have been some poor or negative mainstream service experiences?*
- *What should change in mental health service delivery in mainstream services relating to LGBTIQA+ identity?*
- *What are some barriers to engaging with emergency services, including police and ambulance services?*
- *What is missing in mental health services?*

KEY FOCUS GROUP FINDINGS

The raw data for the LGBTIQ+ Mental Health Service User Focus Groups is included as an **Appendix**.

The key findings from the LGBTIQ+ Mental Health Service User Focus Groups were;

Barriers to seeking support from mainstream services

- **Pathologisation:** Some people said that the fear of being pathologised by their sexuality, gender or intersex variation was a major barrier to accessing mainstream care.
- **History of Institutionalisation:** LGBTIQ+ community history of being institutionalised and incarcerated
- **Increase social isolation:** For some people, accessing mental health services can mean that their social connections pull away from them, as they may not have the capacity to support their mental health. This can increase isolation.
- **Lack of Cultural Safety:** Many LGBTIQ+ people will assuming a service will be culturally unsafe before they assume the service will be culturally safe.
- **No advocate:** Some people may not engage with mainstream services as they have no-one to advocate for inclusivity, and they have limited capacity to self-advocate due to their distress.
- **Feeling undeserving of help:** Some consumers reported feeling undeserving of help and support. Some also said they were aware of long waitlists for LGBTIQ+ affirming services and didn't want to take up a spot as "someone else probably needed or deserved it more."
- **Focus on LGBTIQ+ identity, not presenting issue:** Some people said they were unlikely to seek support from mainstream services as previously services have blamed their distress on their sexuality or gender identity. Some trans folks said they had had their distress blamed on their gender affirming hormones, when their use of hormones was unrelated.
- **Expectations around staff LGBTIQ+ literacy:** Some people indicated they were unlikely to utilise a mainstream service as they expected they would have to teach the support worker about LGBTIQ+ language and issues to access the care they need. Someone said they were sick of being the "queer case study."

Poor service experiences: participants shared that is was difficult when services;

- Claim to be trained and culturally safe, and then aren’t affirming or culturally safe.
- Assume sexuality
- Assume gender and pronouns
- Use heteronormative and cisnormative language
- Misgender them (use the incorrect gender or pronoun) or use their deadname. Deadname refers to the birth name or an old name for a trans or gender diverse person, when they have changed their name as part of affirming their gender.
- Make assumptions about a person's anatomy and their medical needs based upon gender identity.
- Claim to “treat everyone the same”

The following quotes were taken from LGBTIQ+ mental health service users and incorporated into the training;

Barriers to seeking support from mainstream mental health and crisis support services;

- *"Navigating the process and the system often increases my distress and suicidality."*
- *"It can be retraumatising to access services and have your identity invalidated."*
- *"Distress is a normal reaction to cis-het-normative systems."*
- *"Suicide management services can be very heteronormative and binary when it comes to gender and sexuality."*
- *"I personally don't need anyone to fully understand me, but I need to be allowed to exist and feel accepted."*
- *"As a Trans man living in a regional town you don't know who is safe to turn to. With health professionals, you aren't sure who really understands transgender needs and you don't want to teach someone, when you are the one who needs help at that point."*
- *"I feel like there are only services for very serious crisis response situations, or services for people who don't need acute care (psychologist). There are no services available for the space that exists between these two sides of the spectrum."*
- *The thing that anyone needs to know about mental health services in this country, is that they are white dominated. This is why LGBTIQA+ BIPOC folx won't [seek support]".*
- *"In my friendship group we very often have our own friendship safety plans to keep us out of accessing mainstream services. If someone is having a dip, we check in. If people are on prescribed medication, we may split up medication so the person in crisis doesn't have access to it. We cook food for each other and drop off USBs with new TV shows. We attend appointments together. If someone is in crisis, we have a group chat so there are multiple people caring for the person to organise around their needs to keep them out of hospital. It's wonderful and powerful, but it's also traumatising, deeply destructive and inadequate. Often more than one of us is going through a hard time, and it's so much to hold to keep each other safe in a world that is not interested in keeping us safe."*

LGBTIQA+ LEAD SUICIDE LIVED EXPERIENCE EXPERT ADVISORY GROUP

The Terms of Reference for the LGBTIQ+ Suicide Lived Experience Expert Advisory Group is included as an **Appendix** in this document.

Participants for the LGBTIQ+ Suicide Lived Experience Expert Advisory Group were recruited through an online Facebook post, through the Thorne Harbour Health Facebook page. The Facebook post included some information about the focus groups, an image with further details and an Expression of Interest link to an online form on Typeform. The Facebook post was also shared widely through LGBTIQ+ online networks.

43 responses were received in the Expression of Interest online form, and from this 15 people were selected to participate in the LGBTIQ+ LEAD Expert Advisory Group. These selections were based on the lived experience people shared in their online Expression of Interest submission, to ensure a diverse collection of lived experiences were represented within the advisory group.

From here, 11 people contributed in an ongoing capacity to the LGBTIQ+ LEAD Expert Advisory Group.

Contributions from the participants in the LGBTIQ+ LEAD Expert Advisory Group included;

- Quotes for inclusion in the LGBTIQ+ Affirmative Practice Training

- Review of the LGBTIQ+ Affirmative Practice Training

The following quotes were taken from participants in the LGBTIQ+ LEAD Expert Advisory Group and incorporated into the training;

What do LGBTIQ+ people want from mental health services?

- *"Understand the intersectional issues faced by LGBTIQA people, particularly those from multicultural and multi-faith backgrounds. Different people have different needs."*
- *"In training resources, give scenarios or role plays for people that experience intersectional oppression. For example, for someone who is First Nations and experiencing suicidality, you wouldn't apply the standard prevention model. How do healthcare workers make this person connect more to land, culture and mob?"*
- *"There can never be one blanket suicide prevention model, we need to always tailor it."*
- *"Peer support - LGBTQIA+ peers in hospitals, LGBTIAQ+ peers being able to escort you into hospitals and clinics to provide support and help one navigate the system."*
- *"When we access services due to experiencing suicidality, we are at our most vulnerable. Micro aggressions can cause extreme pain and cause us shame."*
- *"Keep in mind that LGBTIQA+ people are often wary of emergency services and have good reason to be so Be prepared to earn trust rather than expect it upfront."*
- *"We need peer support [in LGBTIQ+ suicide prevention]. When I was going through extreme suicidal thoughts and action, I felt so alone. I needed to hear from someone that they had been in this spot and gotten out the other side. We need more peer spaces and more stories of hope of past survivors. After googling and emailing multiple organisations all I could find were suicide bereavement peer support groups for carers and no support groups for people experiencing those thoughts which I found very odd. This lack of peer community and solidarity in the suicide prevention and management community contributes to great feelings of shame and isolation of suicidal thoughts which can lead to its perpetuation. I would like to see more stories of hope and survival, and more peer spaces to lessen isolation and shame around suicidal thinking."*

PROJECT ENGAGEMENT AND PROMOTION

INITIAL TRAINING SITE ENGAGEMENT

The participant scope for the Affirmative Practice training delivery was planned to be mainstream health and mental health service organisations who support LGBTIQ+ mental health service users, LGBTIQ+ people experiencing thoughts of suicide and LGBTIQ+ people who have engaged in suicide behaviour. Specifically, the training project was hoping to mainstream support workers who were considered first responders to suicide crisis in LGBTIQ+ individuals and communities in the North Western Melbourne area.

The project team identified a list of mainstream health and mental health organisations to engage with this frame in mind. The project team first engaged with St Vincent's Hospital Melbourne (SVHM) as a trial training site. This involved the following steps;

1. Engaging by email with SVHM Mental Health Department staff to discuss project and what THH project staff can offer to SVHM to support their LGBTIQ+ work.
2. Meeting with SVHM Executive staff, heads of Emergency and Mental Health Departments and SVHM LGBTIQ+ Cultural Responsiveness workers to discuss SVHM needs analysis.
3. Develop a pilot training package and deliver to a small group of SVHM workers
4. Refine training package based on training participant and SVHM LGBTIQ+ Cultural Responsiveness worker feedback
5. Ongoing meetings with SVHM LGBTIQ+ Cultural Responsiveness workers
6. Ongoing training delivery including post-training evaluation

The logistics needs of each department at SVHM varied dramatically. For example, the nurses within Emergency were only able to attend 30 minute professional development sessions, whereas some emergency physicians were able to attend a one-off 2-hour online training session. The project team learned that in order to deliver training to different staff groups across different hospital departments, a lot of logistics work was required to adapt the training sessions to the logistics needs of the training participants.

MAINSTREAM HEALTH AND MENTAL HEALTH SERVICE DELIVERY ORGANISATION CONSULTATION

Following the initial engagement with SVHM, the training was intended to be rolled out to multiple organisations across the mainstream health and mental health service sector within the North Western Melbourne catchment.

With each organisation that was approached for training, the project team undertook a needs analysis with key workers with an interest in LGBTIQ+ cultural safety within each organisation. This needs analysis included;

1. Who are the intended training participants within your organisation?
2. What is the perceived LGBTIQ+ literacy of the training participants?
3. What training formats are possible for the intended training participants?

4. How frequently can and should training sessions be held?
5. Do training participants have the support of their managers and the organisational leadership to participate in LGBTIQ+ Affirmative Practice training?
6. What are the expectations of the organisation from training participation?

Tailoring training to the needs of each organisation, and the subsequent training participants, was one of the key successes of the delivery of the LGBTIQ+ Affirmative Practice Training Project.

VICTORIA POLICE CONSULATION

In addition to mainstream health and mental health organisations, another intended training target organisation were first responders, including Ambulance Victoria and Victoria Police. Unfortunately due to COVID-19 Ambulance Victoria were unable to resource staff to engage with training through the project, but Victoria Police were able to provide their LGBTIQ+ Liaison Officer key staff to engage with the project, participate in the training and the Train the Trainer Program to ensure ongoing organisational capacity building.

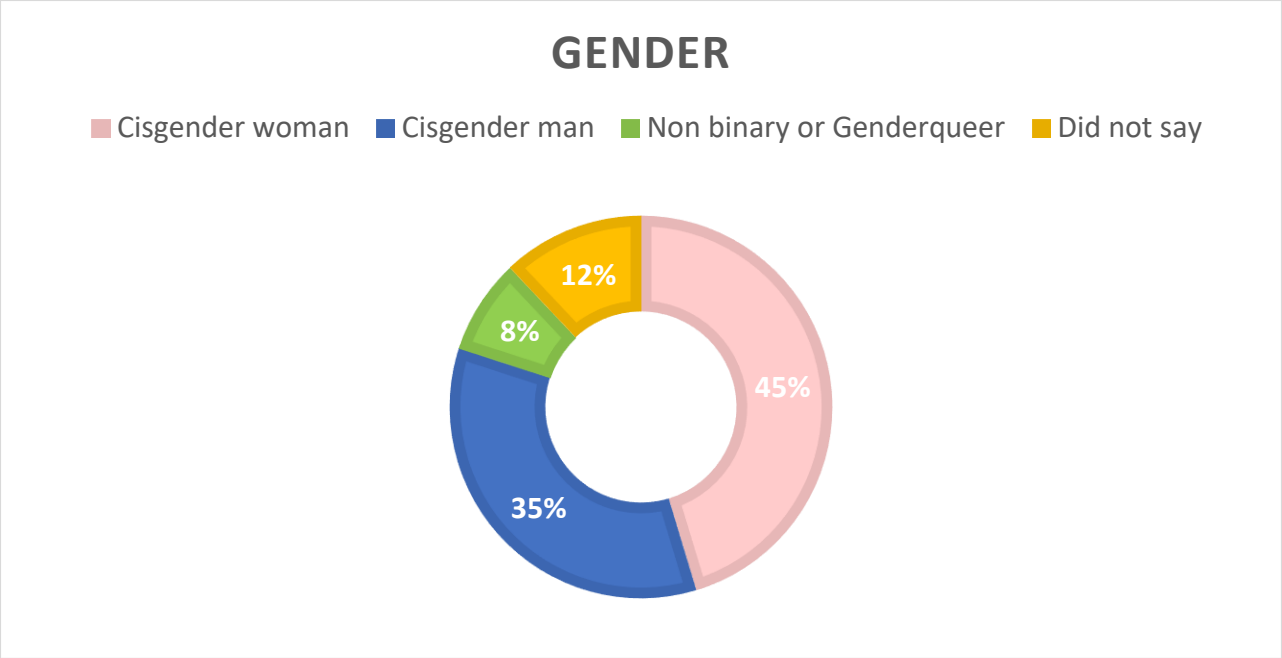
As part of the initial engagement with Victoria Police, the project team engaged with the key LGBTIQ+ portfolio workers in a half-day consultation to discuss how the project could be implemented within Victoria Police. This included;

1. What is the perceived LGBTIQ+ literacy of the training participants?
2. What training format is possible for the intended training participants?
3. How frequently can and should training sessions be held?
4. Is there organisational support for the project and training delivery?
5. What are the expectations of the organisation from training participation?

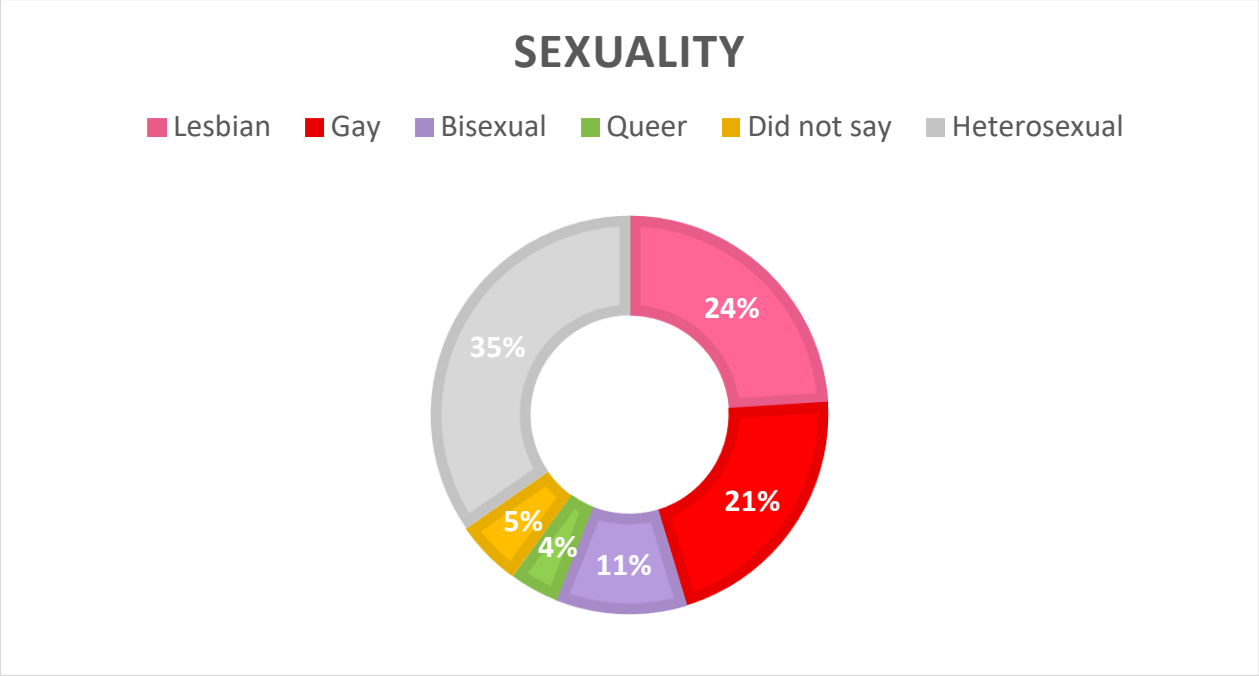
In addition to the half-day consultation, the project team also conducted a survey of LGBTIQ+ Liaison Officers to gauge the LGBTIQ+ literacy of the team, what the key issues are from a police member perspective, and what barriers police members face when hoping to create an affirming environment for LGBTIQ+ people. 71 LGBTIQ+ Liaison Officers participated in the survey and a snapshot of the findings are included below.

Victoria Police LGBTIQ+ Liaison Officer – Respondent Demographics:

1. Gender



2. Sexuality



Key Issues identified by Victoria Police LGBTIQ+ Liaison Officers

1. **50% of members stated distrust of police as the biggest barrier to working with LGBTIQ+ communities**

- History of police discrimination and violence towards LGBTIQ+ community members
- Policing members believe LGBTIQ+ community lack trust in and fear police
- Wide reporting of police discrimination or violence towards LGBTIQ+ communities when it occurs, which undermines the efforts of many to work well with LGBTIQ+ communities
- LGBTIQ+ under reporting matters to police (mental health crisis, violence and criminal activity) due to the anticipation of violence and discrimination if they are found to be or out themselves as LGBTIQ+

2. **40% of members stated lack of knowledge, language and cultural sensitivity as the biggest barrier to working with LGBTIQ+ communities**

- Police members lack of knowledge of LGBTIQ+ language and needs
- Clumsy or inappropriate use of LGBTIQ+ language, referrals or responses
- Police members unaware of the different groups represented by the LGBTIQ+ acronym (eg. The differences between sexuality and gender identity terms, and intersex)
- GLLOs being given insufficient time and resources to properly undertake their portfolio activities

TRAINING DEVELOPMENT

The base for the training content built on the existing training content offered by Thorne Harbour Health through the Training and Capacity Building Team. In addition, several mental health and suicide papers were included to ensure the training was suited to health and mental health care workers, and those who respond to LGBTIQ+ mental health and suicide need.

In addition, the narrative research gained from the LGBTIQ+ Service User Focus Groups and the LGBTIQ+ Suicide Lived Experience Expert Advisory Group contributed heavily to the training content, training frame and training delivery.

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TRAINING DELIVERY

TRAINING OBJECTIVES

The LGBTIQ+ Affirmative Practice training package has been designed to enable learners to gain the skills and knowledge to:

- Understand your current LGBTIQ+ community literacy and identify any knowledge gaps.
- Explore LGBTIQ+ community language and the LGBTIQ+ acronym.
- Understand the importance of using affirming language in creating cultural safety for LGBTIQ+ clients.
- Explore unique vulnerabilities for LGBTIQ+ communities in a cis-het normative society.
- Explore LGBTIQ+ health, mental health and wellbeing.
- Identify and understand some of the unique vulnerabilities and barriers that LGBTIQ+ communities face when accessing mental health support services.
- Improve your understanding of organisational LGBTIQ+ Affirmative Practice.
- Improve your confidence in creating affirming environments for LGBTIQ+ clients.

TRAINING PARTNER ORGANISATIONS

Through the NWMPHN Service Agreement, we were asked to train 1100 participants.

In total 2209 people were trained through training sessions and workshops under the LGBTIQ+ Affirmative Practice Training Project across sector organisations.

Organisations that participated in some variation of the LGBTIQ+ Affirmative Practice Training include;

- Beyond Blue
- Wellways (PARC workers)
- Mind Australia
- St Vincent's Hospital Melbourne (Mental Health, Emergency and HOPE Teams)
- The Royal Melbourne and Royal Women's Hospitals (Mental Health and Emergency)
- Orygen Youth Mental Health Service
- Headspace
- North West Mental Health
- Star Health
- Inner West Area Mental Health
- The Northern Hospital (Emergency)
- North Richmond Community Health (Safe Injecting Room)
- Ambulance Victoria
- LivingWorks Australia (ASIST Trainers)
- Victoria Police (LGBTIQ+ Liaison Officers)
- Djerriwarrh Health Service

TRAINING DELIVERY FORMAT AND PROCESS

Different formats of the training were created to take into consideration the needs of different departments within organisations who participated in the training. The two main formats of the training were:

Full day Training Delivery

Some training participants preferred to participate in the training through one full-day training workshop. This was easier for some training participants, due to the nature of their shift-work and the need to take a full day of study leave to attend. The full day training workshop covered the following topics:

- Session 1: LGBTIQ+ Cultural Sensitivity and Awareness (2 hours)
- Session 2: Trans and Gender Diverse Training, delivered in partnership with THH's Trans and Gender Diverse Training Project TGDiCH (2 hours)
- Session 3: LGBTIQ+ Affirmative Practice (2 hours)

Two-hour session-by-session Training Delivery

Some training participants were unable to attend a full day of training, and preferred to participate in the training sessions across a series of weeks. The sessions that were offered included;

- Session 1: LGBTIQ+ Cultural Sensitivity and Awareness
- Optional: Trans and Gender Diverse Training (delivered in partnership with THH's Trans and Gender Diverse Training Project TGDiCH)
- Session 2: LGBTIQ+ Affirmative Practice

Short Session Training Delivery

Adaptation of the above single session training formats was also undertaken on an as needs basis. For example, some training organisations were only able to accommodate a one-hour training window, and so the training sessions were shorted and delivered without activities and small group work. Similarly, within the Emergency Department at one of the participating hospitals, nurses were only able to attend training sessions in 30 minute slots, so the existing training was tailored and delivered to meet this need by the facilitator.

In addition to having different formats, the training was also delivering using multiple modalities. Originally, the training was delivered face-to-face. Following the social distancing requirements imposed by the COVID-19 pandemic, training was delivered virtually through Zoom or Microsoft Teams. Once social distancing requirements were relaxed, the training was delivered using multiple modalities, both in-person and online, depending on the needs of each organisation.

POST-TRAINING EVALUATION

Training participants were provided with a paper or online evaluation form to provide feedback on the training, areas in which the training could be improved, and self-reported changes to LGBTIQA+ knowledge, confidence in working with LGBTIQA+ people and any other relevant feedback. All feedback forms received were reviewed by the Project Lead and then sent to Impact Co. for data analysis for the project evaluation.

TRAINING EVALUATION QUESTIONS

Training participants were asked some demographics questions, including their professional role, their sexuality and their gender.

Following this, participants were asked a series of ratings scales. The scales were from 0-10, and questions including the following;

1. How much knowledge did you feel you had about LGBTIQ+ issues before this training session or training series?
2. How much knowledge do you feel you have about LGBTIQ+ issues after this training session or training series?
3. How much did you know about sexuality diversity (gay, lesbian, bisexual, asexual, queer) before this training session or training series?
4. How much do you feel you know about sexuality diversity (gay, lesbian, bisexual, asexual, queer) after this training session or training series?
5. How much did you know about gender diversity (transgender, gender diverse and non-binary identity) before this training session or training series?
6. How much do you feel you know about gender diversity (transgender, gender diverse and non-binary identity) after this training session or training series?
7. How much did you know about experiences of people with intersex variations before this training session or training series?
8. How much do you feel you know about experiences of people with intersex variations after this training session or training series?
9. How much did you know about LGBTIQ+ Affirming Practice before this training session or training series?
10. How much do you feel you know about LGBTIQ+ Affirming Practice after this training session or training series?
11. How confident did you feel working with LGBTIQ+ people before this training session or training series?
12. How confident do you feel about working with LGBTIQ+ people after this training session or training series?

Following the above knowledge and confidence questions, participants were asked about the training content. The scales were 1-5, and questions included the following;

1. How was the quality of the training session or training series?
2. How would you rate the training session or training series overall?
3. How would you rate the quality of the learning activities?

Finally, training participants were asked about their work with LGBTIQ+ service users through the following questions, and provided answers in free-text response boxes;

1. What would you say is your key area of concern when working with or creating content/services for LGBTIQ+ people?
2. What structural/systemic or interpersonal barriers do you perceive to being able to work with or create content/services for LGBTIQ+ people?
3. How could this training be enhanced to meet your needs? (e.g. materials and supporting resources, more or less time, more information in regards to a certain topic?)
4. What resources from Thorne Harbour Health or your organisation could help you work with LGBTIQ+ people?
5. Any final thoughts you'd like to share with your trainer?

KEY EVALUATION FINDINGS

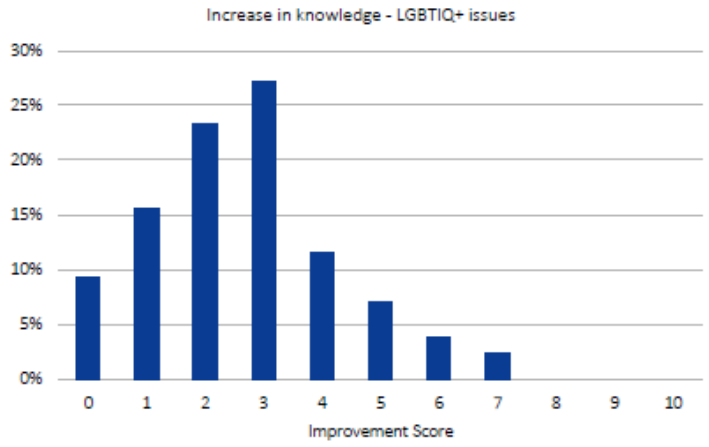
The following key findings were identified from the post-training evaluation forms by researchers at Impact Co.

Category 1: Participant experience

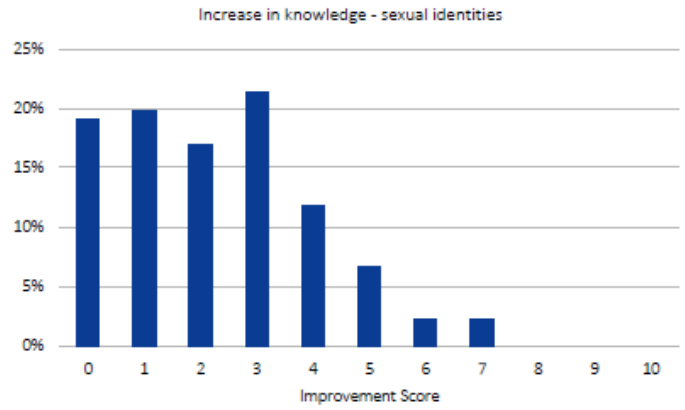
- Trainers facilitated a safe environment, enabling open and engaged conversations during the training sessions.
- Participants found the training effective and informative, regardless of their level of experience or backgrounds
- Participants found the training to be delivered in an engaging manner
- Participants found the content of the training easy to understand

Category 2: Participant outcomes

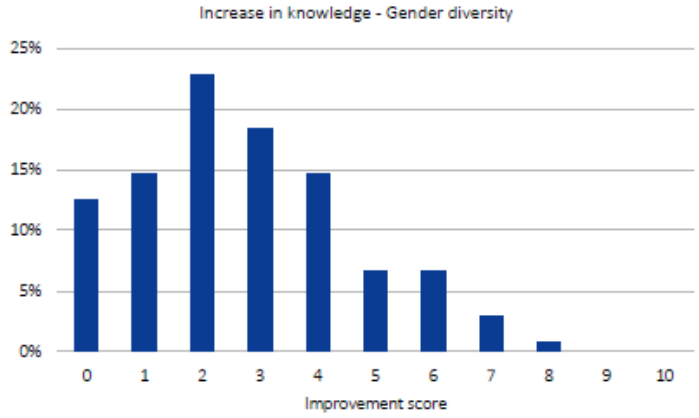
- The training was of a high quality
- The training helped to increase participants' knowledge in LGBTIQ+ issues
    - Most (91%) of participants' LGBTIQ+ knowledge increased as a result of the training. In the graph below, it can be seen that less than 10% of participants believed they learned nothing (0 improvement score), whereas 75% of participants knowledge increased by 2 points (out of 10) or more.



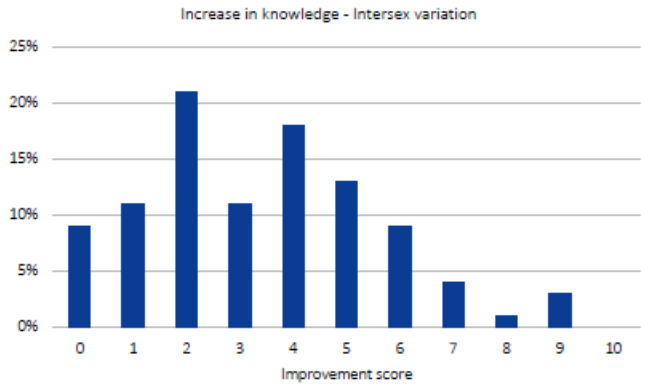
- The training helped to increase participants' knowledge of diverse gender identities, intersex variations and diverse sexualities;
    - Most (81%) of participants' knowledge of sexuality diversity increased as a result of the training. In the graph below, it can be seen that less than 20% of participants believed they learned nothing (0 improvement score), whereas 61% of participants knowledge increased by 2 points (out of 10) or more.



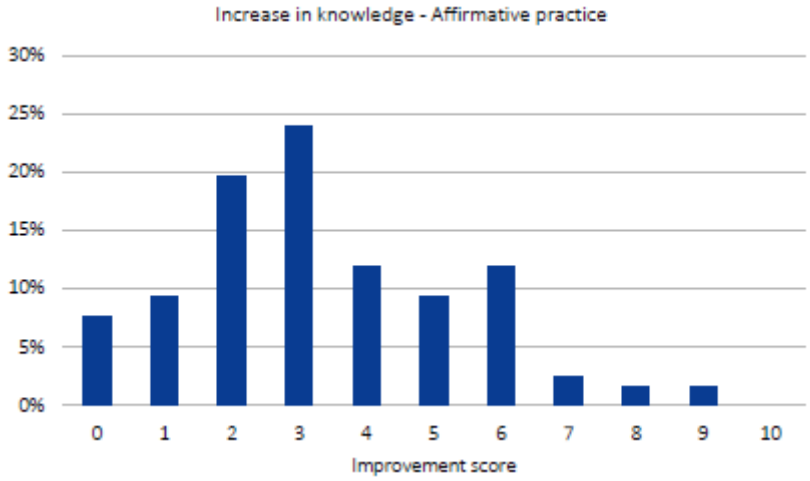
    - Most (88%) of participants' knowledge of gender diversity increased as a result of the training. In the graph below, it can be seen that less than 15% of participants believed they learned nothing (0 improvement score), whereas more than 72% of participants knowledge increased by 2 points (out of 10) or more



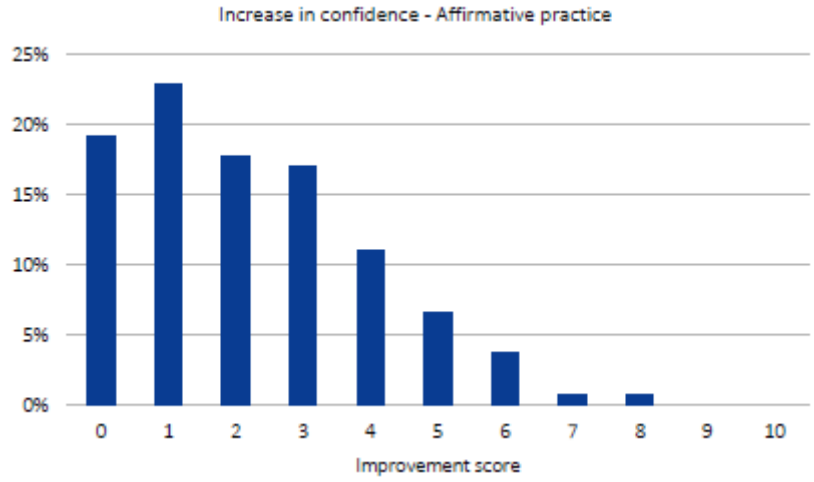
    - Most (91%) of participants' knowledge of intersex variations increased as a result of the training. In the graph below, it can be seen that less than 10% of participants believed they learned nothing (0 improvement score), whereas 80% of participants knowledge increased by 2 points (out of 10) or more.



- The training helped to increase participants' knowledge in Affirmative Practice.
    - Most (92%) participants' knowledge of Affirmative Practice increased as a result of the training. In the graph below, it can be seen that less than 10% of participants believed they learned nothing (0 improvement score), whereas 83% of participants knowledge increased by 2 points (out of 10) or more.



- The training helped to increase participants' confidence in applying Affirmative Practice in the work that they do.
    - Most (81%) participants' confidence in applying Affirmative Practice increased as a result of the training. In the graph below, it can be seen that less than 20% of participants believed they learned nothing (0 improvement score), whereas 58% of participants knowledge increased by 2 points (out of 10) or more



- The training has helped to increase and normalise conversations around suicide prevention and LGBTIQ+ topics/issues within organisations
- The training has helped to reaffirm existing practice in organisations
- The training has led to tangible changes within organisations to create more affirming environments for clients and staff
- Participation in the training has helped reinforce that LGBTIQ+ - safe environments/ practice is a priority for organisations
- There is strong appetite for further training
- The sustainability of the outcomes achieved through this project will be supported by the train-the-trainer training and online training modules developed

Category 3: Trainer experience

- Trainers echoed the comments provided by participants
- Trainers found the resources included as part of the training to be beneficial

Category 4: Trainer outcomes

- Trainers felt that the trainer-the-trainer training effectively equipped them to deliver the training
- The trainer-the-trainer training has enabled organisations to continue delivering the LGBTIQ+ Affirmative Practice training

Category 5: Program context

- The training was able to adapt to the needs of specific units/teams and organisations (in addition to the varying levels of knowledge and experience of participants as per Insight 1.2)
- A key strength of the trainers was their background in health
- Participants sought more information and resources to support them to further embed the learnings from the training
- More group discussions during the training would have been valuable
- Additional case studies would improve the training
- Because the training was free, it was more accessible to organisations
- The framing of the training session needs to be more reflective of the content
- Key enablers to drive uptake of this training was identified to be:
    - Credibility of the training organisation
    - Word of mouth referrals
    - An authorising environment and buy-in from key organisational leaders
    - Internal organisational champions

Category 6: Environmental context

- COVID-19 presented a challenging environment for the training to be delivered
- The end of the trial will limit the impact of the training

PROJECT SUSTAINABILITY

TRAIN THE TRAINER PROGRAM

As part of the LGBTIQ+ Affirmative Practice Training Project, the project team liaised with training partner organisations to identify key staff who could continue to deliver the LGBTIQ+ Affirmative Practice Training at the conclusion of the NWMPHN funding in June 2021. Train the Trainer participants had all attended the LGBTIQ+ Affirmative Practice Training themselves, and then expressed interest in completing the 1-day Train the Trainer workshop within their workplace.

The Train the Trainer Program and 1-day workshop was designed to prepare potential trainers to deliver LGBTIQ+ Affirmative Practice Training within their organisations, and the training materials are for the express purpose of building the capacity of your organisation and its employees to create affirming environments for LGBTIQA+ individuals and communities in their organisational setting. The training was not designed to be delivered outside of partner organisations, and the training cannot be copied, disseminated, or delivered outside of the trained organisations and never delivered for a fee.

Three LGBTIQ+ Affirmative Practice Train the Trainer 1-day workshops were delivered for staff at key project partner organisations, including

- Victoria Police
- Wellways
- The Royal Melbourne Hospital
- North West Mental Health
- The Women's Hospital
- St Vincent's Hospital Melbourne
- Mind Australia
- Star Health

Through the NWMPHN Service Agreement, we were asked to train 40 participants.

43 participants from these organisations attended a Train the Trainer workshop and have now been trained to deliver the LGBTIQ+ Affirmative Practice Training Package within their organisations, to increase their organisation's capacity to work in an affirming way with LGBTIQA+ service users.

Training participants were provided with several resources to support them to deliver LGBTIQ+ Affirmative Practice Training within their organisations, including;

- LGBTIQ+ Affirmative Practice Training Facilitation Guide and resource folder
- A USB stick, including;
    - LGBTIQ+ Affirmative Practice Training Session 1 and 1 slide decks
    - LGBTIQ+ Language Activities
    - LGBTIQ+ video resources
- Pronoun badges for dissemination to training participants
- THH pride fan and THH health promotion printed resources

To ensure sector organisations have access to LGBTIQ+ Affirmative Practice Training after the end of the trial period, 43 people from 6 organisations were trained to continue delivering training within their organisations.

The Project Lead also created a Train the Trainer Community of Practice, to be managed by the trained LGBTIQ+ Affirmative Practice Trainers in partnership with NWMPHN, to ensure trainers have access to ongoing support and training resources after the trail activity with THH has ended in June 2021.

ONLINE MODULE

The LGBTIQ+ Affirmative Practice Online Training Module was developed to supplement in-person and online training delivery, and disseminated to training partner organisations to imbed within their internal Learning Management Systems (LMS).

To ensure sector organisations have access to LGBTIQ+ Affirmative Practice Training after the end of the trial period, especially organisations that were not able to participate in the Train the Trainer program, and online module was created, which can be provided to sector organisations for embedding within their internal Learning Management System (LMS).

A copy of the Online Module has been shared with the following organisations;

- St Vincent's Hospital Melbourne
- Victoria Police
- Ambulance Victoria
- Wellways
- The Royal Melbourne Hospital and North West Mental Health
- The Women's Hospital
- Mind Australia
- Star Health

A copy of the online module file has been provided to NWMPHN in the event additional sector organisations would like to obtain a copy.

PROJECT LEARNINGS

PROJECT CHALLENGES

The LGBTIQ+ Affirmative Practice Training Project team faced significant challenges in light of COVID-19 physical distancing restrictions and the impacts that COVID-19 has had on sector wide professional development. Challenges faced by the project team due to the COVID-19 pandemic include;

- Periods of lockdown and ongoing workplace restrictions in Melbourne
- The additional pressure placed on first responders, health care workers and mental health systems meant that training participation was difficult to confirm due to the limited capacity of training participants to attend additional professional development
- The rate of people who don't show up for training was high, attributed to screen fatigue, pandemic related stress and burn-out
- Difficulty engaging training participants during a time of great instability and pressure in Melbourne
- Online training delivery for healthcare workers who do not have access to their own personal computers for online training participation

PROJECT ADAPTATIONS

Following these significant challenges, the project team had to adapt to a changed training landscape and the needs of training participants given the COVID-19 pandemic.

An example of some of these adaptations include;

- Flexible training delivery for workers who are under increased pressure
- Offering training sessions to organisations and workers who needed additional support during the COVID-19 lockdowns, such as Beyond Blue, Wellways, Lifeline and Star Health
- Offering full-day training sessions for some organisations to better fit with the needs of the workforce/training participants
- Offering out of hours training sessions for some organisations to better fit with the needs of the workforce/training participants

A success has been the adaptation to online training delivery through Zoom and Microsoft Teams. The project was originally planned and designed to be delivered face-to-face and in person, and the project team were able to develop an online "face-to-face" interactive training package which proved popular with training participants. A key finding of the project evaluation was the ability of the training team to deliver engaging and effective training online through the use of interactive activities and skilful facilitation.

An added bonus of online training delivery has been an increase in training access to participants who may have struggled to attend training in person. In light of COVID-19, the training delivery target deliverable was revised from 1500 participants to 1100 participants, but by the end of the project the project team had delivered training to 2184 participants through a combination of face-to-face and online training delivery.

RECOMMENDATIONS

Trial activities are always a learning process, as expected when creating something new. Some recommendations from the Project Team include;

- Ensure LGBTIQ+ lived experience is central to all training content development and delivery.
- Completing a training participant needs analysis is crucial to ensure training is delivered that will suit the learning and service delivery needs of the learners, and support the cultural change process.
- Approach training participant organisations/departments expecting that training will need to adapt to meet the differing logistics and resourcing needs of each different organisation/department/cohort of participants.
- Cultural change is a long-term process, and as such requires ongoing evaluation and adaptation. To ensure that training is effective in leading to cultural change and practice change, the project must be long term and strategic in nature, involving organisational leadership.
- Post training reflective practice sessions with training participants are excellent and providing learners a space to reflect upon how they have implemented their learnings into their practice, and clarify any questions about creating affirming environments for LGBTIQ+ consumers. The use of post-training reflective practice and the ongoing engagement with LGBTIQ+ cultural safety can support continual service delivery improvement.

APPENDIX 2: LGBTIQ+ MENTAL HEALTH SERVICE USER FOCUS GROUP FINDINGS

RAW DATA

Q. What are some barriers or fears that mean you are unable or unwilling to engage with mainstream support services?

- Not being believed
- Judgement, "weak, failure"
- Fear someone else will take control
- If there is a duty of care to call police, this may mean people will not access that service due to fear of police, or will give a fake address to avoid this
- Fear of first responder violence, brutality
- Deficit model, medical model
- Assuming a service is unsafe until told otherwise
- Labelled as attention seeking due to medical records
- Having a diagnosis on your record
- Having trans identity recorded
- Transphobia, misgendering
- Focus on identity as presenting issue
- Fear of involuntary admission
- Denied service in the past
- "Too high functioning"
- Don't meet the "threshold" for suicidal people
- Crisis or support services are engaged, can't get through
- HRT blamed for presenting problem or suicidality
- Hard to get an appointment
- Waiting in ED for hours, makes it worse, harder to advocate for self as resolve is worn down
- Waiting on hold on a crisis line, makes it worse
- Feeling like I don't deserve help
- Expectation that you will have to educate staff about LGBTIQ+ topics
    - Gatekeeping
    - Gender
    - Dysphoria
    - Pronouns
- Having to re-tell your story to new people and they may not understand why it is distressing if it relates to LGBTIQ+ identity
- Calling 000 and being told to call Police Help Line instead (not an emergency, feeds shame, adds fear)
- Fear that LGBTIQ+ identity disclosure will not be safe
- Shame
- Assumptions around medication req's
- Stigma around asking for help
- Requirement for verbal communication
- Requirement for face to face communication
- Repercussions of seeking help e.g. hospitalisation

- Cost
- MHCP only 10 sessions, "when is it convenient for me to be unwell?"
- Not knowing "where is safe to go or who is safe to see"
- "we don't know how to help you with this (LGBTIQ identity)" – means you shut down
- "It can be re-traumatising to access services and not be validated"
- "I have to be "this bad" before I can get help"
- No "one size fits all"
- Not prioritising the problem
- Workplace repercussions
- Few available services
- Waitlists
- Homelessness
- Noone to accompany/advocate
- Accessing services means people pull away, invalidates accessing service in the first place
- "boring people with the same stuff"
- Burden to others, leads to isolation, reluctance to engage others as they pull away
- Practitioner fit (e.g. gender, POC etc)
- Fear of emergency services
- Military responses from police, aggressive, little compassion

Who or what do you use to support your mental health?

- Psychologist/Counsellor and therapy
- Partner
- Colleagues
- Friends
- Family
- Pets
- GP
- Self
- Online communities and forums
- Need to consider capacity of people to support you
- Jesuit services – support after suicide peer support groups
- EAP
- Friendship safety plans and circles to keep out of services

What have been your experiences accessing mainstream mental health and crisis supports?

- Busy
- Few services
- Engaged, long holds
- "I had to reach crisis before I could access support"
- Go to ED or GP but actually need MH support, place further burden on EDs
- No MH support as underfunded and understaffed
- Ignorance

What could have helped you to access mainstream mental health supports?

- Affordability

- MHCP 10 sessions – extended
- LGBTIQA+ specific services
- Emergency psych hotline, with LGBTIQ+ consultation on how to respond
- Idea of what dysphoria is and why it contributes to distress
- "Don't assume anything"
- Discussions around gender diverse spaces in psych wards, gendered wings etc
- Explicit explainations around confidentiality
- Increased opening hours (e.g. middle of the night)
- Drop in service
- Advertised LGBTIQ+ safety (if it is!) – removes the guesswork
- Texting options
- Respect
- Queer liaison workers
- Profiles on psychs or therapists to make informed choices, currently rely on word of mouth
- Inconsistent care
- Perceiving mainstream services as "not for me"
- One contact person at the service (don't have to repeat self)

What have been some good or positive mainstream service experiences?

- Affirming, positive, supportive staff
- Recognise importance of chosen family, include them in updates and access to person experiencing suicidal crisis, "support what is", respect chosen family even if don't understand
- Not making a big deal about gender/sexuality disclosures
- Having LGBTIQ+ services – facilitates conversations that might not happen in mainstream services
- A support team that works together
- Peer support
- Good GP
- Trusted counsellor
- Deeper understanding of queer culture (poly, bi+, NB etc)
- Autonomy over care
- Mind Equality Centre
- Monash Health
- Medicare updating name and record
- Affordable or free
- Queer GP -> queer psych… pathway
- Acceptance of chosen family as NOK
- Willing to learn, receptive to correction, self-education

What have been some poor or negative mainstream service experiences?

- When services claim to be trained and safe, and then aren't safe
- Social/political influences on care e.g. marriage equality "have you seen the news? Isn't it awful?"
- Gendered words
- Policing of gender

- "Looking gender appropriate"
- Involuntary admission
- Blame
- Dead naming
- Outed to GP or anyone really
- Lack of understanding of: privilege, intersectionality/religion/race
- Avoiding OR fixating on identity
- Having to educate staff on LGBTIQA+ topics
- Assumption of heterosexuality
- Heteronormative approach
- Dysphoria minimised/not acknowledged
- Gendered wings in psych wards – assumption and access to these as GD person
- Limiting access to HRT due to assumption mental illness is related to dysphoria (it's a part of your mental illness")
- Waiting lists for LGBTIQA+ services
- Pathologising of identity
- Capitalist structure: must pay to access a lot of different "gates" before you're in a service (e.g. relating to gender affirmation tx mainly) – gatekeeping

What should change in mental health service delivery in mainstream services relating to LGBTIQA+ identity?

- Staff should be trained in affirmative practice and better informed about culture
- Explain why they are asking the questions they are – what do they actually need to know? This applies to all staff groups
- Understanding suicide risk is higher for some groups in LGBTIQ community
- More funding and capacity
- Increased MHCP sessions for marginalised communities
- Affordability
- Asking "How would you like to be referred to?", ask about gender, pronouns and sexuality
- Funded services for marginalised communities
- Respect for LGBTIQA+ communities – EVEN BEHIND CLOSED DOORS
- Profiles on doctors – choice
- More LGBTIQ+ identified folks in services. If not, more allies and educated folks
- "LGBTIQA+ services are oversubscribed and underfunded"
- Drop in centres
- More funding for social supports and connectedness to reduce social isolation
- Flexible access options e.g. web, email, phone (direct)
- Transparency in feedback
- Outpost options – access to services in diverse areas
- "Not your case study"

What are some barriers to engaging with emergency services, including police and ambulance services?

- Lack of trust (police)
- Perceptions that police hold power over consumers
- Perceived class divide

- Abuse of power
- When "they did their job" is a perceived good service, a low bar!
- "Don't understand the consumer experience"
- The risk if lack of trust proves true for Police
- Paramedics can be better as they can focus on building rapport
- "Paramedics have been really good, they go above and beyond"
- Police: aggressive, no LGBTIQ+ knowledge and training, punitive
- "Emergency services are out of touch with the needs of the community"
- Poorly resourced and paid leads to resentment
- When ID documents don't match name and gender of consumer – problem with police, generates suspicion and treated differently
- Some paramedics may not understand why LGBTIQ people may feel unsafe with people coming into their house
- Don't come out to police or paramedics as it may not feel safe to do so
- Some people may not want to or need to (come out) if not relevant
- "There's just no trust there"
- "There is a perception in the community that police exist to use force"
- "You don't feel like you can correct someone who has a gun"
- Issues when continued misgendering after initial correction (deliberate or error)
- Little compassion, impatience, perceived inconvenience (following suicide attempt)

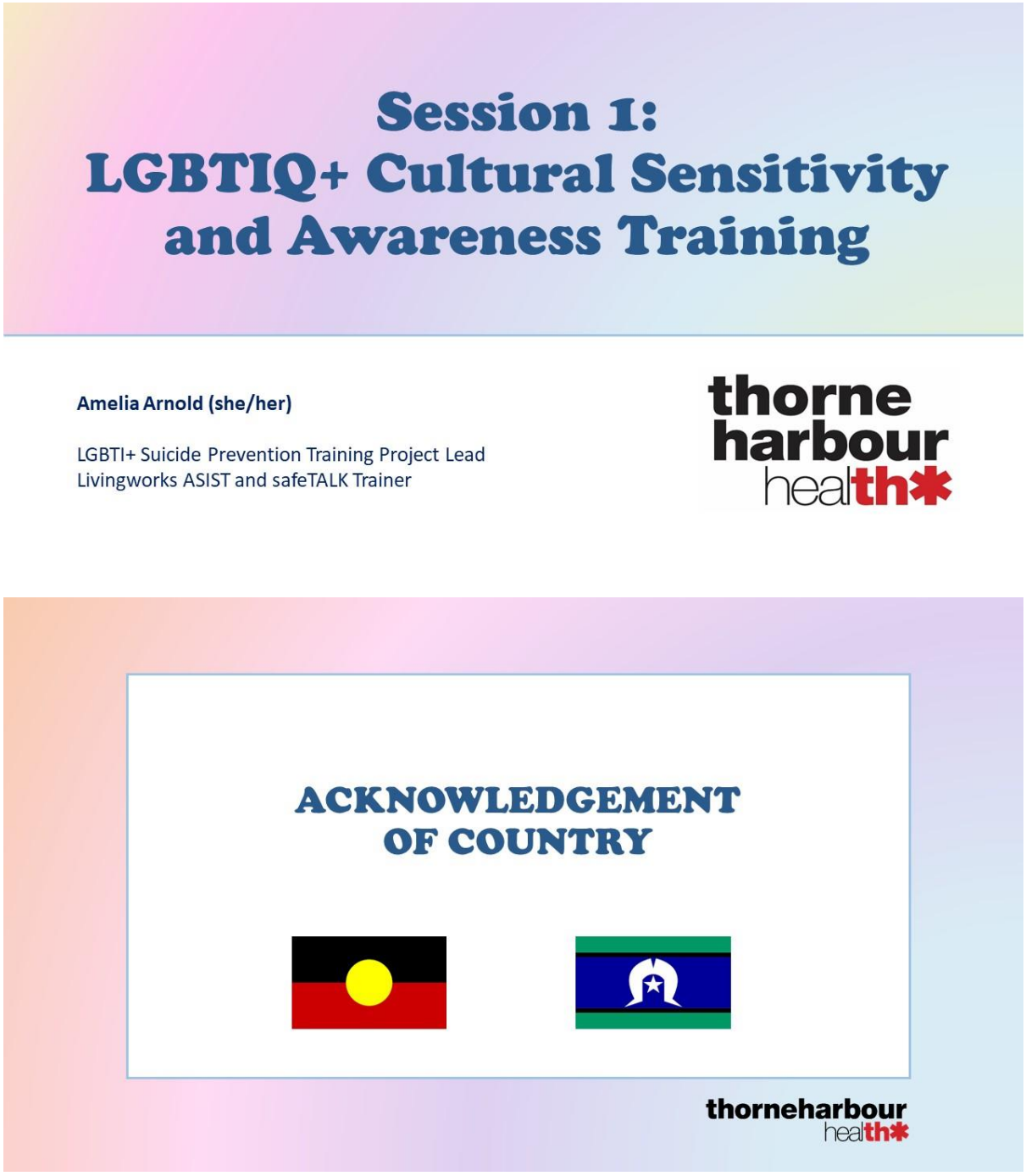
What is missing in mental health services?

- "mental health rations"
- Onus on you to follow up
- Free medication
- Expectation of services – what do they actually do?
- Consistent and ongoing access
- Subsidised psychiatrist fees
- Told follow up would happen but never received contact
- RELIABLE support/follow up
- Planning with consumer for post crisis support and care
- Not knowing what is going to happen next (the worst part is not knowing)
- Holistic planning for life, not bouncing from crisis to crisis
- Continuity of care
- Safe drop in spaces
- Outreach
- Support outside of crisis phone lines
- Access to information for support people
- Support for carers and support people
- Funding – centrelink, DSP reporting requirements
- Migration and refugee considerations (no LGBTIQA+ services)
- "Navigating the process and the system often increases distress and suicidality"
- "The state of beurocracy makes access to support harder. There's often no grace periods or allowances made for missed appointments. You're seen as noncompliant and this is recorded on your files and affects access to further care"
- Ongoing support in non-crisis periods
- Consistency of care to avoid crisis

- "It can often feel like a mental health crisis doesn't have an end, but services think it does. It's harder to maintain your care when you feel you're always in crisis"
- Crisis services linking in with other supports and needs
- Case management for work, administrative needs, economic support/needs
- Funding and capacity

APPENDIX 3: AFFIRMATIVE PRACTICE TRAINING CONTENT

SESSION 1



Training Orientation

- Emergency procedures
- Bathrooms and breaks
- Accessibility
- Please feel free to raise your hand, or call out if I haven't seen you.
- I aspire to create a learning environment where you can ask questions, learn and practice, without fear or judgement.

Thorne Harbour Health: About Us

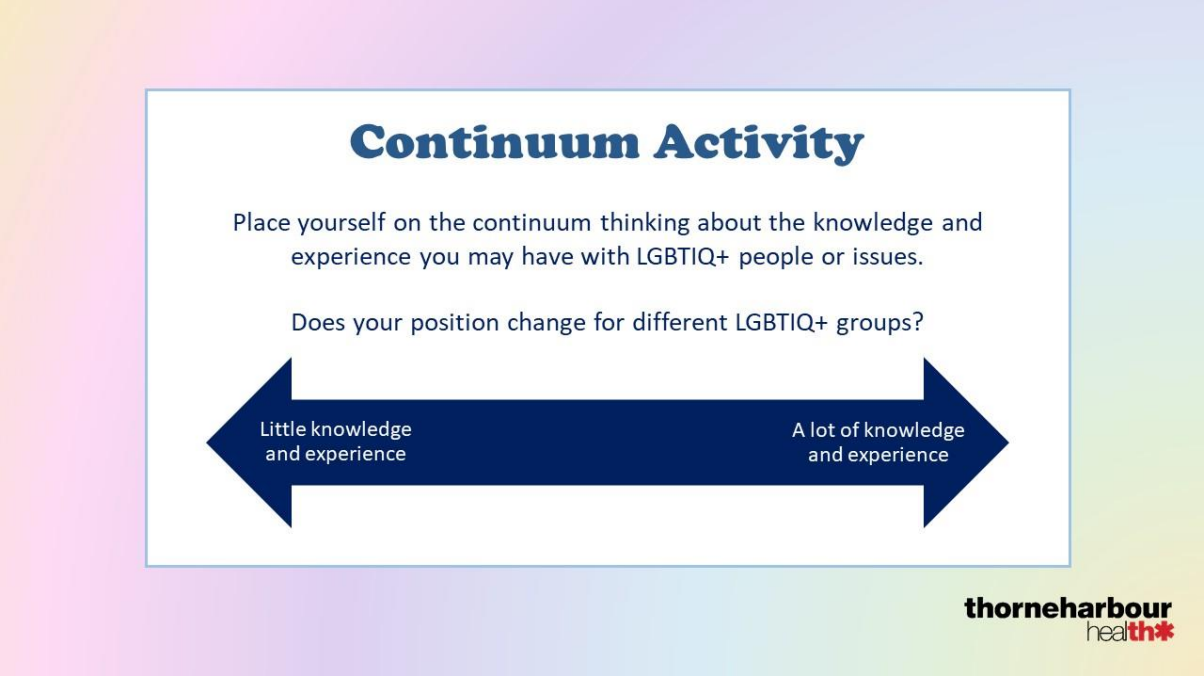
Building on our longstanding legacy in the community response to HIV and AIDS, Thorne Harbour Health aims to improve the health and wellbeing of our LGBTI communities.

Our services include:

- Counselling
- LGBTI clinical services
- LGBTI women's health
- Trans and gender diverse health
- Alcohol and other drug services
- Relationship and family violence support
- Therapeutic Groups
- Sexual health services
- Rapid sexual health testing
- Peer education
- PLHIV services
- Outreach services
- Regional and rural LGBTI support


LGBTIQ Suicide Prevention through Affirmative Practice
Thorne Harbour Health have been funded though the North West Melbourne PHN as part of the National Suicide Prevention Trial to deliver training to people who work with LGBTIQ+ communities.
• LGBTI+ people feel safer in interactions with support services if all personnel undertook specialised LGBTIQ training
• LGBTI+ people are at greater risk of suicide behaviour and death by suicide
• LGBTI people are less likely to seek support during mental health crises due to fear of discrimination and harm.
phn
NORTH WESTERN MELBOURNE
An Australian Government Initiative
thorneharbour health


Learning Objectives
• Understand your current LGBTIQ+ community literacy and identify any knowledge gaps.
• Explore LGBTIQ+ community language and the LGBTIQ+ acronym.
• Understand the importance of using affirming language in creating cultural safety for LGBTIQ+ clients.
• Explore unique vulnerabilities for LGBTIQ+ communities in a cis-het normative society.
thorneharbour health


Continuum Activity
Place yourself on the continuum thinking about the knowledge and experience you may have with LGBTIQ+ people or issues.
Does your position change for different LGBTIQ+ groups?
Little knowledge and experience
A lot of knowledge and experience
thorneharbour health


Small Group Activity
1. Where have you previously learned about the LGBTIQ+ community? For example, friends or family? Clients?
2. What do you feel you'd still like to learn about LGBTIQ+ issues, culture and experiences?
thorneharbour health

Why is Language Important?

Consider the following:

- Language can be a means of abuse, victimisation and exclusion **equally** as it can be confirming, inclusive and supportive.
- Language can communicate a lack of LGBTIQ+ knowledge and false assumptions.
- Language is completely individual - if you are unsure, it's usually best to respectfully and privately ask the client what language they use
- Language is always changing, but adapts easily with practice
- Using the correct language can demonstrate your knowledge of and sensitivity to sexuality and gender identity.
- People's response to language can be different

What is the LGBTIQ+ acronym?

L G B T I Q +

Diverse Sexualities, Genders and Sex Characteristics

Community Language: Sexuality

Sexual orientation or Sexuality

Is a term that describes a person's sexual, emotional, physical or romantic attraction, as well as the gender(s) of the people they are attracted to.

Gay

A term used by people whose physical, romantic, sexual and/or emotional attraction is to people of the same gender. Historically and commonly used by men, but anyone can use gay to describe their sexuality, including women and non-binary people.

Lesbian

A term typically used by women whose physical, romantic, sexual and/or emotional attraction is to other women. People who are non-binary or gender diverse may also use lesbian to describe their sexuality if this terms fits best for them.

Bisexual or Bi+

A term used by people who experience attraction to 2 or more genders. For **bisexual** people, gender often plays a role in their attraction to others. For **pansexual** people, gender does not play a component in their attraction to others. Some people also use **multi-gender attracted.**

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Community Language: Sexuality

Queer

An umbrella term that includes a range of sexuality and gender identities, including lesbian, gay, bisexual, transgender and non-binary. Queer is used by some people, particularly younger people, whose sexuality is not heterosexual. Typically for those who identify as queer, the terms lesbian, gay and bisexual are perceived to be too limiting and don't quite fit their experience. Some people use queer to describe their gender identity. Older members of the LGBTIQ+ community may struggle with the term queer, as historically queer was used as a slur.

Asexual and Aromantic

Asexual is an identity term commonly used by people who experience limited or no sexual attraction to others. Aromantic is an identity term commonly used by people who experience limited or no romantic attraction to others.

Heterosexual

A term used by people whose physical, romantic and/or emotional attraction is to people of the opposite gender and the opposite gender only. Sometimes also known as straight. This should not be confused for bisexual people in a relationship with someone of another gender.

Diversity in Sex Characteristics

Intersex

Community Language: Intersex

Intersex Human Rights Australia define intersex as:

"People who are born with genetic, hormonal or physical sex characteristics that are not typically 'male' or 'female'. Intersex people have a diversity of bodies and gender identities, and may identify as male or female or neither"

ihra.org.au

VIDEO

Diverse Gender Identities

L G B T I Q+

Transgender, Non-Binary, Queer

Community Language: Gender

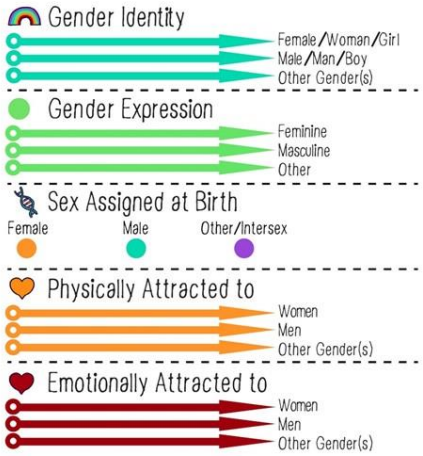
Gender Identity
Refers to a person's internal sense of being male, female or otherwise. Everyone has a gender identity.

Gender Expression: The way someone presents themselves in relation to gendered concepts like femininity & masculinity.

Sex Assigned At Birth: Everyone is assigned a sex at birth - for TGD people, this assigned sex & gender expectations feel restrictive or altogether wrong.

The vast majority of Intersex people are assigned a binary sex, which is often followed by unnecessary 'corrective' surgeries. Some intersex people are also TGD, but they are generally separate issues.

For more information about Intersex advocacy, visit Intersex Human Rights Australia.



Community Language: Gender

Cisgender

A term to describe people whose gender identity matches the gender that they were assigned at birth.

Transgender

An umbrella term for people whose gender identity does not match the gender they were assigned at birth. (AFAB and AMAB language if necessary, as opposed to FTM and MTF)

Gender Diverse

An umbrella term used by people who do not conform to their culture's expectations of the male/female gender binary. This is typically used as a descriptive term, not an identity term.

Non Binary, Genderqueer, Agender

Terms used by some people whose gender identity is outside of or in between the male/female gender binary.

Community Language: Gender

Transition/affirmation:

Describes a TGD person's journey of gender affirmation, which is different for everyone. There is not always a particular 'goal' in mind – this is why it's now often referred to as a process of 'affirmation'.

Gender Dysphoria:

The distress or unease sometimes experienced from being misgendered and/or when someone's gender identity and body personally don't feel connected or congruent. Dysphoria fluctuates, and not all TGD people experience it.)

Depathologization:

Recognising that TGD identities and experiences are not a pathology, but simply a variation of human experience. E.g. High rates of negative mental health outcomes are as a result of a society which stigmatises gender diversity, rather than being inherent to the TGD experience.

Pronouns

Pronouns are words used to refer to a person other than their name.
We use pronouns on a daily basis interacting with people.

Gendered Pronouns

She and **He** are gendered pronouns.
She is typically used by women or feminine folks.
Similarly **He** is typically used by men or masculine folks.

Gender Neutral Pronouns

They/them - these are pronouns that don't imply 'male' or 'female' gender.

Neutral pronouns are typically used by genderqueer and non-binary identifying people. There are other kinds of gender neutral pronouns too, but these are the most common.

Example *"Sam is studying Nursing – they're in third year, and their marks have all been amazing so far! I'm so proud of them."*

Misgendering

Misgendering is a term used to describe when you accidentally or intentionally use incorrect pronouns or gendered descriptors for someone.

- This means using any pronouns other than the ones a person has asked you to use
- It can also mean other gendered language like "how's it going, man", if it contradicts how a person identifies their gender.

Slipping up

If you misgender someone, the best approach is usually a quick correction and apology. Bonus points for a thank-you!

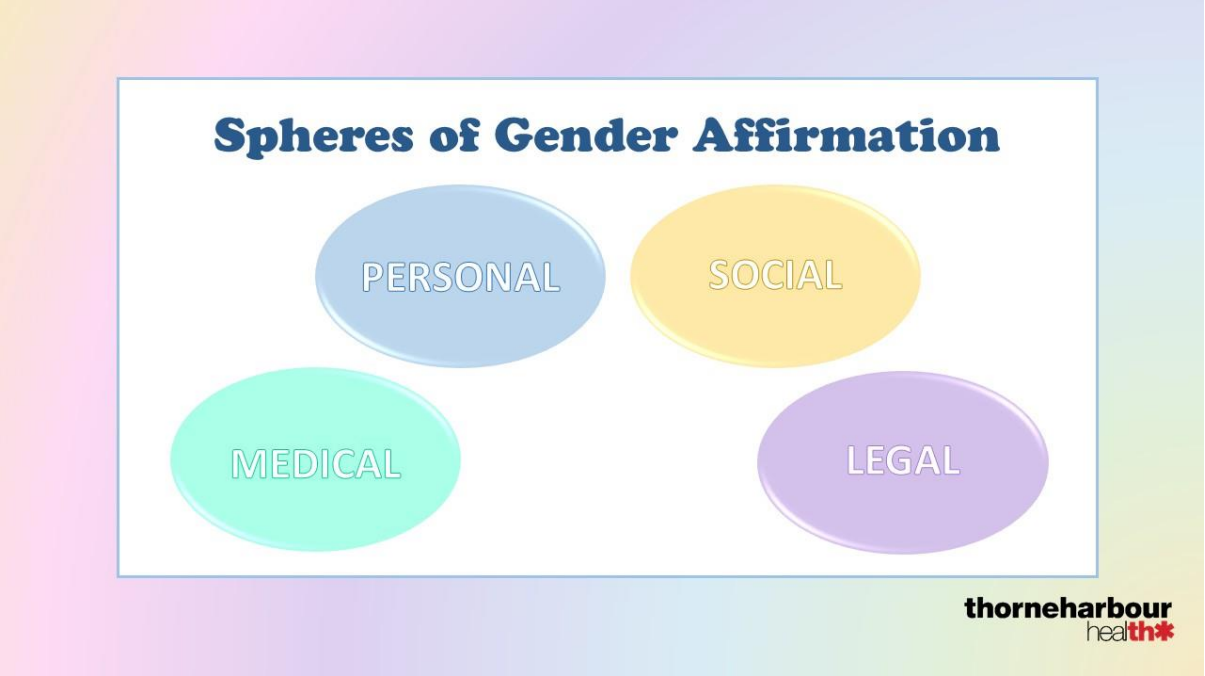
If you are noticing you are struggling using correct pronouns don't give up! Practising with colleagues or friends can help and it becomes easier with practice.

If you are noticing other people deliberately misgendering people, you have a responsibility to address this. TGD people understand that misgendering can happen by accident but when faced with deliberate misgendering the impact can be significant and can be a serious safety issue affecting confidentiality and disclosure.

VIDEO

Common Language Mistakes

- 'Transgender' is an adjective, identity, and experience – not a noun.
  Correct your fellow allies if you hear "*One of my patients is a trans*" for example.
- "He/She" - the singular 'they' isn't a new part of the English language, in fact it's older than the singular 'you'!
- Generally it is best to use someone's pronouns/gender identity retroactively.
  E.g. not saying "back when you were a little girl" to a trans man.
- Gendered language – e.g. "*Good evening ladies and gentlemen.*"
- Cis-centric language is language which erases or 'others' TGD people, and is often used unintentionally by well-meaning people – e.g. "*wow, I would never have known you're trans, you look just like a real man!*"
- "Transexual", "transvestite", "cross dresser", "sex change". These terms have all been very important in the past, and some people will still use them to self-identify. However they are also commonly used as slurs, so don't use them unless someone specifically asks you to.


Spheres of Gender Affirmation
PERSONAL
SOCIAL
MEDICAL
LEGAL
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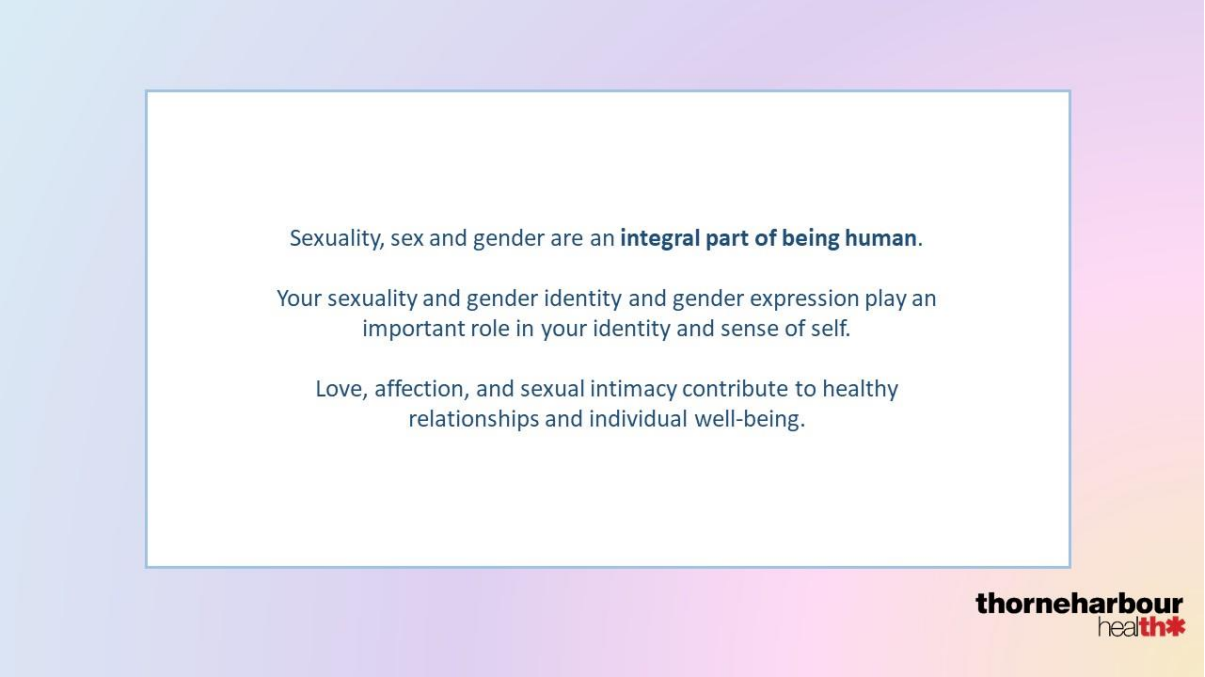
Sexuality, sex and gender are an integral part of being human.
Your sexuality and gender identity and gender expression play an important role in your identity and sense of self.
Love, affection, and sexual intimacy contribute to healthy relationships and individual well-being.
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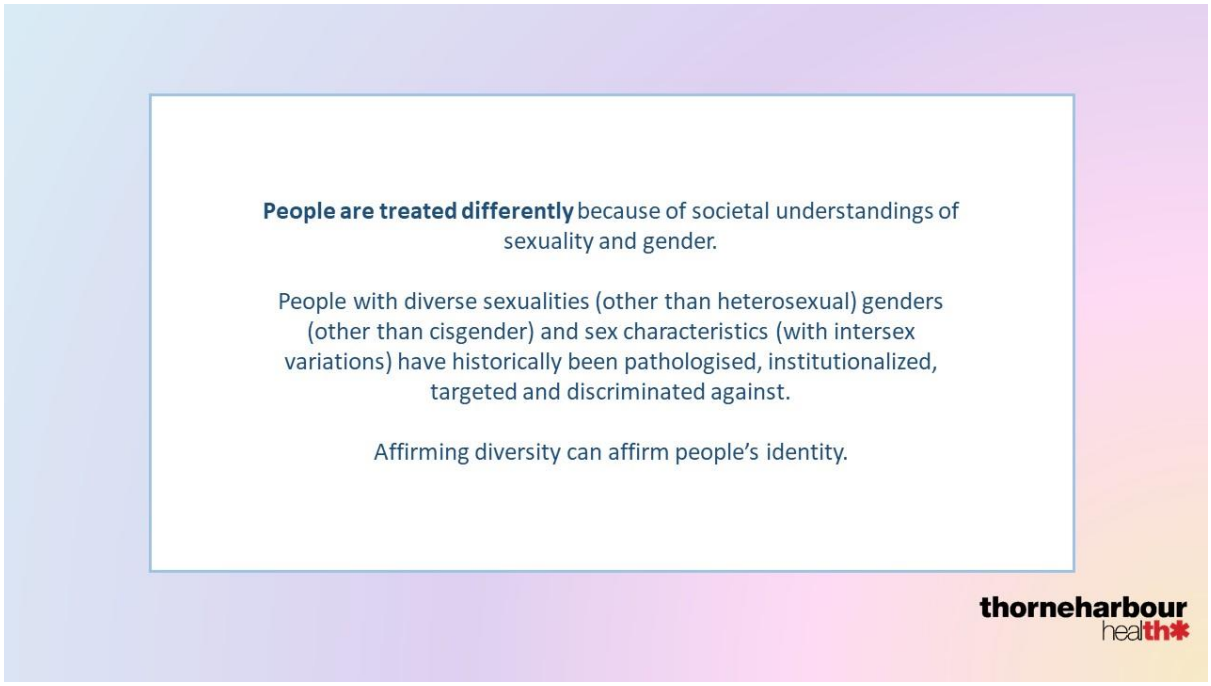
People are treated differently because of societal understandings of sexuality and gender.
People with diverse sexualities (other than heterosexual) genders (other than cisgender) and sex characteristics (with intersex variations) have historically been pathologised, institutionalized, targeted and discriminated against.
Affirming diversity can affirm people's identity.
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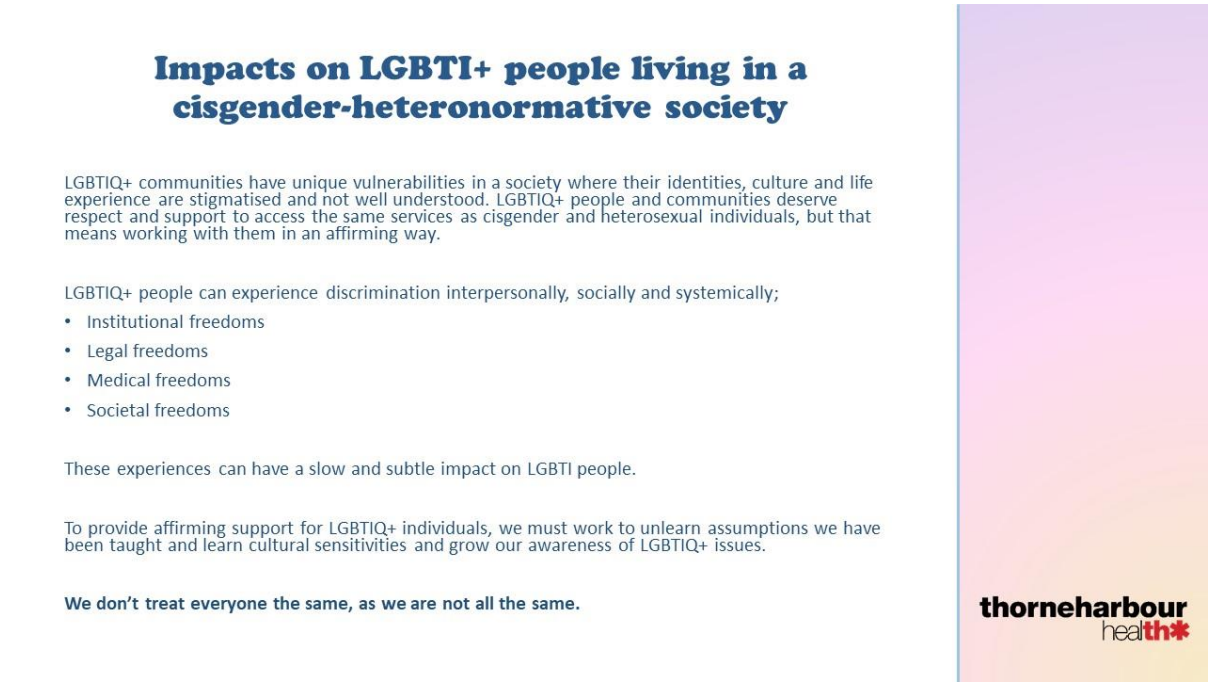
Impacts on LGBTI+ people living in a cisgender-heteronormative society
LGBTIQ+ communities have unique vulnerabilities in a society where their identities, culture and life experience are stigmatised and not well understood. LGBTIQ+ people and communities deserve respect and support to access the same services as cisgender and heterosexual individuals, but that means working with them in an affirming way.
LGBTIQ+ people can experience discrimination interpersonally, socially and systemically;
• Institutional freedoms
• Legal freedoms
• Medical freedoms
• Societal freedoms
These experiences can have a slow and subtle impact on LGBTI people.
To provide affirming support for LGBTIQ+ individuals, we must work to unlearn assumptions we have been taught and learn cultural sensitivities and grow our awareness of LGBTIQ+ issues.
We don't treat everyone the same, as we are not all the same.
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VIDEO

Minority Stress

Minority stress is the chronic stress associated with being a member of a stigmatised minority group, and the resulting constant vigilance related to personal physical and emotional safety.

To attempt to avoid discrimination, LGBTIQ+ people may attempt to hide their sexuality, gender identity or intersex status by monitoring their mannerisms, language, behaviour and what information they share with others about their lives.

This process of 'remaining closeted' for perceived safety's sake can commonly lead to traumatic levels of internalised stress and shame.

Incremental Trauma

Incremental trauma describes the additive effects of traumas, resulting from long term experience of discrimination and exclusion.

This may include:

- Not being accepted or believed by family or friends
- Lack of access to safe healthcare and other services
- Persecution, victimisation, discrimination and violence

Biphobia, Homophobia and Transphobia

Encompasses a range of negative attitudes and feelings towards people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBT). This can be shown in the form of emotional disgust, fear, violence, anger or discomfort felt or expressed towards people who do not conform to society's expectations.

Internalised Homophobia, Transphobia and Biphobia

When negative homophobic, biphobic or transphobic stereotypes and anti-LGBTIQ beliefs and attitudes are internally accepted, leading to feelings of shame, self-disgust and self-hatred.

This internal self-oppression can create a vulnerability for LGBTI+ people around mental health, self esteem and relationships, and can lead to increased behaviours whereby these negative internal states can be relieved or escaped.

Coming Out

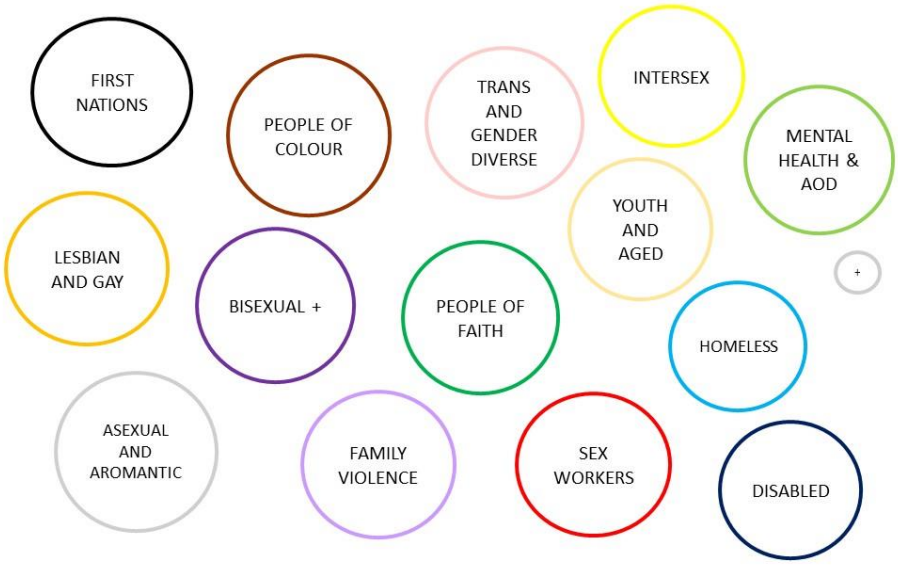
In Western culture, coming out is often seen as a necessary process and that an LGBTI+ person has not "truly accepted themselves" until they have come out to people in their lives.

Some people may choose to remain 'closeted' in some areas of their life, for example at work. Remaining closeted brings with it a constant underlying fear of being outed for some people. For others, they prefer to keep their sexuality, gender or intersex variation to themselves.

Coming out is often very stressful and varies widely between individuals.

It is also an ongoing process! Some people have to out themselves daily to correct people's assumptions about their sexuality, gender or intersex status.

Intersectional Experiences




What's next?
Session 2:
LGBTIQ+ Affirmative
Practice Training
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health


Thank you for your time
Contact:
Amelia Arnold (she/her)
amelia.arnold@thorneharbour.org

SESSION 2

Session 2: LGBTIQ+ Affirmative Practice Training

Amelia Arnold (she/her)

LGBTI+ Suicide Prevention Training Project Lead
Livingworks ASIST and safeTALK Trainer

ACKNOWLEDGEMENT OF COUNTRY

Training Orientation

- Emergency procedures
- Bathrooms and breaks
- Accessibility
- Please feel free to raise your hand, or call out if I haven't seen you.
- I aspire to create a learning environment where you can ask questions, learn and practice, without fear or judgement.

LGBTIQ Suicide Prevention through Affirmative Practice

Thorne Harbour Health have been funded though the North West Melbourne PHN as part of the National Suicide Prevention Trial to deliver training to people who work with LGBTIQ+ communities.

- LGBTI+ people feel safer in interactions with support services if all personnel undertook specialised LGBTIQ training
- LGBTI+ people are at greater risk of suicide behaviour and death by suicide
- LGBTI people are less likely to seek support during mental health crises due to fear of discrimination and harm.


Learning Objectives
• Explore LGBTIQ+ health, mental health and wellbeing.
• Identify and understand some of the unique vulnerabilities and barriers that LGBTIQ+ communities face when accessing mental health support services.
• Improve your understanding of organisational LGBTIQ+ Affirmative Practice.
• Improve your confidence in creating affirming environments for LGBTIQ+ clients.
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Small Group Reflection
What stuck with you following Session 1?
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VIDEO

North Western Melbourne Primary Health Network asked LGBTIQ+ people to talk about their experiences accessing health care

Vulnerabilities to thoughts of suicide for LGBTIQ+ communities

- Minority stress
- Violence
- Micro aggressions
- Rejection from family, friends, peers
- Erasure of LGBTIQ+ identity
- Inability to live freely in LGBTIQ+ identity
- Isolation and loneliness
- Disconnection from community and support network(s)
- Political climate and public debate
- Ongoing stress of self-advocacy
- Exhaustion and burnout
- Death by suicide of community members

LGBTIQ+ Mental Health Risk

Findings from the ***Private Lives 3*** report:

- More than half (57.2%; n = 3,818) of participants reported high or very high levels of psychological distress during the past four weeks.
- Three fifths (60.5%; n = 3,965) of participants reported having ever been diagnosed with depression
- Almost half (47.2%; n = 3,093) of participants reported having ever been diagnosed with generalised anxiety disorder.

Source: Private Lives 3, La Trobe University ARCSHS 2020

- Over two fifths (41.9%; n = 2,848) reported that they had considered attempting suicide in the previous 12 months and almost three quarters (74.8%; n = 5,084) had considered attempting suicide at some point during their lives.
- One 20th (5.2%; n = 274) reported having attempted suicide in the past 12 months and almost one third (30.3%; n = 1,606) reported having attempted suicide at some point during their lives. These rates are considerably higher than those observed within studies of the general population.

LGBTIQ+ Mental Health Risk

Findings from the ***Private Lives 3*** report:

Suicide attempts in the past 12 months by sexuality

- 7.8% of pansexual participants
- 6.0% of bisexual participants
- 5.1% of queer participants
- 4.2% of asexual participants
- 4.1% of lesbian participants
- 3.3% of gay participants

Source: Private Lives 3, La Trobe University ARCSHS 2020

Suicide attempts in the past 12 months by gender

- 13.7% of trans men
- 10.9% of trans women
- 6.8% of non-binary participants
- 4.2% of cisgender women
- 3.3% of cisgender men

LGBTIQ+ Mental Health Risk

LGBTI+ people are more likely to have thoughts of suicide:

- Lesbian, Gay and Bisexual people aged 16 and over are over six times more likely
- Transgender people aged 18 and over are nearly eighteen times more likely
- People with an Intersex variation aged 16 and over are nearly five times more likely
- LGBT young people who experience abuse and harassment are even more likely to have thoughts of suicide

LGBTI+ people are more likely to engage in suicide behaviours:

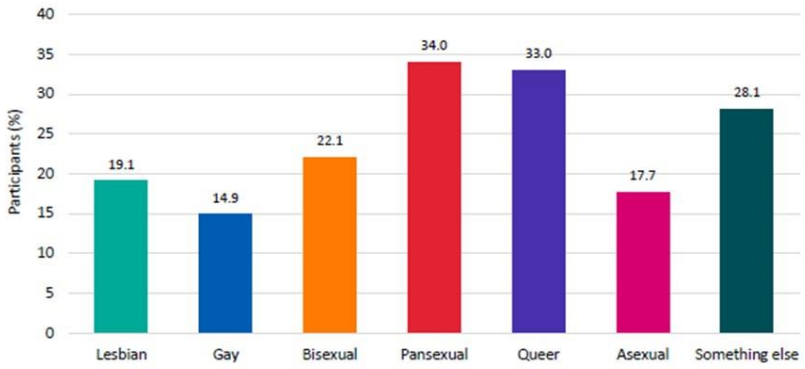
- LGBTI young people aged 16 to 27 are five times more likely to attempt suicide
- Transgender people aged 18 and over are nearly eleven times more likely to attempt suicide
- People with an Intersex variation aged 16 and over are nearly six times more likely to attempt suicide
- LGBT young people who experience abuse and harassment are even more likely to attempt suicide

Source: LGBTIQ+ Health Australia Suicide Snapshot 2020

LGBTIQ+ Homelessness

Findings from the ***Private Lives 3*** report:

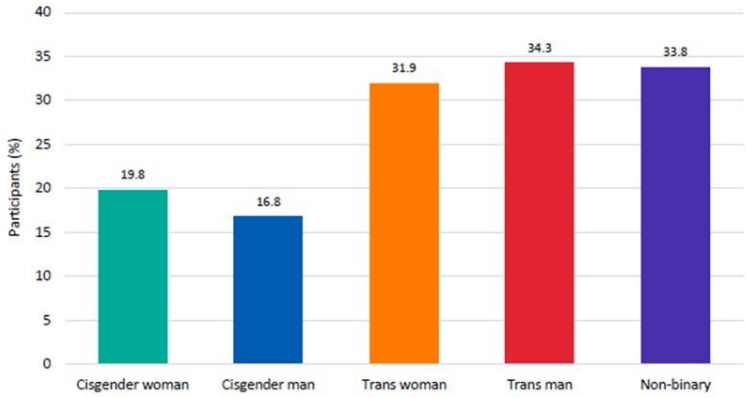
Source: Private Lives 3, La Trobe University ARCSHS 2020



LGBTIQ+ Homelessness

Findings from the ***Private Lives 3*** report:

Source: Private Lives 3, La Trobe University ARCSHS 2020

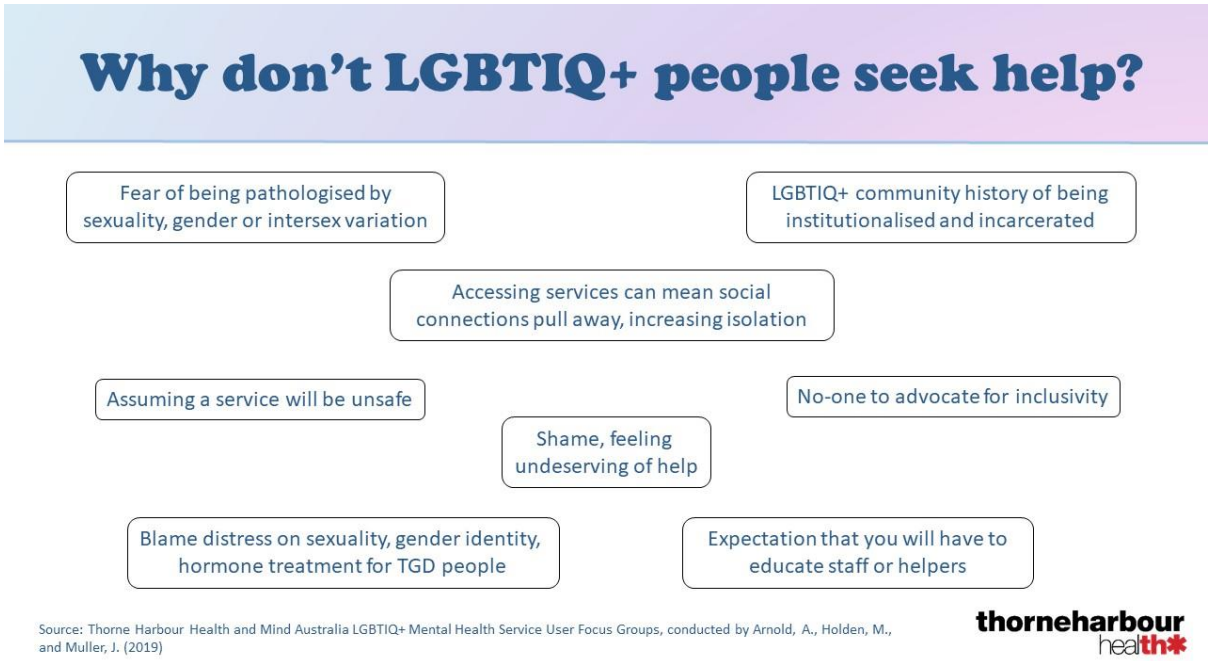


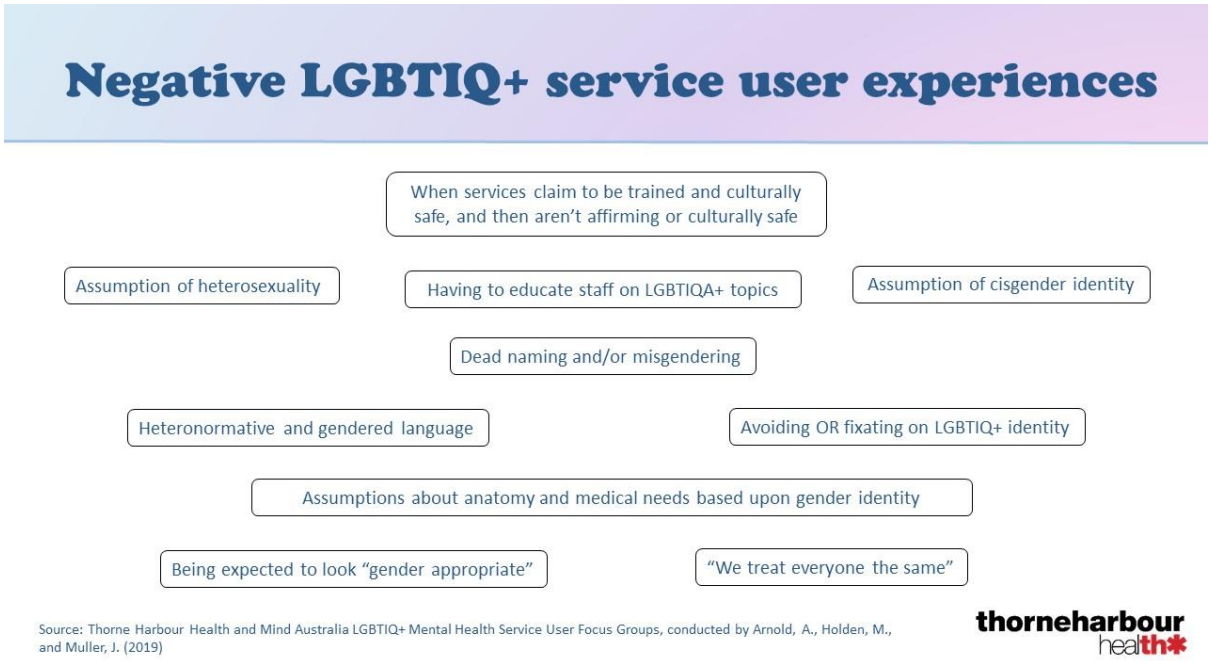
LGBTIQ+ Partner and Family Violence

Findings from the ***Private Lives 3*** report:

- More than two fifths (41.7%; n = 2,846) of participants reported having ever been in an intimate relationship where they felt they were abused in some way by their partner/s.
- Almost two fifths (38.5%; n = 2,629) reported ever feeling abused by a family member.
- Of the participants who reported having experienced intimate partner or family violence, 28.0% (n = 1,325) said that they reported the incident to a relevant service at the most recent time this occurred.
- Almost half (48.6%; n = 3,314) of participants reported having ever been coerced or forced into sexual acts they did not want to engage in and 8.9% (n = 607) in the past 12 months.

Source: Private Lives 3, La Trobe University ARCSHS 2020


Why don't LGBTIQ+ people seek help?
Fear of being pathologised by sexuality, gender or intersex variation
LGBTIQ+ community history of being institutionalised and incarcerated
Accessing services can mean social connections pull away, increasing isolation
Assuming a service will be unsafe
No-one to advocate for inclusivity
Shame, feeling undeserving of help
Blame distress on sexuality, gender identity, hormone treatment for TGD people
Expectation that you will have to educate staff or helpers
Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Mental Health Service User Focus Groups, conducted by Arnold, A., Holden, M., and Muller, J. (2019)


Negative LGBTIQ+ service user experiences
When services claim to be trained and culturally safe, and then aren't affirming or culturally safe
Assumption of heterosexuality
Having to educate staff on LGBTIQA+ topics
Assumption of cisgender identity
Dead naming and/or misgendering
Heteronormative and gendered language
Avoiding OR fixating on LGBTIQ+ identity
Assumptions about anatomy and medical needs based upon gender identity
Being expected to look "gender appropriate"
"We treat everyone the same"
Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Mental Health Service User Focus Groups, conducted by Arnold, A., Holden, M., and Muller, J. (2019)

Why don't LGBTIQ+ people seek help?

"Navigating the process and the system often increases my distress and suicidality."

"It can be retraumatising to access services and have your identity invalidated."

"Distress is a normal reaction to cis-het-normative systems."

"Suicide management services can be very heteronormative and binary when it comes to gender and sexuality."

"I personally don't need anyone to fully understand me, but I need to be allowed to exist and feel accepted."

Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Mental Health Service User Focus Groups, conducted by Arnold, A., Holden, M., and Muller, J. (2019)

Why don't LGBTIQ+ people seek help?

"As a Trans man living in a regional town you don't know who is safe to turn to. With health professionals, you aren't sure who really understands transgender needs and you don't want to teach someone, when you are the one who needs help at that point."

"I feel like there are only services for very serious crisis response situations, or services for people who don't need acute care (psychologist). There are no services available for the space that exists between these two sides of the spectrum."

The thing that anyone needs to know about mental health services in this country, is that they are white dominated. This is why LGBTIQA+ BIPOC folx won't [seek support]".

Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Suicide Lived Experience Expert Advisory Group (LGBTIQ-LEAD) consultation, conducted by A Arnold and I McGovern, 2021.

Why don't LGBTIQ+ people seek help?

"In my friendship group we very often have our own friendship safety plans to keep us out of accessing mainstream services. If someone is having a dip, we check in. If people are on prescribed medication, we may split up medication so the person in crisis doesn't have access to it. We cook food for each other and drop off USBs with new TV shows. We attend appointments together. If someone is in crisis, we have a group chat so there are multiple people caring for the person to organise around their needs to keep them out of hospital. It's wonderful and powerful, but it's also traumatising, deeply destructive and inadequate. Often more than one of us is going through a hard time, and it's so much to hold to keep each other safe in a world that is not interested in keeping us safe."

Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Mental Health Service User Focus Groups, conducted by Arnold, A., Holden, M., and Muller, J. (2019)

Why don't LGBTIQ+ people seek help?

Understanding LGBTI+ Lives in Crisis (2019)

Australian Centre for Sex, Health and Society (ARCSHS) at La Trobe University in partnership with Lifeline.

71% of LGBTI+ Australians did not reach out to services for help during their most recent personal or mental health crisis.

"We know from previous research that there is a higher rate of suicidal ideation, self-harm and poor mental health in LGBTI+ people." *Dr. Andrea Waling, 2019*

The main reason LGBTI+ people chose not to use crisis support services was the "anticipation of discrimination."

Source: Waling, A. et al (2019) Understanding LGBTI+ Lives in Crisis, ARCSHS, La Trobe University.

What do LGBTIQ+ people want from mental health services?

"Understand the intersectional issues faced by LGBTIQA people, particularly those from multicultural and multi-faith backgrounds. Different people have different needs."

"In training resources, give scenarios or role plays for people that experience intersectional oppression. For example, for someone who is First Nations and experiencing suicidality, you wouldn't apply the standard prevention model. How do healthcare workers make this person connect more to land, culture and mob?"

"There can never be one blanket suicide prevention model, we need to always tailor it."

Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Suicide Lived Experience Expert Advisory Group (LGBTIQ-LEAD) consultation, conducted by A Arnold and I McGovern, 2021.

What do LGBTIQ+ people want from mental health services?

"Peer support - LGBTQIA+ peers in hospitals, LGBTIAQ+ peers being able to escort you into hospitals and clinics to provide support and help one navigate the system."

"When we access services due to experiencing suicidality, we are at our most vulnerable. Micro aggressions can cause extreme pain and cause us shame."

"Keep in mind that LGBTIQA+ people are often wary of emergency services and have good reason to be so Be prepared to earn trust rather than expect it upfront."

Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Suicide Lived Experience Expert Advisory Group (LGBTIQ-LEAD) consultation, conducted by A Arnold and I McGovern, 2021.

What do LGBTIQ+ people want from mental health services?

"We need peer support [in LGBTIQ+ suicide prevention]. When I was going through extreme suicidal thoughts and action, I felt so alone. I needed to hear from someone that they had been in this spot and gotten out the other side. We need more peer spaces and more stories of hope of past survivors. After googling and emailing multiple organisations all I could find were suicide bereavement peer support groups for carers and no support groups for people experiencing those thoughts which I found very odd. This lack of peer community and solidarity in the suicide prevention and management community contributes to great feelings of shame and isolation of suicidal thoughts which can lead to its perpetuation. I would like to see more stories of hope and survival, and more peer spaces to lessen isolation and shame around suicidal thinking."

Source: Thorne Harbour Health and Mind Australia LGBTIQ+ Suicide Lived Experience Expert Advisory Group (LGBTIQ-LEAD) consultation, conducted by A Arnold and I McGovern, 2021.

LGBTIQ+ Community Resilience

Strengths and protective factors LGBTIQ+ people and communities have developed over time;

- Creating our own identity, language and definition of self
- Embracing self-worth and value
- Awareness of oppression in LGBTIQ+ communities and expressing solidarity with other minority groups
- Connection with a supportive community with shared experiences
- Social activism, campaigning and changes to LGBTIQ-exclusionary laws and practices
- Cultivating hope and strength for the future
- Being a positive role model for others
- Innovations in LGBTIQ+ healthcare and HIV treatments

LGBTIQ+ Affirmative Practice

Services not known to be LGBTIQ+ accessible and affirming are assumed to be inaccessible and culturally unsafe. In order to become accessible, organisations must make their position known and take steps to create affirming environments.

Affirmative Practice includes *"embedding principles and guidelines into organisational policy and procedures to demonstrate the organisation's intent to have LGBTIQ+ inclusive and affirmative practices."*

Source: Educating for Trans, Transsexual and Intersex Access and Inclusion to Sexual Assault Centres and Transition Houses (White, 2002)

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LGBTIQ+ Affirmative Practice for Organisations

- Demonstrate publicly that your organisation strives to be LGBTIQ+ inclusive and affirming
  - What is our organisation doing to show this currently?
  - What else could our organisation do to demonstrate this?
- Develop a referral list and referral process to LGBTIQ+ affirming practitioners and organisations
- Include explicit reference to sexuality, sex and gender diverse people in organisational policies and procedures, not just using the blanket LGBTIQ+ acronym.
- Set up a LGBTIQ+ community or consumer advisory group to inform your work – community members should be leading work that relates to their communities and experiences of the service.
- Ensure forms, documentation and processes are LGBTIQ+ inclusive and affirming.
- Commit to undergoing regular LGBTIQ+ cultural competency training from sexuality diverse, intersex and gender diverse communities.

LGBTIQ+ Affirmative Practice for Individuals

- Use respectful language and terminology – remember you are not using a label for someone, but instead using language that affirms their identity, or identities, and experience.
- When performing assessments and asking questions, use gender-neutral and non-discriminatory language with all people, such as:
  "Do you have a partner?" rather than "Do you have a husband/wife?"
- Challenge homophobia, biphobia and transphobia you encounter.
- Don't project your own personal beliefs or values onto LGBTIQ+ people.

- Assess your own cisgender and/or heterosexual privilege and experience in the world to understand oppressive and discriminative systems, structures and practices.
- Be curious but respectful of diverse experiences – don't expect LGBTIQ+ clients to educate you or satisfy your curiosity.
- Seek out LGBTQIA+ resources for your LGBTIQA+ clients, like books, peer groups and media.
- Celebrate milestones of significance for the person, when appropriate.

LGBTIQ+ Affirmative Practice for Individuals

Confidentiality & Disclosure

- A person's confidentiality should be respected at all times. Disclosure may put someone's safety at significant risk.
- Ask people with whom they want information about their LGBTIQ+ identity/history shared with in referrals.
  - This information may include their pronouns & name.
  - If relevant to your role, also advise who has the potential to access this information.
  - The type of information the person may want disclosed might differ depending on who it's shared with including: other staff, patients, external services and visitors.
- Be mindful of the surrounding environment when discussing someone's LGBTIQ+ identity/history e.g. not continuing a conversation outside of the room, or in a corridor where people may overhear.
- Consider how confidentiality and disclosure are managed in intake procedures and handover.
- Make sure LGBTI people understand that they can withdraw consent to disclosure/access of information to other parties at any time.

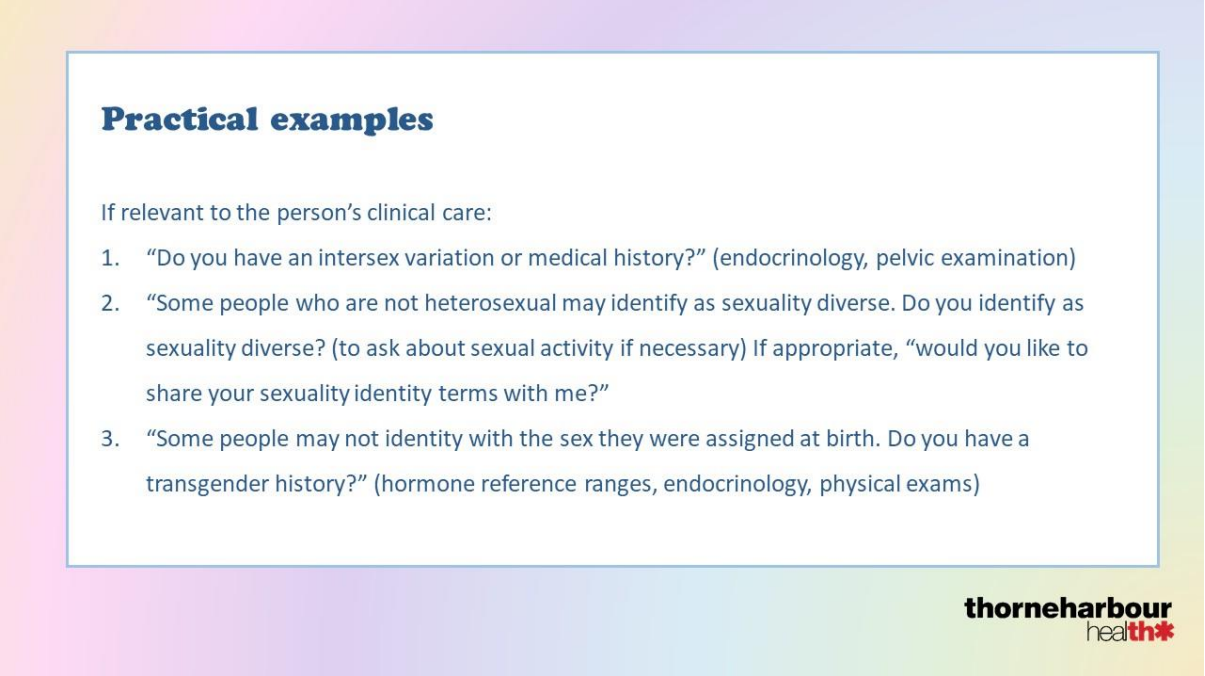
Putting it all into practice: what comes next?

LGBTIQ+ Affirmative Practice 101

- Introduce yourself with your name, pronouns and role. Ask what pronouns people use and then use them.
- Don't assume someone's gender, pronouns or sexuality based on their appearance or voice.
- Adopt a person-centred approach to your engagements and be aware of intersectional experiences.
- Never comment unnecessarily on a person's appearance, gender expression or LGBTIQ+ identity.
- Understand that each person's journey will be unique and there is no 'right' way to be sexuality, sex or gender diverse.
- Use appropriate and non offensive language, confirming what language the client would like you to use for them.
- Identify your learning gaps and needs, and address these in your own time through professional development.
- Don't expect LGBTIQ+ people to educate you about their life experience, or satisfy your curiosity.
- Even if an affirming space is created, your clients may not come out to you as LGBTIQ+.
- Actively support LGBTIQ+ people in all elements of your practice, including your colleagues.

Practical examples

- "Hi there, my name is Amelia and I use she and her pronouns. Pronouns are words we use to describe someone instead of their name. Can I ask what pronouns you would like me to use for you?"
- "Hi Julian, there's someone here to see you in Reception. Do you have time to meet with them?"
- "I was supporting Fiona today. Just a note for when you take over their care - Fiona uses they and them pronouns, so please use they and them when talking about them."
- "These are questions that we ask all people as part of our triage and assessment. Do you identify within the LGBTIQA+ community?"


Practical examples
If relevant to the person's clinical care:
1. "Do you have an intersex variation or medical history?" (endocrinology, pelvic examination)
2. "Some people who are not heterosexual may identify as sexuality diverse. Do you identify as sexuality diverse? (to ask about sexual activity if necessary) If appropriate, "would you like to share your sexuality identity terms with me?"
3. "Some people may not identity with the sex they were assigned at birth. Do you have a transgender history?" (hormone reference ranges, endocrinology, physical exams)
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Small Group Activity
1. How might we create an affirming environment for LGBTIQA+ consumers or clients in our service/organisation?
2. How might we create an affirming environment with LGBTIQA+ consumers or clients in our individual roles?
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LGBTIQ+ Referral Pathways

- LGBTIQ+ Health Australia: LGBTIQA+ advocacy, training and national peak body - lgbtiqhealth.org.au and qlife.org.au
- Thorne Harbour Health (formerly Victorian AIDS Council): LGBTIQA+ and PLHIV therapeutic services, peer support and health promotion - thorneharbour.org
- Switchboard Victoria and Rainbow Door: LGBTIQ+ crisis support and referral - switchboard.org.au phone: 1800 184 527 and rainbowdoor.org.au
- Transgender Victoria: Transgender advocacy, training and peer support groups - transgendervictoria.com
- Zoe Belle Gender Collective (ZBGC): Transgender advocacy, training and support groups - zbgc.org.au
- Drummond Street Services and Queerspace: LGBTIQA+ counselling and therapeutic services - ds.org.au
- Rainbow Health Victoria (formerly Gay and Lesbian Health Victoria): LGBTIQA+ research, policy and advoacy - rainbowhealthvic.org.au
- Rainbow Network Victoria: LGBTIQA+ training, capacity building and Rainbow Tick training - rainbownetwork.net.au
- Minus18: LGBTIQA+ youth organisation, events and training - minus18.org.au
- Y Gender: trans and gender diverse youth organisation and peer support - ygender.org.au
- Touchbase AOD support website and phone service - touchbase.org.au/alcohol-and-drugs or phone line 1800 184 527
- Sea Horse Victoria: Transgender support groups - seahorsevic.com.au/main
- The Shed - Trans men's support group - ftmshed@gmail.com
- Democracy in Colour: support and advocacy for LGBTIQA+ people of colour, refugee and migrant communities - democracyincolour.org
- Black Rainbow: support and advocacy for LGBTIQA+ Aboriginal communities - blackrainbow.org.au
- RISE: support and advocacy for LGBTIQA+ Refugees, Survivors and Ex-Detainees - riserefugee.org
- Forcibly Displaced People's Network: support and advocacy for LGBTIQA+ refugees - facebook.com/FDPN.LGBTIQ

Thank you for your time

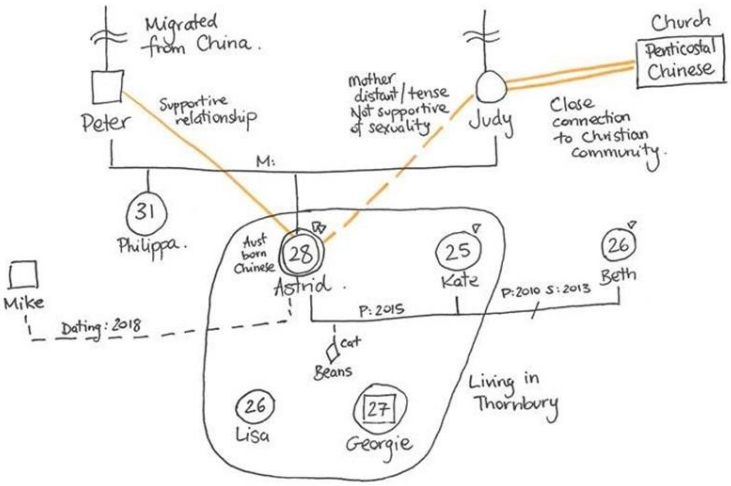
Contact:
Amelia Arnold (she/her)
Amelia.Arnold@thorneharbour.org

Further Resources

Example 1 - Astrid

- Bisexual cisgender woman
- 29 years old
- Two current partners (one live-in), Joey (31) and Charlie (38)
- Lives in a share-house with one partner and housemates
- Close group of chosen family
- Strained relationship with mother, father is supportive
- Coming into your service following intense distress and thoughts of suicide.

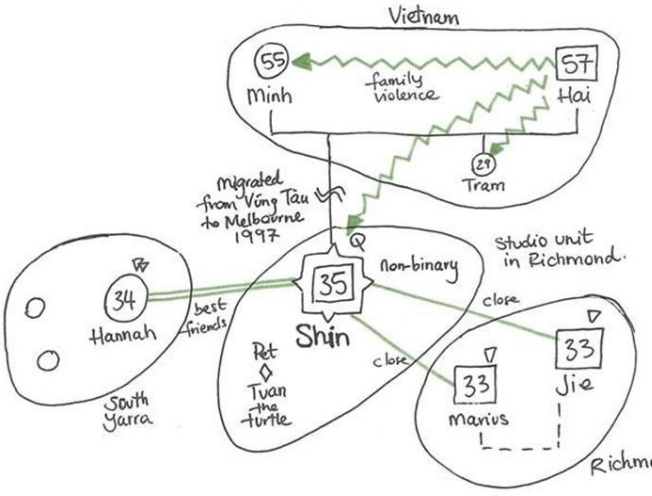
One example - Astrid



Example 2 - Shin

- Queer, non-binary trans masc person
- 36 years old
- No current relationship partners
- Chosen family of three
- Lives alone in private rental
- Works full time in corporate finance
- Coming into your service following recent admission in Mental Health Inpatient Ward where they were in the "women's wing".

Another example - Shin



Example 3 - Gary

- Gary is a married cisgender man (41)
- Gary works full time as a paramedic
- Gary has been encouraged to seek additional support for his mental health following a recent job where he attended a double suicide between two gay men.
- Gary seems to be struggling (according to his supervisor) and has been coming into his shifts late, appearing dishevelled with an apparent hangover. Gary's supervisor notices as Gary is usually very active, has a healthy diet and runs to work.

Example 4 - Michelle

- Lesbian transgender woman
- 52 years old
- One partner, a cisgender lesbian woman
- Two children with a former partner
- Worked part time in university and academia, lost her job during Stage 4 lockdown
- Michelle is coming into your service for mental health support following the loss of her job and some recent methamphetamine use in lockdown.


Small Group Activity
1. What do we know from the information provided about our client?
2. What do we still need to know about our client?
3. How might we create an affirming environment for our client?
4. What additional information or support might we need to support our client?
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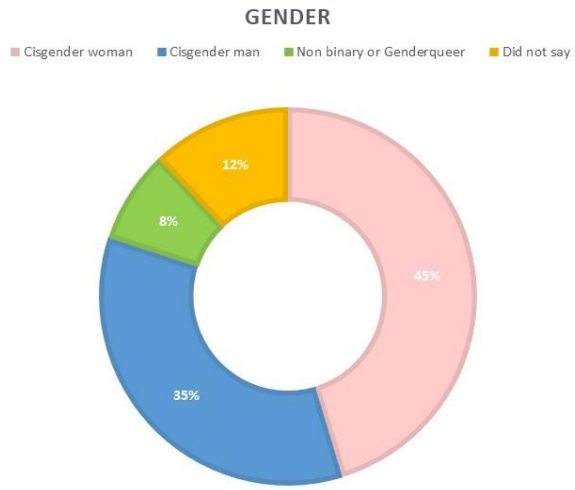
VICTORIA POLICE ADDITIONAL SLIDES

Small Group Activity

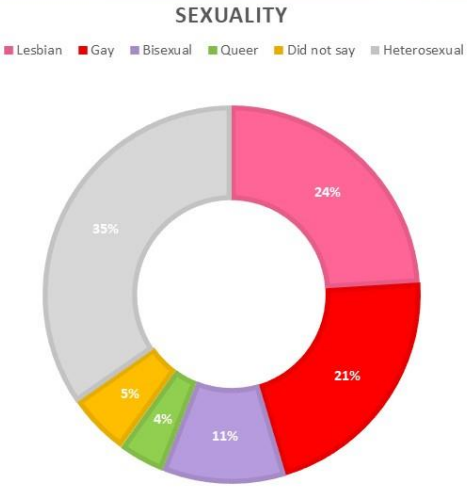
1. Where have you previously learned about the LGBTIQ+ community? For example, friends or family? Community?

2. What motivated you to become an LGBTIQ+ Liaison Officer?

What are Victoria Police saying?



What are Victoria Police saying?



Key Issues according to members

50% of members stated distrust of police as the biggest barrier to working with LGBTIQ+ communities

- History of police discrimination and violence towards LGBTIQ+ community members
- Policing members believe LGBTIQ+ community lack trust in and fear police
- Wide reporting of police discrimination or violence towards LGBTIQ+ communities when it occurs, which undermines the efforts of many to work well with LGBTIQ+ communities
- LGBTIQ+ under reporting matters to police (mental health crisis, violence and criminal activity) due to the anticipation of violence and discrimination if they are found to be or out themselves as LGBTIQ+

Key Issues according to members

40% of members stated lack of knowledge, language and cultural sensitivity as the biggest barrier to working with LGBTIQ+ communities

- Police members lack of knowledge of LGBTIQ+ language and needs
- Clumsy or inappropriate use of LGBTIQ+ language, referrals or responses
- Police members unaware of the different groups represented by the LGBTIQ+ acronym (eg. The differences between sexuality and gender identity terms, and intersex)
- GLLOs being given insufficient time and resources to properly undertake their portfolio activities

Why don't LGBTIQ+ people seek help from Police?

Arnold, A., Holden, M., Muller, J. et al. (2019)


Why don't LGBTIQ+ people seek help from Police?
"...you can't argue with someone with a gun" (correcting pronouns)
"I look like *this* and I'm still afraid of how I'll be treated if they know I'm trans" (trans man, referring to his beard)
"I haven't been treated badly be police, but my friends have. Terribly. How can I know it won't happen to me? The risk is too high."
"I'm afraid they won't listen to me when I explain why my ID doesn't match my name or gender, and that they won't understand even if they do let me explain. That I could get in trouble, or if they figure out I'm trans that I'll be in danger."
Arnold, A., Holden, M., Muller, J. et al. (2019)
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Why don't LGBTI+ people seek help from Police?
"I'm worried I'll be targetted because I look a certain way – even if I'm not doing something unlawfull."
"I'm sure not all police officers are discriminatory or violent towards queer people, but I'm scared that the ones I have to deal with will be."
"It's so hard to trust in the face of so much bad history."
"For me it's not like I don't like police as people – I don't like the system that they work in. It's punitive and authoritarian and I don't agree with it. It's not about them – it's what they represent. The law and law enforcement doesn't always get it right with human rights. Especially for minorities."
Arnold, A., Holden, M., Muller, J. et al. (2019)
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APPENDIX 4:

LGBTIQ+ AFFIRMATIVE PRACTICE FACILITATOR GUIDE

thorneharbour health

2021

Version 1 – November 2021

Acknowledgements

The LGBTIQ+ Affirmative Practice Facilitator Guide was produced by Thorne Harbour Health's LGBTIQ+ Affirmative Practice Training Project Team for use by trained partners of the LGBTIQ+ Affirmative Practice Project, funded by the North Western Melbourne Primary Health Network (NWMPHN) under the National Suicide Prevention Trial.

Written by:

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The LGBTIQ+ Affirmative Practice Training Project Team would like to acknowledge the contributions to this work from the members of the Thorne Harbour Health and Mind Australia LGBTIQ+ LEAD Suicide Lived Experience Expert Advisory Group, and the participants of the Thorne Harbour Health and Mind Australia LGBTIQ+ Mental Health Service User Focus Groups in 2019. The LGBTI+ Suicide Prevention Training Project Lead would like to acknowledge the assistance of Meaghan Holden, Josh Muller and Isabelle McGovern in the facilitation of these groups and the collation of this data.

The LGBTIQ+ Affirmative Practice Training Project Team would like to acknowledge that this work was undertaken and produced on the lands of the Boon Wurrung and Wurundjeri/Woi Wurrung people of the Kulin Nations, and we pay our respects to elders past, present and future, and acknowledge their enduring relationship to lands and waters.

Introduction

LGBTIQ+ AFFIRMATIVE PRACTICE TRAINING PROJECT - BACKGROUND

Thorne Harbour Health have been funded though the North Western Melbourne Primary Health Network (NWMPHN) as part of the National Suicide Prevention Trial (NSPT) to provide Affirmative Practice Training to first responders, mainstream healthcare and mental health workers in an effort to support LGBTIQA+ individuals seeking support for poor mental health and suicide crises.

The LGBTIQ+ Affirmative Practice Training Project has a number of goals;

- to develop a LGBTIQ+ Affirmative Practice training package in consultation with LGBTIQ+ individuals with lived experience of mental health service use, poor mental health and suicidality.
- to deliver the LGBTIQ+ Affirmative Practice training package to mainstream service providers, with a focus on healthcare, mental health and emergency service organisations who work with LGBTIQ+ people experiencing poor mental health and/or suicidal crisis
- to create a sustainable model for the LGBTIQ+ Affirmative Practice Training Project by also developing:
    - A Train the Trainer model, which is offered to staff LGBTIQ+ champions within partner organisations who have participated in the LGBTIQ+ Affirmative Practice Training workshops and hope to deliver the training within their own organisations.
    - An Online Module, which is offered to partner organisations to disseminate to first responders, mainstream healthcare and mental health to access in addition to or to supplement the LGBTIQ+ Affirmative Practice training workshops.

Affirmative Practice is a culturally sensitive model for working with LGBTIQ+ people to better serve the unique, yet diverse needs of the sexuality, sex and gender diverse community (Crisp & McCave 2007).

The LGBTIQ+ Affirmative Practice Facilitator Guide has been created to support the learning and training facilitation for participants who complete the LGBTIQ+ Affirmative Practice Train the Trainer 1-day workshop. The Facilitator Guide has detailed information, resources and activities to assist with the content delivery and workshop facilitation involved in delivering the LGBTIQ+ Affirmative Practice training package within your workplace.

TRAINING DELIVERY WITHIN YOUR ORGANISATION

The delivery mode for this presentation is designed for face to face, but can be adapted to online or a blended delivery depending on the needs of your organisation and the learners who are participating in your training sessions.

Before delivering LGBTIQ+ Affirmative Practice training workshops within your organisation, it is essential that you participate in the Train the Trainer workshop, offered through Thorne Harbour Health. In addition to participating in this workshop, it is recommend that you read the Facilitator Guide, review the training packages (Session 1 and Session 2) and supporting documents in detail to ensure you understand the topics and content to be covered.

The timing of the sessions are a guide only and can be adapted for your organisation or learners needs. Each topic has a suggested duration, and this can be modified before sending invitations for training to your organisation.

The overall goal of Affirmative Practice training is that learners understand each topic allowing them to implement techniques into their workplace practices when working with LGBTIQ+ community members. If you have LGBTIQA+ lived experience, and it is safe for you to share your lived experience, we encourage you draw on your experiences and provide narrative examples throughout the training to assist with learning application. We also encourage learners to share their experiences, if it is safe for the learners to do so.

Tips for delivery:

- Work on each topic one at a time, allowing you to give full attention to what you are training
- Whilst we suggest utilising lived experiences, try and not lose track of where you are in the workshop
- Repetition is key. Using language over and over will help learners get comfortable with new language, and models affirming language use.
- Do not rush the delivery of topics
- Utilise colleagues with training backgrounds if you are unsure of delivery techniques
- Allow space for open discussion with learners
- Adult learners want to know why they need to learn something. Focus on their needs, relevancy and helping them achieve their goals (Adult Learning Australia, 2020)

ADAPTING TO ONLINE DELIVERY

This training can be adapted to online delivery. As organisations use a variety of virtual platforms for training we suggest you conduct research prior to identify techniques suitable to your organisation. Platforms can include Zoom, Microsoft Teams and RingCentral.

Some suggested online delivery tips include:

1. If using Zoom, using the Annotate function for the *LGBTIQ+ Knowledge Check* activity
2. If using Zoom, using Break Out Rooms for small group activities
3. Encourage learners to use the chat bar whilst you are presenting, and you can answer these questions as you go or in the breaks.
4. Update your housekeeping slide to include instructions for best practice in an online environment, including cameras remaining on to ensure facilitator safety.

TRAINING OBJECTIVES

The LGBTIQ+ Affirmative Practice training package has been designed to enable learners to gain the skills and knowledge to:

- Understand your current LGBTIQ+ community literacy and identify any knowledge gaps.
- Explore LGBTIQ+ community language and the LGBTIQ+ acronym.
- Understand the importance of using affirming language in creating cultural safety for LGBTIQ+ clients.
- Explore unique vulnerabilities for LGBTIQ+ communities in a cis-het normative society.
- Explore LGBTIQ+ health, mental health and wellbeing.
- Identify and understand some of the unique vulnerabilities and barriers that LGBTIQ+ communities face when accessing mental health support services.
- Improve your understanding of organisational LGBTIQ+ Affirmative Practice.
- Improve your confidence in creating affirming environments for LGBTIQ+ clients.

TRAINING DELIVERY RESOURCES AND SYSTEM SUPPORT

1. PowerPoint
   - Session 1: LGBTIQ+ Cultural Sensitivity and Awareness
   - Session 2: LGBTIQ+ Affirmative Practice
2. Video Resources
   - Session 1:
     - Let's Talk About Intersex https://www.youtube.com/watch?v=x4cnBDoC6yA
     - Trans 101: The Basics https://www.youtube.com/watch?v=-3ZzpTxjgRw
     - Panti's Noble Call: https://www.youtube.com/watch?v=WXayhUzWnl0
   - Session 2:
     - LGBTIQ People Talk About Their Experiences Accessing Health Care https://www.youtube.com/watch?v=Q5-7t_qBw14
3. Internet connection or wireless internet network access
4. Projector or screen with HDMI input
5. Speakers
6. Pens, paper
7. Whiteboard (optional)
8. Butchers paper (optional)

PREPARING FOR TRAINING – THINKING AHEAD

Tips to consider ahead of delivering LGBTIQ+ Affirmative Practice in your organisation

1. Needs Analysis:
    a. What is the existing literacy of the learners in the team/area/department/roles for the training participants you will be working with?
    b. What are they doing well in LGBTIQ+ cultural sensitivity?
    c. What areas do they need additional support with?
2. How many participants will you be delivering training to?
3. Will you need additional support from another trainer? It can increase cultural safety for LGBTIQ+ trainers to deliver training in tandem.
4. What venue will you be using for your training delivery? If applicable, what is the capacity of the venue to abide by COVID-Safe requirements?
5. Will you be delivering the training online? How will you execute this, including group work?
6. What information will you need from learners to deliver this training?
7. Who will coordinate the participants?
8. Does your organisation require post-training evaluation from the participants? What information would they like you to collect from learners? How will you collect this?
9. Do you have organisation-specific resources to distribute to learners?

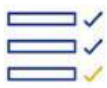
ICON GLOSSARY

Information

The icon indicates that there is information to provide to learners.

Facilitator-Led

The icon indicates that there is a Facilitator-Led activity or discussion to be conducted during the session



Activity

The icon indicates that there is an activity that will require work to be completed

Video

The icon indicates that a video will be played

Self-Reflection or Discussion

The icon indicates self-reflection or group discussion

Session 1: LGBTIQ+ Cultural Sensitivity and Awareness

Duration: 2 – 3 hours

Session 1 Outline

TIME	PAGES	LEARNING	TOPICS COVERED	RESOURCES
13 mins	8-9	**Introduction & Acknowledgment of Country**	• Introduction • Acknowledgment of Country • Activity: Icebreaker • Training Orientation and Housekeeping	Slides 1-3
10 mins	10-11	**Session Overview & Learning Objectives**	• Introduction to Thorne Harbour Health • LGBTIQ Suicide Prevention through Affirmative Practice • Learning Objectives for Session 1	Slides 4-6
10-20 mins	12-13	**LGBTIQ+ Knowledge Check**	• Activity: Contiuum Activity • Discussion	Slides 7-8
5 mins	14	**Why is Language important?**	• Why is language important?	Slide 9
5 mins	15	**The LGBTIQ+ Acronym**	• Overview of the LGBTIQ+ Acronym	Slide 10
15 mins	16-17	**Community Language - Sexuality**	• Activity: Sexuality Identity Terms • Sexuality Identity Terms	Slides 11-13 Appendix 1
15 mins	18-19	**Community Language - Intersex**	• Community Language – Intersex • Video: Let's Talk About Intersex • Discussion	Slides 14-16 Video Appendix 1
40 mins	20-23	**Community Language – Gender, Pronouns**	• Activity: Gender Identity Terms • Gender Identity Terms • Pronouns • Misgendering and Slipping Up • Video: Trans 101 • Self Reflection	Slides 17-23 Appendix 1 Video
5 mins	24	**Language Mistakes**	• Common Language Mistakes	Slide 24
5 mins	24	**Gender Affirmation**	• Spheres Of Gender Affirmation	Slide 25
15 mins	25-26	**Impacts Of Cis-Het Society On LGBTIQ+ People**	• Impacts Of Cis-Het Society on LGBTIQ+ People • Activity: Privilege and Freedoms • Video: Panti's Noble Call	Slides 26-28 Video
10 mins	27-28	**Unique Vulnerabilities for LGBTIQ+ Communities**	• Minority Stress • Incremental trauma • Biphobia, Homophobia and Transphobia • Coming out • Intersectional Experiences	Slides 29-34
2 mins	28	**Session Conclusion**	• Reflection Discussion	Slide 35-36

			• Thank you's and questions	
INTRODUCTION & ACKNOWLEDGMENT OF COUNTRY				**13 MINUTES**

Slides 1-2

Update **Slide 1** with your name, pronouns, job title and company.

Introduce yourself to the group; you may wish to reference the following points:

- Your experience within your organisation
- Your career history
- Your experience working with the LGBTIQ+ community and/or lived experience (optional)

Duration: 3 mins

Acknowledgement of Country

Slide 2 is in place for facilitators to provide an acknowledgement of the First Nations people who own the land on which you are delivering this training. This will need to be tailored to represent the indigenous lands the training is being delivered on for your organisation, so please ensure you familiarise yourself with the local indigenous peoples of your area.

An example Acknowledgement of Country is below:

"I acknowledge the Traditional Owners of the land on which we are meeting – the Wurundjeri people of the Kulin Nation, and I pay my respects to their Elders, past and present, and the Aboriginal Elders of other communities who may be here today."

Duration: 2 mins

Activity: Icebreaker

Ask the learners to reveal something about themselves to the group, facilitate the: 'Two Truths and an Untruth' Icebreaker. You can change this activity if you wish.

1. Ask learners to break into groups of 3-4.

2. Ask the learners to come up with 3 statements about themselves; two will be true and, one will be untrue.

3. One at a time they will reveal their 3 statements to the group. You will invite the learners to vote on which statements are true and which are untrue.

4. Continue the process until each learner has shared their three statements.

5. End the icebreaker by explaining that this activity allows us to see that we "cannot judge a book by its cover". Explain that conclusions and assumptions are often made about LGBTIQ+ people, too.

Duration: 5 mins

Slide 3

Training Orientation (Housekeeping)

The facilitator takes a few moments to inform the group of the house rules. This may include online presentation techniques (if online, microphone on mute, chat bar etc.), emergency exits, breaks, location of toilets and kitchen. Edit this slide prior to commencing training.

Encourage the group to ask questions as needed.

Duration: 3 mins

SESSION OVERVIEW & LEARNING OBJECTIVES	10 MINUTES

Slide 4

Thorne Harbour Health

Explain why this training is being delivered. That your organisation has partnered with Thorne Harbour Health to deliver this training. Explain that you are a trained facilitator of the LGBTIQ+ Affirmative Practice training and that this training has been created by people of the LGBTIQ+ community.

Duration: 5 mins

Slide 5

LGBTIQ Suicide Prevention through Affirmative Practice

Briefly acknowledge the funders of this work, the North Western Melbourne Primary Health Network (NWMPHN), and the drivers of the Affirmative Practice Training Project.

- LGBTI+ people feel safer in interactions with support services if all personnel undertook specialised LGBTIQ training
- LGBTI+ people are at greater risk of suicide behaviour and death by suicide
- LGBTI people are less likely to seek support during mental health crises due to fear of discrimination and harm.

Outline why the Affirmative Practice training project was created – to build the capacity of the mainstream healthcare, mental health and emergency response sectors to work in an affirming way with LGBTIQ+ community members.

Slide 6

Learning Objectives for Session 1

This slide explains the learning objectives for Session 1 of the training package.

Ensure that all learners are clear as to why they are attending the training and what they will get out of the session.

- Understand your current LGBTIQ+ community literacy and identify any knowledge gaps.
- Explore LGBTIQ+ community language and the LGBTIQ+ acronym.
- Understand the importance of using affirming language in creating cultural safety for LGBTIQ+ clients.
- Explore unique vulnerabilities for LGBTIQ+ communities in a cis-het normative society.

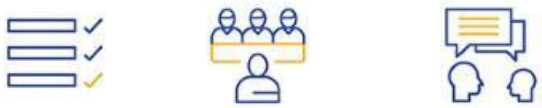
Encourage learners to speak up during the training to discuss their experiences, understanding and to create a safe space to ask clarifying questions. People in the training will have a varied knowledge of LGBTIQ+ communities and issues. This may be from lived experience or from friends, family and colleagues in their lives, or from LGBTIQ+ clients they have supported through their work.

Explain that some discussions, language or imagery may be uncomfortable or upsetting for some people. Advise learners to speak to you in the break if this is the case.

Duration: 5 mins

LGBTIQ+ KNOWLEDGE CHECK – CONTINUUM ACTIVITY	10-20 MINUTES

Slide 7-8



Activity – Continuum Activity

Display **Slide 7**.

Ask learners to position themselves along a line within the learning space to indicate where their knowledge of the following groups is, and how their knowledge changes between the following groups:

1. LGBTIQ+ communities as a homogenous group
2. Gay and Lesbian communities
3. Bisexual, Pansexual and Multi-gender attracted communities
4. Trans and gender diverse communities
5. Intersex communities

Alternatively, draw an arrow on the whiteboard with 'little knowledge and experience' on one end of the arrow and 'a lot of knowledge and experience' on the other, similar to the one of slide 7, and ask learners to individually mark on the arrow their level of understanding of the following LGBTIQ+ people or issues.

If you have the time, it can be a useful group exercise to ask learners to share why they placed themselves where they did on the Continuum, and is also a great opportunity for the learners to begin introducing themselves, their pronouns, and their work and LGBTIQ+ community experience.

If you are delivering the training online, consider utilising the Annotate function on Zoom, or ask people to unmute to share their thoughts, or share their thoughts in the Chat Box.

Explain that everyone has varying understanding of the LGBTIQ+ community. It is important to distinguish between the communities within the acronym, rather than considering LGBTIQ+ communities as one homogenised group. Throughout this training, learners will understand that each community has different issues and needs, and face different barriers to accessing support.

Duration: 5-10 mins

Discussion

Ask the group the questions on **Slide 8**. This can be done as a large group or as an activity in smaller groups. If this is done in smaller groups, you can ask for each small group to share a summary with the whole group (if time allows).

1. Where they have previously learned about the LGBTIQ+ community? For example, have learners learned about LGBTIQ+ community through friends, family, community or clients? What about the media? School or University? Other workplace professional development sessions?
2. What they feel they'd most like to learn about LGBTIQ+ community issues, language and cultural sensitivity?

If you (Facilitator) or any learners have lived experience within the LGBTIQ+ community we suggest you draw on these experiences if it is safe to do so – please use your judgement. Please note some people may not be comfortable to disclose this information or may not be out in the workplace.

Duration: 5-10 mins

WHY IS LANGUAGE IMPORTANT?	5 MINUTES

Slide 9

Explain that for LGBTIQ+ people, language has been used to exclude, victimise and abuse them in some settings, and stress that using affirming LGBTIQ+ community language can help to create an environment that is culturally safe.

Explain that some of the terminology used in the training may be new for some learners. All terms used will be explained throughout the training. Read the information on Slide 9 to ensure engaging delivery, and make sure you ask plenty of questions and seek information and collaboration from the group.

Optional: Encourage learners to share a time that they may have encountered language that has been used to exclude, victimise or abuse them in the past. Stress that this is voluntary but encourage participation. If no one chooses to share, you may have an example from your own lived experience that you choose to share, instead.

Duration: 5 mins

THE LGBTIQ+ ACRONYM	5 MINUTES

Slide 10

L G B T I Q +

Facilitator-Led

Show **Slide 10**. Ask the group to raise their hands if:

1. They have seen the LGBTIQ+ acronym before
2. Know what the letters of the LGBTIQ+ acronym stand for
3. Know what the letters of the LGBTIQ+ acronym mean

Explain the LGBTIQ+ acronym represents diverse sexuality, sex and gender identity experiences.

Sex Characteristics: The Australian Bureau of Statistics (2016) explains that the concept of sex characteristics is based on the physical or biological aspects of a person's body. This relates to most people being assigned a male or female sex at birth, based upon their anatomy at birth, or Intersex.

Gender: The concept of gender relates to a person's internal sense of their gender, including the way a person feels, expresses their gender and is recognised within the general community

Sexuality: Sexuality is your feelings, thoughts, attraction and behaviours towards others.

The use of the **'+'** is to include anyone else within the community with diverse gender and sexuality identities that may not already be represented within the acronym.

Key points:

- Explain that the LGBTIQ+ acronym may be familiar to some
- This acronym is used to represent everyone with diverse sexualities, genders and sex characteristics.
- Emphasise that an acronym is inherently reductive, and cannot represent all gender, sex and sexuality experiences by letter.
- When we talk about diverse in relation to sex, sexuality or gender, we mean less common.
- Advise the learners they may often see variations of this acronym such as LGBT, LGBTIQA, LGBTQA+, and that there is no one way to represent diversity.
- Advise that the Victorian State Government uses LGBTIQ+, Thorne Harbour Health uses LGBTI, and other community organisations may use LGBTIQA+.
- Throughout the training you may also refer to everyone within the LGBTIQ+ acronym as 'the community'. The next part of the training we will be looking into this acronym and different community language.

Duration: 5 mins

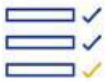
COMMUNITY LANGUAGE - SEXUALITY	15 MINUTES

Slides 11-13

Slide 11 shows the letters in the LGBTIQ+ acronym that relate to sexuality identity terms. Show this slide and read the sexuality identity terms that are circled within the acronym.

Duration: 1 min

Community Language – Activity and/or Discussion



Activity – Sexuality Identity Terms

Keep **Slide 11** on the screen, and split learners into small groups of 3-5.

Option 1:
Provide each group with the Sexuality Identity Terms and the matching definitions (available on your Trainer USB). If you are using this activity, we advise Facilitators to cut these out prior to the training session and laminate them for future use.

Advise the learners to match the Sexuality Identity Term with a Definition. Give the learners 5 minutes to complete this activity.

Once learners have matched these definitions up, ask each group to reading their matched Sexuality Identity Terms one by one, starting with Sexuality, then Gay, then Lesbian, then Bisexual, then Queer, then Asexual and Aromantic, then Heterosexual.

The "answers" for this activity are listed on **Slides 12-13**. Go through the answers as a group.

Option 2:
If you are delivering this exercise online, or do not want to undertake the matching activity, you can ask learners to volunteer their own definitions or understandings of each sexuality identity term and facilitate a group discussion about community language around sexuality identity terms.

The "answers" for this activity are listed on **Slides 12-13**. Go through the answers as a group.

Duration: 15 mins

Tips for delivery:

Some helpful talking points can include:

- Sexuality identity terms are chosen by the individual to best represent their sexuality.
- As you introduce new words, we recommend you write them on the whiteboard, butcher's paper or affirm these identity terms verbally. This will allow learners to learn visually, as well as verbally, auditory and interpersonally throughout the training.
- We explore these identity terms so that we as people who support LGBTIQ+ people in our work can be familiar with language as it arises, not so that we can categorize people.
- Sexuality identity terms can be used by people of all genders (gay, lesbian).
- Many people may use the term Gay or Queer colloquially to describe their sexuality.
- Bisexual has overlap with 'pansexual' and 'multi-gender attracted', and is often referred to as 'Bi+'. Typically for people who identify as pansexual, gender does not play a part of their attraction to others, whereas for people who identify as bisexual, gender can play a component in their attraction to others. Many of these terms have similar meanings, it is up to a person what sexuality identity term fits best for them.
- Queer is particularly used by younger people, whose sexuality is not heterosexual. Typically, for those who identify with Queer as a sexuality identity term, the terms lesbian, gay, and bisexual may be perceived as too limiting or don't quite fit their experience. Queer can ne a word that upsets some older members of the community, as it has a history of being used as a slur, before being reclaimed in the 2000's and onwards.
- Asexual and Aromantic – Asexual and Aromatic may be a new term for many learners. People who use the term Asexual may experience no or limited sexual attraction to others. People who use the term Aromantic may experience no or limited romantic attraction to others. Many Aromatic and Asexual people have enduring and fulfilling relationships.

Before moving on, allow for open discussion with learners. Ask if they have any questions and ensure you use repetition of terminology.

The Sexuality Identity Terms can be found in Appendix 1 of this Facilitation Guide.

COMMUNITY LANGUAGE - INTERSEX | 10 MINUTES

Slides 14-16



Show **Slide 14**. Ask learners if they have heard of the term Intersex before, and ask them to raise their hands and share their understanding of the term Intersex.

Read the definition on **Slide 15** of Intersex from Intersex Human Rights Australia (IHRA, 2013).

Give learners a moment to digest this information, and ask if anyone has questions about the term Intersex. Explain that within medical settings, Intersex people may be referred to as hermaphrodite or classified under Disorders of Sexual Development (DSD), but stress that this is not intersex community preferred language and is considered pathologising, antiquated and harmful language.

Duration: 3 mins

Video – Let's Talk About Intersex

Play the *Let's Talk About Intersex* video.
You can find the video as an mp4 file on your **Facilitator USB**, or click on the photo below to play - this will open in a new window.

Alternatively, you can load the link before training.
Link: https://www.youtube.com/watch?v=x4cnBDoC6yA

Ensure you acknowledge Rochelle Fish as the creator of this video.

Duration: 4 mins

Discussion (Slide 16)

After the video has been screened, encourage learners to reflect what stood out for them in this video.

Common reflections from learners:

- The incidence of intersex variations – 1.7% of the global population, the same as the number of people born with red hair.

- Alarm that surgery on intersex infants is still occurring despite the UN classification of intersex surgeries as a human rights violation.

Other references that learners could explore after training:

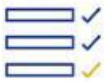
- You Can't Ask That (ABC) – Intersex episode
- Intersex Human Rights Australia - https://ihra.org.au/
- Darlington Statement - https://ihra.org.au/darlington-statement/

Duration: 3 mins

SHORT BREAK **5 MINUTES**

COMMUNITY LANGUAGE – GENDER, PRONOUNS	40 MINUTES

Slides 17-20



Facilitator note: Where possible, it is preferable for this content to be delivered by someone with trans lived experience. If this is not possible within the trainer pool and the facilitator delivering this content is cisgender, they should acknowledge this at the start of the session.

Activity – Gender Identity Terms

Keep **Slide 17** on the screen, and split learners into small groups of 3-5.

Option 1:
Provide each group with the Gender Identity Terms and the matching definitions (available on your Trainer USB). If you are using this activity, we advise Facilitators to cut these out prior to the training session and laminate them for future use.

Advise the learners to match the Gender Identity Term with a Definition. Give the learners 5 minutes to complete this activity.

Once learners have matched these definitions up, ask each group to reading their matched Sexuality Identity Terms one by one, starting with Gender Identity, then Gender Expression, then Sex Assigned at Birth, then Cisgender, then Transgender, then Gender Diverse, then Non Binary, Genderqueer and Agender, then Transition or Affirmation.

The "answers" for this activity are listed on **Slides 18-20**. Go through the answers as a group.

Option 2:
If you are delivering this exercise online, or do not want to undertake the matching activity, you can ask learners to volunteer their own definitions or understandings of each sexuality identity term and facilitate a group discussion about community language around sexuality identity terms.

The "answers" for this activity are listed on **Slides 18-20**. Go through the answers as a group.

Duration: 15 mins

The Gender Identity Terms can be found in Appendix 1 of this Facilitation Guide.

Slide 21

Pronouns

Use **Slide 21** to explain how pronouns are used and the most common pronouns. Explain that gender neutral pronouns are often used by non-binary or gender diverse people. Normalise that people may use multiple pronouns, and that the pronouns they may like used for them may change over time.

Emphasise that we cannot know a person's pronouns by their name, appearance, gender or voice.

Support learners by stating that some people may find using they/them pronouns for the first time difficult, and that practice will help them.

Emphasise the ways in which learners could make their workplace more inclusive for trans and gender diverse people. These could include:

- Encouraging learners introduce themselves and their pronouns to clients and colleagues as a way of creating an affirming environment
- Having badges with your name and pronouns, or wearing pronoun badges
- Including a field for pronouns on your intake forms
  Recognising that "preferred pronouns" is outdated language (as preferred indicated optional), and that pronouns is just fine.

Duration: 3 mins

Slide 22

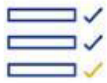
Misgendering and Slipping Up

Use **Slide 22** to explain misgendering, and what to do if you accidentally misgender someone.

Stress to learners that a quick apology and correction is best practice when you misgender someone, and that if they makie a scene in apology, they are likely to cause distress to the trans or gender diverse person. Encourage learners to ensure they are addressing deliberate misgendering in their workplace should it arise.

Duration: 2 mins

Activity - Pronouns



Activity – Pronouns
Ask learners to work with a partner for the following exercise. 1. With a partner, ask learners to introduce themselves to their neighbour with their name and pronouns. 2. With a partner, ask learners to speak about a friend of theirs who (in this example) uses they and them pronouns. The story could be as simple as when you ordered a coffee. This activity is to practice using pronouns. If learners make a mistake, ensure they correct themselves and try again.

Duration: 3 mins

Discussion

Allow for open discussion among learners. We want to ensure that all learners understand this concept and how to use pronouns correctly.

Tips for delivery:

- Emphasise that introducing yourself with your pronouns and asking for a person's pronouns helps to create an affirming environment for trans and gender diverse people.
- Some learners sometimes express concern about offending people by asking their pronouns.
    - Stress that it is very uncommon for trans and gender diverse people to be offended if someone asks what pronouns they use, and that it is much more common for cisgender heterosexual people to be offended if someone asks them what pronouns they use.
    - Explain that this is due to socially conditioned transphobia, and that normalising pronoun use is an active form of allyship to trans and gender diverse communities.
    - Encourage learners to explain in their practice that this is something they ask all people.

Duration: 2 mins

Video – Trans 101

Play the *Trans 101 – The Basics* video by Minus 18 and YGender.
You can find the video as an mp4 file on your **Facilitator USB**, or click on the photo below to play - this will open in a new window.

Altenatively, you can load the link before training.
Link: https://www.youtube.com/watch?v=-3ZzpTxjgRw

Ensure you acknowledge Minus 18 and YGender as the creators of this video.

Duration: 8 mins

Discussion:

Show **Slide 22**. After the video has been screened, encourage learners to reflect what stood out for them in this video.

Duration: 2 mins

Self-Reflection

As many new terms have been used allow learners to take a moment to reflect. This can be done by letting them sit quietly and think about what they have learned. You can suggest they write these thoughts on a notepad.

Duration: 5 mins

COMMON LANGUAGE MISTAKES | 5 MINUTES

Slide 24

Take a moment to read through **Slide 24** with the group.

Tips for delivery:

1. Person-centred language is important to use. Correct your fellow allies if you hear language such as "*I have a trans patient*". Instead you could say ''my patient Sam is a trans-man and prefers the pronouns he/him.''
2. ''Examples of the singular 'they' being used to describe someone features as early as 1386 in Geoffrey Chaucer's The Canterbury Tales and also in famous literary works like Shakespeare's Hamlet in 1599.'' (BBC, 2019).
3. Emphasise that pronouns and gender should be applied retroactively, and how highlighting a person's sex assigned at birth, for example "when you were a little boy" if the person was assigned male at birth, is not culturally safe. Instead, encourage learners to reflect on what might be affirming language in this instance (for example, 'when you were younger').
4. Acknowledge it is better to use gender neutral greetings, such as 'hello everyone' when greeting a group, to include people with diverse gender experience who may be in the room.
5. Try to remember being trans does not make you 'different' or 'othered'. There is no *normal* gender – cis and trans are just diffent experiences of gender.
6. If someone uses terms like "transsexual" or "cross dresser", this language it does not give you permission to use it. Check with the person what words they would like you to use to describe their gender.

Duration: 5 mins

SPHERES OF GENDER AFFIRMATION | 5 MINUTES

Slide 25

Slide 25 explores different ways that trans and gender diverse people may affirm their gender;

- Personal: their own self-discovery of their trans identity
- Social: the sharing of their trans identity with others, including name and pronouns
- Legal: the changing of their name and/or sex marker legally on official documents
- Medical: the medical interventions trans people may utilise to affirm their gender

IMPACTS OF CIS-HET SOCIETY ON LGBTIQ+ PEOPLE | 15 MINUTES

Slides 26 and 27

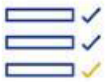
Read **Slides 25 and 26** aloud with the group. The purpose of these slides is to highlight the importance of culturally sensitive and affirming practice for people who have faced discrimination as a result of their sexuality, gender or intersex variation.

Duration: 3 mins

Slide 28 – Activity (Optional)

The key learning of this slide is to highlight that LGBTIQ+ people walk through society that largely caters to cisgender and heterosexual people and familes. The privilege of cisgender heterosexual people is that they are considered by society to be "normal" and that LGBTIQ+ people are pathologised, marginalised and othered as a result, which creates vulberabilities for LGBTIQ+ people.

Activity – Privilege and Freedoms



Split learners into groups of 3-5. Ask them to discuss as a group:

1. What are some examples of heterosexual privilege?
2. What are some examples of cisgender privilege?

Once completed, allow for group discussion and sharing of ideas.

Possible answers and discussion points may include:

- Ability to gain employment without fear of discrimination (intuitional freedom)
- Ability to access to housing without fear of discrimination (intuitional freedom)
- Right to marry or adopt (legal freedom)
- Right to access care under Medicare (medical freedom)
- Ability to be treated without sexuality, gender or sex characteristics as a focus (medical freedom)
- Right to access treatments without psychological assessment or question (medical freedom)
- Ability to hold hands or kiss a loved one in public without concerns for physical safety, fear of harassment or judgement (societal freedom)
- Ability to talk about your partner or family freely without fear of judgement, intrusive questioning or violence (societal freedom)

Duration: 6 mins

Video – Panti's Noble Call

Play the *Panti's Noble Call* video.

FACILITATOR NOTE: START THE VIDEO AT 1:32, where Panti says "BUT, I do know a little something about oppression."

You can find the video as an mp4 file on your **Facilitator USB**, or click on the photo below to play - this will open in a new window.

Altenatively, you can load the link before training.
Link: https://www.youtube.com/watch?v=WXayhUzWnl0

Duration: 9 mins

UNIQUE VULNERABILITIES FOR LGBTIQ+ COMMUNITIES	10 MINUTES

Slides 30-34

Minority Stress

Minority Stress is a concept coined by Dr Ilan Meyer (Meyer, 2003) to explain the unique pressures faced by members of minority groups who have been stigmatised. Minority Stress is the chronic stress associated with being a member of a stigmatised minority group, and the resulting constant vigilance related to personal physical and emotional safety.

To attempt to avoid discrimination, LGBTIQ+ people may attempt to hide their sexuality, gender identity or intersex status by monitoring their mannerisms, language and behaviour. This process of 'remaining closeted' for perceived safety's sake can commonly lead to traumatic levels of internalised stress and shame.

Incremental trauma

Incremental trauma describes the additive effects of traumas, resulting from long term experience of discrimination and exclusion.

This may include:

- Not being accepted or believed by family or friends
- Lack of access to safe healthcare and other services
- Persecution, victimisation, discrimination and violence

Facilitator note: You may wish to draw on your own or your learners' experiences.

Biphobia, Homophobia and Transphobia

Biphobia, Homophobia and Transphobia encompass a range of negative attitudes and feelings towards people who are identified or perceived as lesbian, gay, bisexual, trans or gender diverse (LGBT+). This can be shown in the form of emotional disgust, fear, violence, anger or discomfort felt or expressed towards people who do not conform to society's expectations.

Facilitator note: You may wish to draw on your own or your learners' experiences.

Internalised Homophobia, Transphobia and Biphobia

Internalised Homophobia, Transphobia and Biphobia is when negative homophobic, biphobic or transphobic stereotypes and anti-LGBTIQ beliefs and attitudes are internally accepted, leading to feelings of shame, self-disgust and self-hatred.

People may have internalised negative stereotypes about their own identities. This internal self-oppression can create a vulnerability for LGBTI+ people around mental health, self-esteem and relationships, and can lead to increased behaviours whereby these negative internal states can be relieved or escaped.

For example, gay men resenting being seen as feminine is cisgender and heterosexual spaces, which may result in a gay man trying to act more masculine to not fit in or avoid violence.

Facilitator note: You may wish to draw on your own or your learners' experiences.

Coming out

Some people may come out many times in their lives.

This may be because:

- People may presume you are cisgender or heterosexual
- Someone's gender or sexuality may change over time. For example they may come out as trans non-binary, and then come out as trans binary later in life. Someone's gender or sexuality is not necessarily fixed.

Facilitator note: You may wish to draw on your own or your learners' experiences.

Intersectional Experiences

Remind your learners that just because a person is sexuality, sex and/or gender diverse, doesn't mean that they don't belong to other minoritised groups and experience intersectional oppression. Encourage learners to engage in training from First Nations trainers (such as VACCHO), anti-racism training from organisations such as Democracy in Colour, and LGBTIQ+ disability training.

Duration: 7 mins

SESSION CONCLUSION	2 MINUTES

Slide 33

Discussion

Advise learners that the second session will be looking into how they could improve their workplace practices to create an inclusive and accepting environment for LGBTIQ+ people.

Ask the group to reflect on the following before the next session:

1. What are your key learnings from Session 1?
2. What are you currently doing/could do to make your workplace more affirming for LGBTIQ+ people?

Thank everyone for attending the training. Ask if anyone has any questions.

Duration: 2 mins

Session 2:
LGBTIQ+ Affirmative Practice

Duration: 2 – 3 hours

Optional extra resources for practical case study exercises.

Session 2 Outline

TIME	PAGES	LEARNING	TOPICS COVERED	RESOURCES
8 mins	31	**Introduction & Acknowledgment of Country**	• Introduction • Acknowledgment of Country • Training Orientation and Housekeeping	Slides 1-3
10 mins	32	**Session Overview & Learning Objectives**	• LGBTIQ Suicide Prevention through Affirmative Practice • Learning Objectives for Session 2 • Discussion: Reflection on Session 1	Slides 4-6
10 mins	33	**LGBTIQ+ Service User Experience – Video**	• *LGBTIQ People Talk About Their Experiences Accessing Health Care video* • *Discussion*	Slide 7 Video
10 mins	34-35	**LGBTIQ+ Mental Health**	• Vulnerabilities to suicide for LGBTIQ+ people • LGBTIQ+ Mental Health and Suicide Research	Slides 8-11
5 mins	36	**LGBTIQ Health**	• LGBTIQ+ Homelessness • LGBTIQ+ Partner and Family Violence • Discussion	Slides 12-14
25-30 mins	37-39	**LGBTIQ+ Mental Health Service User Focus Groups and Consultations**	• Activity: Barriers for LGBTIQ+ people accessing mainstream support services • Why don't LGBTIQ+ people seek help? • Negative LGBTIQ+ service user experience • LGBTIQ+ Mental Health Service User Quotes	Slides 15-23
5-10 mins	40	**LGBTIQ+ Community Resilience**	• LGBTIQ+ Community Resilience	Slide 24
30 mins	41-43	**LGBTIQ+ Affirmative Practice**	• What is Affirmative Practice? • Activity: Affirmative Practice • LGBTIQ+ Affirmative Practice for Organisations • LGBTIQ+ Affirmative Practice for Individuals	Slides 25-29
20 mins	44-45	**Putting It All Into Practice**	• LGBTIQ+ Affirmative Practice 101 Practical Examples Activity: Affirmative Practice Follow Up	Slide 31-34
5 mins	46	**LGBTIQ+ Referral Pathways**	• LGBTIQ+ Referral Pathways	Slide 35 Appendix 2
1 min	46	**Session Conclusion**	• Thank you's and questions	Slide 36
25-30 mins	47	**Case Studies (Optional Small Group Work)**	• LGBTIQ+ Genograms • Activity: Case Studies	Slides 38-45

INTRODUCTION & ACKNOWLEDGMENT OF COUNTRY	8 MINUTES

Slides 1-2

Update Slide 1 with your name, pronouns, job title and company.

Introduce yourself to the group; you may wish to reference the following points:

- Your experience within your organisation
- Your career history
- Your experience working with the LGBTIQ+ community and/or lived experience (optional)

Duration: 3 mins

Acknowledgement of Country

Slide 2 is in place for facilitators to provide an acknowledgement of the First Nations people who own the land on which you are delivering this training. This will need to be tailored to represent the indigenous lands the training is being delivered on for your organisation, so please ensure you familiarise yourself with the local indigenous peoples of your area.

An example Acknowledgement of Country is below:

"I acknowledge the Traditional Owners of the land on which we are meeting – the Wurundjeri people of the Kulin Nation, and I pay my respects to their Elders, past and present, and the Aboriginal Elders of other communities who may be here today."

Duration: 2 mins

Slide 3

Training Orientation (Housekeeping)

The facilitator takes a few moments to inform the group of the house rules. This may include online presentation techniques (if online, microphone on mute, chat bar etc.), emergency exits, breaks, location of toilets and kitchen. Edit this slide prior to commencing training.

Encourage the group to ask questions as needed.

Duration: 3 mins

SESSION OVERVIEW & LEARNING OBJECTIVES	10 MINUTES

Slide 4

LGBTIQ Suicide Prevention through Affirmative Practice

Briefly acknowledge again, as in Session 1, the funders of this work, the North Western Melbourne Primary Health Network (NWMPHN), and the drivers of the Affirmative Practice Training Project.

Slide 5

Learning Objectives for Session 2

This slide explains the learning objectives for Session 1 of the training package.

Ensure that all learners are clear as to why they are attending the training and what they will get out of Session 2;

- Explore LGBTIQ+ health, mental health and wellbeing.
- Identify and understand some of the unique vulnerabilities and barriers that LGBTIQ+ communities face when accessing mental health support services.
- Improve your understanding of organisational LGBTIQ+ Affirmative Practice.
- Improve your confidence in creating affirming environments for LGBTIQ+ clients.

Encourage learners to speak up during the training to discuss their experiences, understanding and to create a safe space to ask clarifying questions. People in the training will have a varied knowledge of LGBTIQ+ communities and issues, and Session 2 builds on the learnings from Session 1.

Facilitator Note: be sure to advise learners that Session 2 will cover topics that may be difficult or distressing for some people, including poor mental health, suicide, homelessness, family violence and experiences of discrimination, hopelessness and exclusion.

Duration: 5 mins

Slide 6

Discussion

Ask the learners to discuss 3 things that have stuck with them from Session 1. This can be done as in pairs, small groups or as a larger group discussion.

Duration: 5 mins

LGBTIQ+ SERVICE USER EXPERIENCE - VIDEO | 5 minutes

Slide 7

Play the *LGBTIQ People Talk About Their Experiences Accessing Health Care* video, created by the North Western Melbourne Primary Health Network (NWMPHN). You can find the video as an mp4 file on your **Facilitator USB**, or click on the photo below to play - this will open in a new window.

Altenatively, you can load the link before training.
Link: https://www.youtube.com/watch?v=Q5-7t_qBw14

Duration: 6 mins

Discussion:

Show **Slide 7**. After the video has been screened, encourage learners to reflect what stood out for them in this video. Ask learners if they have encountered similar client experiences in their own practice or in their own lived experience.

Duration: 4 mins

LGBTIQ+ MENTAL HEALTH	10 minutes

Slides 8 – 11

Show **Slide 8**, which outlines some experiences of LGBTIQ+ people and communities that can contribute to poor mental health and suicidality.

These include;

- Minority stress
- Violence
- Micro aggressions
- Rejection from family, friends, peers
- Erasure of LGBTIQ+ identity
- Inability to live freely in LGBTIQ+ identity
- Isolation and loneliness
- Disconnection from community and support network(s)
- Political climate and public debate
- Ongoing stress of self-advocacy
- Exhaustion and burnout
- Death by suicide of community members

Show **Slides 9 and 10**. Outline that this research was conducted as part of the Private Lives 3 research project by the Australian Research Centre for Sex, Health and Society at La Trobe Universities in 2019 and published in 2020 (Hill et al. 2020).

Read the information on **Slides 9-10** from Private Lives 3 to the group.

Tips for delivery:

- Acknowledge that this data was collected prior to COVID-19
- Highlight that these findings are alarming, and also likely understate the severity of poor mental health in LGBTIQ+ populations.
- Slide 10 is designed to highlight that marginalised communities WITHIN the LGBTIQ+ community are more likely to engage in suicide behaviour
    - Multigender attracted people are more likely to engage in suicide behaviour than their lesbian or gay counterparts
    - Trans people are more likely to engage in suicide behaviour than their cis counterparts

Show Slide 11. Outline that this research was conducted by LGBTIQ+ Health Australia (formerly known as The National LGBTI Health Alliance) and published as the Suicide Snapshot 2020.

Read the information on **Slide 11** to the group.

Tips for delivery:

- These statistics examine the likelihood of LGBTIQ+ people having thoughts of suicide or engaging in suicide behaviours, compared to non-LGBTIQ+ people.
- We see that LGBTIQ+ people are far more likely to have thoughts of suicide and engage in suicide behaviours than non-LGBTIQ+ people.
  We see that some groups are more likely to have thoughts of suicide and engage in suicide behaviours than others.

Duration: 10 mins

LGBTIQ+ HEALTH	5 minutes

Slide 12 – 13

LGBTIQ+ Homelessness

The graphs on **Slides 12 – 13** are taken from Private Lives 3.

Tips for delivery:

- **Slide 12** indicates the number of participants from Private Lives 3 who reported that they have experienced homelessness at some point in their lives, categorised by **Sexuality**.
- We see again that people from marginalised/less understood sexuality identity groups (bisexual, pansexual, queer, other) are more likely to experience homelessness.
- **Slide 13** indicates the number of participants from Private Lives 3 who reported that they have experienced homelessness at some point in their lives, categorised by **Gender Experience**.
- We see again that people from marginalised/less understood gender identity groups (transgender and non binary) are more likely to experience homelessness than their cisgender sexuality diverse counterparts.

Slide 14

LGBTIQ+ Partner and Family Violence

The content on **Slide 14** is taken from Private Lives 3. Read the information on **Slide 14**.

Tips for delivery:

- Acknowledge that this data was collected prior to COVID-19
- Highlight that these findings are alarming, and also likely understate the current family violence experience in LGBTIQ+ populations.

Discussion:

After Slides 12-14, encourage learners to reflect on any services or organisations that provide specialised services for LGBIQ+ people experiencing Homelessness or Family Violence.

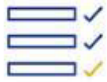
Some examples include:

- Thorne Harbour Health (formerly Victorian AIDS Council): LGBTIQA+ and PLHIV therapeutic services, peer support and health promotion - thorneharbour.org
- Switchboard Victoria and Rainbow Door: LGBTIQ+ crisis support and referral - switchboard.org.au phone: 1800 184 527 and rainbowdoor.org.au
- Drummond Street Services and Queerspace: LGBTIQA+ counselling and therapeutic services - ds.org.au

Duration: 5 mins

LGBTIQ+ MENTAL HEALTH SERVICE USER CONSULTATIONS	25-30 MINUTES

Slides 15 – 16



Activity – Barriers to Seeking Mental Health Support

Split learners into groups of 3-5.

Ask them to discuss as a group for 5 minutes:

1. Why don't LGBTIQ+ people seek help for mental health or suicide crises?

Advise learners to consider safety, access, relationships, health and LGBTIQ+ identity experiences.

Ask groups to share their answers. Write ideas on the whiteboard or butchers paper, or affirm these answers verbally if you are not using these materials.

Duration: 10 mins

Once you have finished this activity, show **Slide 15.** The content in these slides was collected through the LGBTIQ+ Service User Focus Groups in 2019, conducted by Thorne Harbour Health and Mind Australia. Participants were asked a number of questions, one of which was, "what would you identify as barriers to you seeking help when you are experiencing poor mental health or suicide crisis?"

Why don't LGBTIQ+ people seek help?

- Shame and feeling undeserving of help
- Pathologization: fear of having sexuality, sex characteristics or gender identity pathologised
- Fear of being institutionalised: LGBTIQ+ people have been institutionalised historically (psychiatric holds, conversion therapy)
- Assuming a service will be unsafe: lack of LGBTIQ+ cultural safety in mainstream services
- No-one to advocate for inclusivity: loved one, friend, partner, LGBTIQ+ peer liaison
- Expectation that you will have to educate staff or helpers
- Blame distress on sexuality, gender identity, gender affirming hormones

Show **Slide 16**.

Participants were also asked "what are some things that contributed to a poor experience within mainstream services?"

Negative LGBTIQ+ service user experience:

- Being told ''we treat everyone the same, here''
- When a mainstream service claims to be trained and culturally safe for LGBTIQ+ people, and then a LGBTIQ+ person has a culturally unsafe experience
- Assumption of heterosexuality
- Assumption of cisgender identity
- Assumptions about anatomy and medical needs based upon gender identity
- Being expected to look "gender appropriate''
- Having to educate staff on LGBTIQA+ topics
- Heteronormative and gendered language
- Dead naming and/or misgendering
- Avoiding OR fixating on LGBTIQ+ identity

Duration: 10 mins

<u>Slides 17-23</u>

LGBTIQ+ Mental Health Service User Quotes

The content in these slides was collected through the LGBTIQ+ Service User Focus Groups in 2019, conducted by Thorne Harbour Health and Mind Australia, and also from some members of the Thorne Harbour Health and Mind Australia LGBTIQ+ Suicide Lived Experience Expert Advisory Group (LGBTIQ-LEAD). Explain this to the learners, and that the quotes have been shared with permission from those who provided them.

"Why don't LGBTIQ+ people seek help?"

Read the quotes on **Slides 17-19**. Allow learners a brief opportunity to digest these stories for a moment.

The information on **Slide 20** supports the lived experience data shared from the focus groups and LGBTIQ-LEAD Expert Advisory Group. The content from this slide was taken from Understanding LGBTI+ Lives in Crisis, undertaken by the Australian Research Centre for Sex, Health and Society at La Trobe University.

Show and read the information on **Slide 20**.

Advise that LGBTIQ+ people are often afraid to seek support from mainstream services and many feel that mainstream workers have limited LGBTIQ+ literacy. This is concerning as this means some LGBTIQ+ people would rather not seek support at all, or would seek support from other LGBTIQ+ friends who are not trained mental health workers.

"What do LGBTIQ+ people want from mental health services?"

Read the quotes on **Slides 21-23**. Allow learners a brief opportunity to digest these stories for a moment.

Discussion: (Optional)

After the quotes have been shared, encourage learners to reflect on what stood out for them. Ask learners if they have encountered similar client experiences in their own practice or in their own lived experience.

Duration: 5 – 10 mins

LGBTIQ+ COMMUNITY RESILIENCE	5-10 MINUTES

Slide 24

LGBTIQ+ Community Relisience

Show **Slide 24**, and stress that LGBTIQ+ individuals and communities have incredible resilience. You can list the stengths and protective factors listed on this slide. You may wish to also mention for each point:

1. The LGBTIQ+ community language learned in these sessions are words created by LGBTIQ+ community members, not for LGBTIQ+ community members.
2. LGBTIQ+ people learn to accept, celebrate and feel pride in their identity or identities. This is often done through pride flags, accessories and clothing.
3. Having lived experience of oppression, LGBTIQ+ individuals are often aware of how other minoritised communities may be treated and express solidarity with other stigmatised groups.
4. LGBTIQ+ people can draw strength from spending time and sharing stories with other people like them.
5. Some LGBTIQ+ people gain strength from campaigning for equity under the law for LGBTIQ+ communities.
6. LGBTIQ+ communities want a positive change for younger LGBTIQ+ people, and to remember and honour the history and advocacy of LGBTIQ+ elders.
7. LGBTIQ+ people teach each other about LGBTIQ+ community history and community culture.
8. The innovations in healthcare for LGBTIQ+ people, including medical affirmation procedures and HIV treatment and prevention, contribute to LGBTIQ+ community resilience and wellbeing.

Duration: 5-10 mins

LGBTIQ+ AFFIRMATIVE PRACTICE	30 MINUTES

Slides 25-29

Show **Slide 25** and ask learners to have a go at explaining what they think LGBTIQ+ Affirmative Practice could mean.

Duration: 3 mins

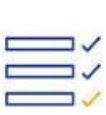
Show **Slide 26** and read the quotes outlining Affirmative Practice.

Tips for delivery:

- Stress that it is important for organisations to not just say they are inclusive of LGBTIQ+ people, but to make changes to organisational policies and procedures to ensure that that LGBTIQ+ affirming practices are well understood and maintained.
- Emphasise that it is up to the sexuality, sex or gender diverse person to decide if an environment feels culturally safe and affirming.
- Creating affirmating environments for LGBTIQ+ people often involves making significant changes to your organisational practices and will not happen overnight.

Duration: 2 mins

Activity – Affirmative Practice




In groups of 3-5 ask learners to discuss:

1. How might we create an affirming environment for LGBTIQA+ consumers or clients in our service/organisation?
2. How might we create an affirming environment with LGBTIQA+ consumers or clients in our individual roles?

This is about bringing everything together, ensure groups have enough time to discuss topics. Monitor all groups to ensure there is active discussion. Prompt groups on ideas if conversation is not flowing. We would suggest you provide butchers paper to groups so the information can be recorded visually.

Once completed, allow for a larger group discussion and the sharing of ideas. We recommend you write all ideas on a whiteboard or used butchers paper.

Duration: 10 mins

Slide 27

LGBTIQ+ Affirmative Practice for Organisations

Outline the following suggestions for Organisations to create affirming environments for LGBTIQ+ people and communities:

- Demonstrate publicly that your organisation strives to be LGBTIQ+ inclusive and affirming
- Develop a referral list and referral process to LGBTIQ+ affirming practitioners and organisations
- Include explicit reference to sexuality, sex and gender diverse people in organisational policies and procedures, not just using the blanket LGBTIQ+ acronym.
- Set up a LGBTIQ+ community or consumer advisory group to inform your work – community members should be leading work that relates to their communities and experiences of the service.
- Ensure forms, documentation and processes are LGBTIQ+ inclusive and affirming.
- Commit to undergoing regular LGBTIQ+ cultural competency training from sexuality diverse, intersex and gender diverse communities.

Slides 28-29

LGBTIQ+ Affirmative Practice for Individuals

Show **Slide 28**. Outline the following suggestions for individual workers to create affirming environments for LGBTIQ+ people and communities:

- Use respectful language and terminology – remember you are not using a label for someone, but instead using language that affirms their identity, or identities, and experience.
- When performing assessments and asking questions, use gender-neutral and non-discriminatory language with all people, such as: "Do you have a partner?" rather than "Do you have a husband/wife?"
- Challenge homophobia, biphobia and transphobia you encounter.
- Don't project your own personal beliefs or values onto LGBTIQ+ people.
- Assess your own cisgender and/or heterosexual privilege and experience in the world to understand oppressive and discriminative systems, structures and practices.
- Be curious but respectful of diverse experiences – don't expect LGBTIQ+ clients to educate you or satisfy your curiosity.
- Seek out LGBTQIA+ resources for your LGBTIQA+ clients, like books, peer groups and media.
- Celebrate milestones of significance for the person, when appropriate.

Show **Slide 29**. Read the information on Confidentiality and Disclosure. This recaps information covered throughout the session and can be used as a guide for implementing practices into learners workplaces.

Duration: 15 mins

PUTTING IT ALL INTO PRACTICE	20 MINUTES

Slide 31

LGBTIQ+ Affirmative Practice 101

Show **Slide 31**, and reiterate the following points that can help to create an affirming environment for LGBTIQ+ people;

- Introduce yourself with your name, pronouns and role. Ask what pronouns people use and then use them.
- Don't assume someone's gender, pronouns or sexuality based on their appearance or voice.
- Adopt a person-centred approach to your engagements and be aware of intersectional experiences.
- Never comment unnecessarily on a person's appearance, gender expression or LGBTIQ+ identity.
- Understand that each person's journey will be unique and there is no 'right' way to be sexuality, sex or gender diverse.
- Use appropriate and non offensive language, confirming what language the client would like you to use for them.
- Identify your learning gaps and needs, and address these in your own time through professional development.
- Don't expect LGBTIQ+ people to educate you about their life experience, or satisfy your curiosity.
- Even if an affirming space is created, your clients may not come out to you as LGBTIQ+.
- Actively support LGBTIQ+ people in all elements of your practice, including your colleagues.

Slides 32-33

Practical Examples

Show **Slides 32** and read out the practical examples of affirming language.

- "Hi there, my name is Amelia and I use she and her pronouns. Pronouns are words we use to describe someone instead of their name. Can I ask what pronouns you would like me to use for you?"
- "Hi Julian, there's someone here to see you in Reception. Do you have time to meet with them?"
- "I was supporting Fiona today. Just a note for when you take over their care - Fiona uses they and them pronouns, so please use they and them when talking about them."

- "These are questions that we ask all people as part of our triage and assessment. Do you identify within the LGBTIQA+ community?"

Show **Slide 33** and explain that you can ask further questions about a person's LGBTIQ+ identity if the information is clinically relevant;

1. "Do you have an intersex variation or medical history?" (endocrinology, pelvic examination)
2. "Some people who are not heterosexual may identify as sexuality diverse. Do you identify as sexuality diverse? (to ask about sexual activity if necessary) If appropriate, "would you like to share your sexuality identity terms with me?"
3. "Some people may not identity with the sex they were assigned at birth. Do you have a transgender history?" (hormone reference ranges, endocrinology, physical exams)

Duration: 10 mins

Activity – Affirmative Practice Follow Up

Show **Slide 34**. Ask the learners to break into their small groups again – the same small groups that they were in for the Affirmative Practice activity earlier. Provide 5 minutes for this.

Ask the learners to reflect upon their answers in the activity before, and following the affirmative practice content provided, ask learners to build upon their answers for the following questions;

1. How might we create an affirming environment for LGBTIQA+ consumers or clients in our service/organisation?
2. How might we create an affirming environment with LGBTIQA+ consumers or clients in our individual roles?

This is about bringing everything together, ensure groups have enough time to discuss topics. Monitor all groups to ensure there is active discussion. Prompt groups on ideas if conversation is not flowing. We would suggest you provide butchers paper to groups so the information can be recorded visually.

Once completed, allow for a larger group discussion and the sharing of ideas. We recommend you write all ideas on a whiteboard or used butchers paper.

Duration: 10 mins

LGBTIQ+ REFERRAL PATHWAYS	5 MINUTES

Slide 35

LGBTIQ+ Referral Pathways

Facilitator note: Before the session, add any LGBTIQ+ organisations or referral pathways to **Slide 35**.

Show **Slide 35** and outline some of the LGBTIQ+ organisations listed to explain what services they offer.

Discussion:

Encourage learners to contribute organisations they have worked with, or experiences they have had referring LGBTIQ+ clients to services.

Duration: 5 mins

SESSION CONCLUSION	1 MINUTE

Slide 36

Discussion

Facilitator note: Before the session, add your contact details to **Slide 36**.

Show **Slide 36**. Thank everyone for attending the training sessions. Ask if anyone has any questions.

Duration: 1 min

CASE STUDIES (optional small group work) | 25-30 MINUTES

These slides are available for you to provide additional resources and small group activities to learners, depending on how much time you have for your sessions.

Slide 38

LGBTIQ+ Genograms

Show **Slide 38**, and explain that some people find genograms useful in their practice. Slide 38 shows some LGBTIQ+ affirming examples for sexuality and gender. Encourage learners to be creative with their own practice.

Duration: 5 mins

Slides 39-45

Facilitator note: Before the session, print out each Case Study example slide and provide one example case study to each small group in this activity.

Activity – Case Studies

Break learners into four groups. Provide each group one of the four example case studies.

Show each case study and read the example aloud (**Slides 39-44**).

Show **Slide 45**. Ask groups to discuss the following questions;

1. What do we know from the information provided about our client?
2. What do we still need to know about our client?
3. How might we create an affirming environment for our client?
4. What additional information or support might we need to support our client?

Ask learners to think about all topics discussed throughout the sessions, and how it can be directly related to their roles. Allow 10-15 minutes for this discussion.

After this time, ask the small groups to share their reflections with the whole group. Allow other learners to share their thoughts. Allow 10 minutes for this discussion.

Duration: 20-25 mins

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APPENDIX 1: LGBTIQ+ COMMUNITY LANGUAGE

SEXUALITY

Sexuality or Sexual Orientation
A term that describes a person's sexual, emotional, or romantic attraction.

Heterosexual
A term used by people whose physical, romantic and/or emotional attraction is to people of the opposite gender and the opposite gender only. Sometimes known as straight.

Gay
A term used by people to describe physical, romantic, sexual and/ or emotional attraction to people of the same gender. Historically used by men, but anyone who is not heterosexual can identify with the term gay. Non-binary people may also identify as gay.

Lesbian
A term commonly used by women to describe physical, romantic and/or emotional attraction to other women. Non-binary people may also identify as lesbian.

Bisexual
A term used to describe romantic or sexual attraction to two or more genders. Bisexuality has overlap with the terms 'pansexual' and 'multi-gender attracted', so is often referred to as 'Bi+'.

Asexual and Aromantic
Asexual is an identity term commonly used by people who experience limited or no sexual attraction to others. Aromantic is an identity term commonly used by people who experience limited or no romantic attraction to others.

Queer
An umbrella term that includes a range of sexualities and gender identities, including lesbian, gay, bisexual, transgender and non-binary. Queer is used by some people, particularly younger people, whose sexuality is not heterosexual. Typically, for those who identify as Queer, the terms lesbian, gay and bisexual are perceived to be too limiting and don't quite fit. Some people use Queer to describe their gender identity. Older members of the LGBTIQ+ community may struggle with the term Queer, as historically Queer was used as a slur.

SEX

Intersex refers to people who are born with genetic, hormonal or physical sex characteristics that do not fit within our society's medical understanding of 'male' or 'female'.

Endosex is the term for someone who does not have an intersex variation.

Intersex people, or people with an intersex variation, may have diverse bodies, anatomy and gender identities, and may identify as male or female or neither.

GENDER

Gender Identity
Refers to a person's internal sense of being male, female or otherwise. Everyone has a gender identity.

Transgender
An umbrella term for people whose gender identity does not match the gender they were assigned at birth.

Cisgender
A term to describe people whose gender identity matches the sex that they were assigned at birth (male or female).

Gender Diverse
An umbrella term used by people who do not conform to their culture's expectations of the male/female gender binary. This is typically used as a descriptive term, not an identity term. People who are gender diverse may identify as non-binary, agender, genderqueer or otherwise. You may see "TGD" as an acronym, meaning Trans and Gender Diverse.

Non Binary, Genderqueer, Agender
These are some identity terms commonly used by people whose gender identity is outside of or in between the male/female gender binary. There are many others!

Gender Transition or Affirmation
Describes a TGD person's journey of gender affirmation, which is different for everyone. There is not always a particular 'goal' in mind – this is why it's now often referred to as a process of 'affirmation'.

Gender Dysphoria:

The distress or unease sometimes experienced from being misgendered and/or when someone's gender identity and body personally don't feel connected or congruent. Dysphoria fluctuates, and not all TGD people experience it.

Depathologization:

Recognising that TGD identities and experiences are not a pathology, but simply a variation of human experience. E.g. High rates of negative mental health outcomes are as a result of a society which stigmatises gender diversity, rather than being inherent to the TGD experience.

Pronouns:

Pronouns are words used to refer to a person other than their name. We use pronouns on a daily basis interacting with people.

- She and he are examples of gendered pronouns.
- They and them are pronouns that don't imply 'male' or 'female'. Gender neutral pronouns are commonly used by genderqueer and gender non-binary people. There are other gender neutral pronouns too, but they and them are the most common.

APPENDIX 2: LGBTIQ+ ORGANISATIONS AND ALLY ORGANISATIONS

LGBTIQ+ Health Australia: LGBTIQA+ advocacy, training and national peak body - lgbtiqhealth.org.au and qlife.org.au

Thorne Harbour Health (formerly Victorian AIDS Council): LGBTIQA+ and PLHIV therapeutic services, peer support and health promotion - thorneharbour.org

Switchboard Victoria and Rainbow Door: LGBTIQ+ crisis support and referral - switchboard.org.au phone: 1800 184 527 and rainbowdoor.org.au

Transgender Victoria: Transgender advocacy, training and peer support groups - transgendervictoria.com

Zoe Belle Gender Collective (ZBGC): Transgender advocacy, training and support groups - zbgc.org.au

Drummond Street Services and Queerspace: LGBTIQA+ counselling and therapeutic services - ds.org.au

Rainbow Health Victoria (formerly Gay and Lesbian Health Victoria): LGBTIQA+ research, policy and advoacy - rainbowhealthvic.org.au

Rainbow Network Victoria: LGBTIQA+ training, capacity building and Rainbow Tick training - rainbownetwork.net.au

Minus18: LGBTIQA+ youth organisation, events and training - minus18.org.au

Y Gender: trans and gender diverse youth organisation and peer support - ygender.org.au

Touchbase AOD support website and phone service - touchbase.org.au/alcohol-and-drugs or phone line 1800 184 527

Sea Horse Victoria: Transgender support groups - seahorsevic.com.au/main

The Shed - Trans men's support group - ftmshed@gmail.com

Democracy in Colour: support and advocacy for LGBTIQA+ people of colour, refugee and migrant communities - democracyincolour.org

Black Rainbow: support and advocacy for LGBTIQA+ Aboriginal communities - blackrainbow.org.au

RISE: support and advocacy for LGBTIQA+ Refugees, Survivors and Ex-Detainees - riserefugee.org

Forcibly Displaced People's Network: support and advocacy for LGBTIQA+ refugees - facebook.com/FDPN.LGBTIQ