



Mental Health Foundation

OF NEW ZEALAND

mauri tū, mauri ora

Preventing rainbow suicide

Strategic Approach

2016 - 2020



OUT
LINE
NZ - ©



Come to our Hui facilitated by Cissy Rock & Aych McArdle
Sept. 11, 6.30-8.30pm Studio One - Toi Tū 1 Ponsonby Rd
RSVP: 3rainbowquestions@gmail.com



Complete our survey, or find out how to host your own community hui at

www.3questions.co.nz

Hosted by Auckland Council's Rainbow Communities Advisory Panel

“rainbow”


an umbrella term to describe people who

- have **sexual** identities, behaviours or attractions other than heterosexual,
- do not fit typical **gender** norms, and/or
- were born with **bodies** that do not match common biological definitions of male or female.

rainbow populations in New Zealand experience **higher lifetime risk** for suicidal behaviour

as well as **self-harm** and **depression, anxiety, substance misuse** and **eating disorders** which are key risk factors for suicide.






Youth '12: Fact Sheet about Transgender Young People

This fact sheet presents selected findings on the health and wellbeing of secondary school students who identified as transgender. It is based on the Youth'12 health and wellbeing survey of 8,500 New Zealand secondary school students undertaken in 2012.

The word 'transgender' means different things to different people. It is generally regarded as an umbrella term, used to refer to people whose gender identity and sex assigned at birth differ. In Youth'12 someone was defined as being transgender if they were "a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl (e.g., Trans, Queen, Fo'fofine, Whokawhine, Tongata ira Tane, Genderqueer)".

The survey results showed that in many ways, students who reported being transgender faced considerable discrimination and mistreatment. There were also concerning health and wellbeing disparities when transgender students were compared to students who identified as being non-transgender.



Mental Health

- Approximately 40% of transgender students had significant depressive symptoms and nearly half had self-harmed in the previous 12 months.
- One in five transgender students had attempted suicide in the last year.

Accessing Healthcare

- Nearly 40% of transgender students had been unable to access health care when they needed it.

School

- Nearly one in five transgender students had experienced bullying at school on a weekly (or more frequent) basis - this was nearly 5 times higher than the proportion of students who were non-transgender.
- More than half of transgender students were afraid someone at school would hurt or bother them.

- Approximately 4 out of every 100 students reported that they were either transgender (1.2%) or that they were not sure of their gender (2.5%).
- Approximately half of the transgender students had wondered about being transgender before the age of 12, but only a third (34.8%) had disclosed that they were transgender to someone close to them. This is fairly similar to the proportion of same/both sex attracted students who had come out in relation to their sexual attractions in New Zealand in 2007.
- Transgender students were generous and giving members of their communities, in that over 40% did activities to help others at school and nearly half worked as volunteers.



Youth2000 Survey Series

The Health and Wellbeing of New Zealand Secondary School Students in 2012

Young People Attracted to the Same Sex or Both Sexes

Findings from the Youth'12 national
youth health and wellbeing survey

2014
Adolescent Health Research Group

uniservices

THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES

Same/both-sex-attracted and transgender students had **4-5 times higher rates of suicidality.**

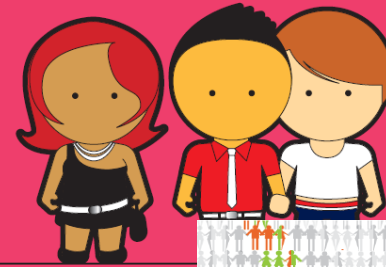


Gay and Bisexual Men's Health Survey



Prescription for Change Lesbian and bisexual women's health check 2008

International research shows similar patterns



Bise

Stonewall hea



A report on the health and wellbeing of transgendered people in Australia and New Zealand

Murray Couch
Marian Pitts
Hunter Mulcare
Amanda Croy
Anne Mitchell
Sunil Patel

Private Lives 2 The second national survey of the health and wellbeing of GLBT Australians

William Leonard
Marian Pitts
Anne Mitchell
Anthony Lyons
Anthony Smith
Sunil Patel
Murray Couch
Anna Barrett



LGBTI People Mental Health & Suicide

Briefing Paper, 2011
Gabi Rosenstreich

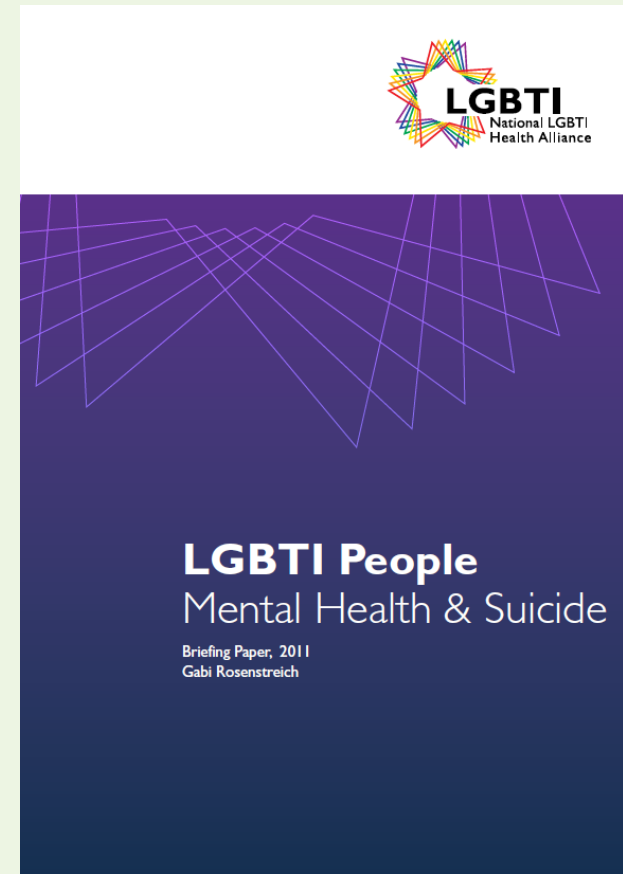
Trans Mental Health Study 2012

Jay McNeil, Louis Bailey, Sonja Ellis,
James Morton & Maeve Regan
September 2012

A UK research partnership between:



“**Discrimination and exclusion** are the key causal factors of LGBTI mental ill-health and suicidality”



“More than half of transgender students were afraid someone at school would hurt or bother them.”



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“When you grow up in a hetero-normative environment and you are gay, you don’t feel as if you have a sense of belonging or community.”



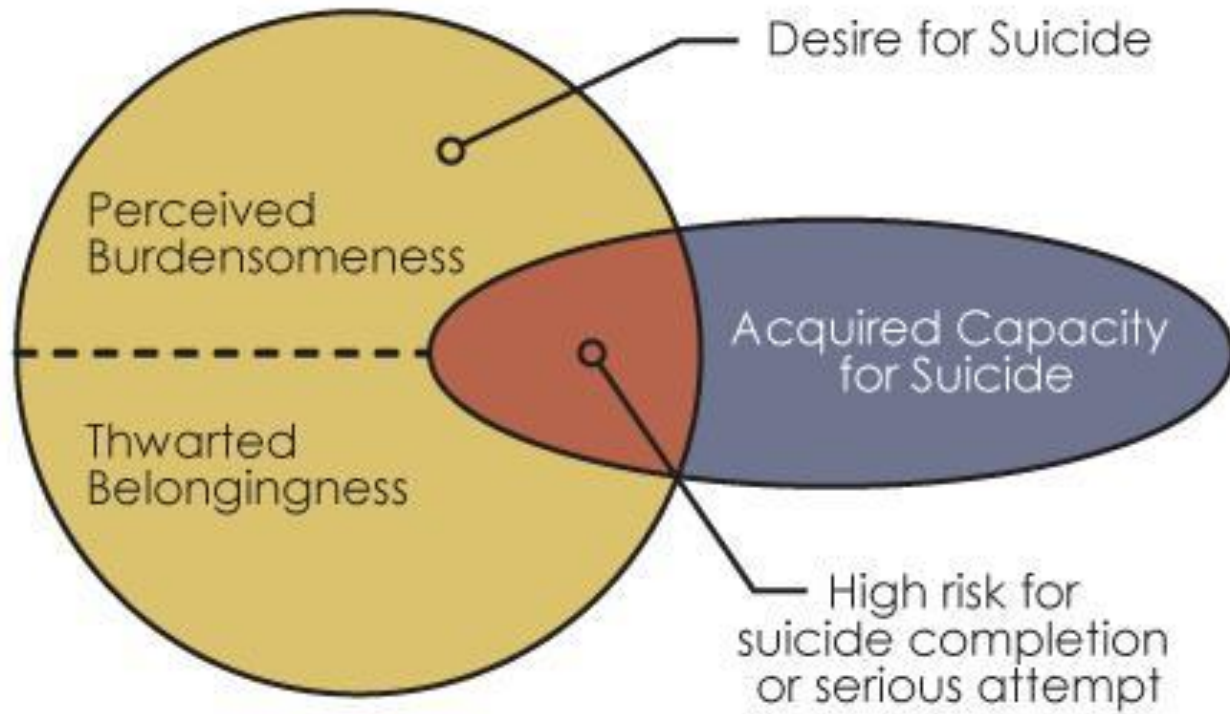
discrimination and exclusion – risk factors

internal (shame, fear and internalised discrimination)

interpersonal (violence, bullying, insults and verbal abuse, sexual assault and coercion, social rejection, exclusion from families and whānau, secrecy and shame associated with intersex status)

within communities (marginalisation or invisibility through difference from community norms, delayed or inadequate access to health and mental health care)

and **structural** (legal and public policy discrimination)



Thomas Joiner's model of suicide risk

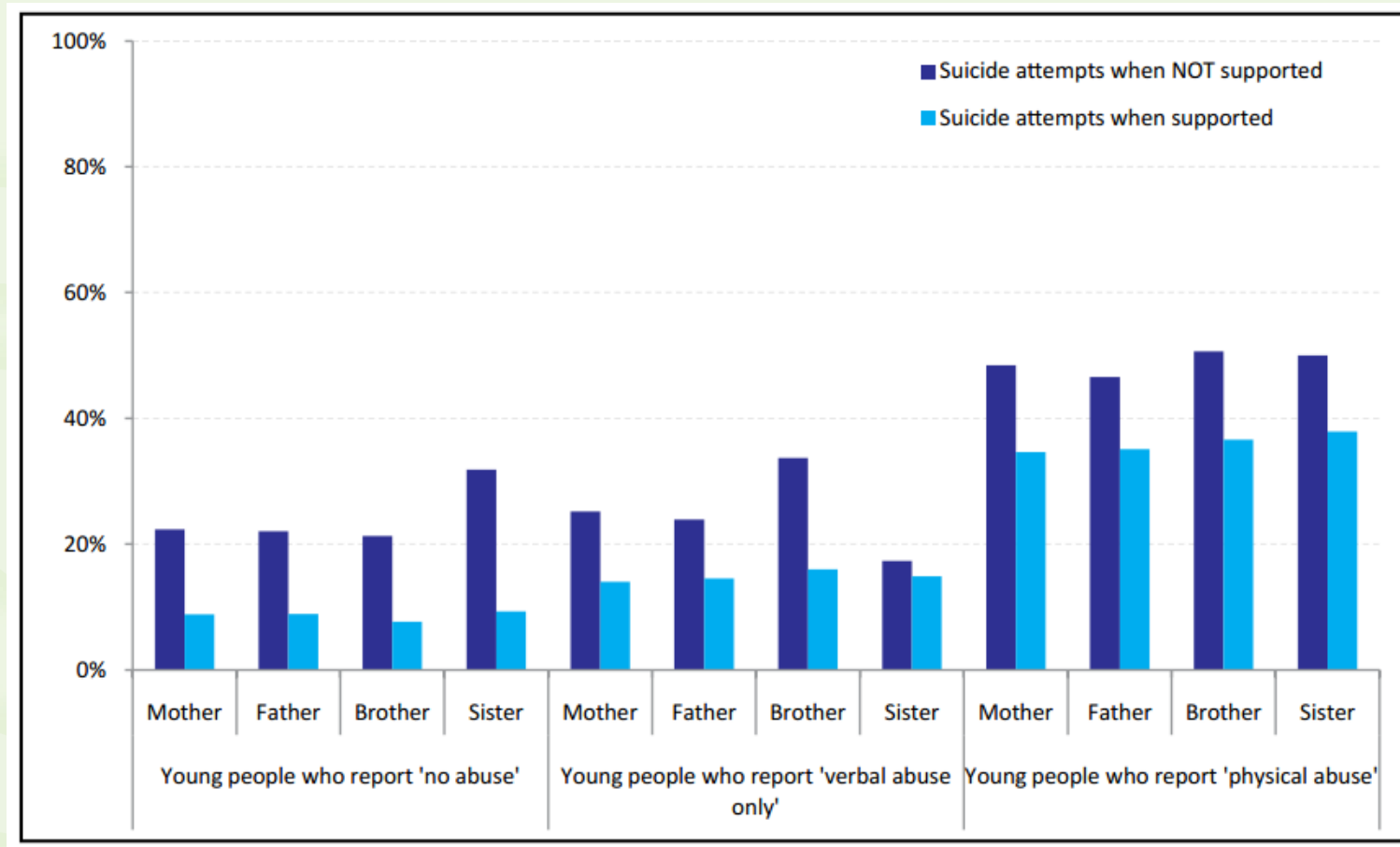
belonging and inclusion - protective factors

internal (sense of belonging, positive sense of identity, high self-esteem and personal coping mechanisms)

interpersonal (rainbow friends, supportive community connections, positive friendships and romantic relationships, family acceptance, connection with support groups)

within communities (supportive school environments)

and **structural** (positive stereotypes and representations in media)



Rates of attempted suicide in young people when supported or rejected by family (Hillier et al. 2011)

A large rainbow flag is being held up on a city street during a parade. The flag is the central focus, with its vibrant colors of red, orange, yellow, green, blue, and purple. The background shows a modern building with a sign that says "Help for growth" and a traffic light. The scene is bright and sunny.

to prevent rainbow suicide:

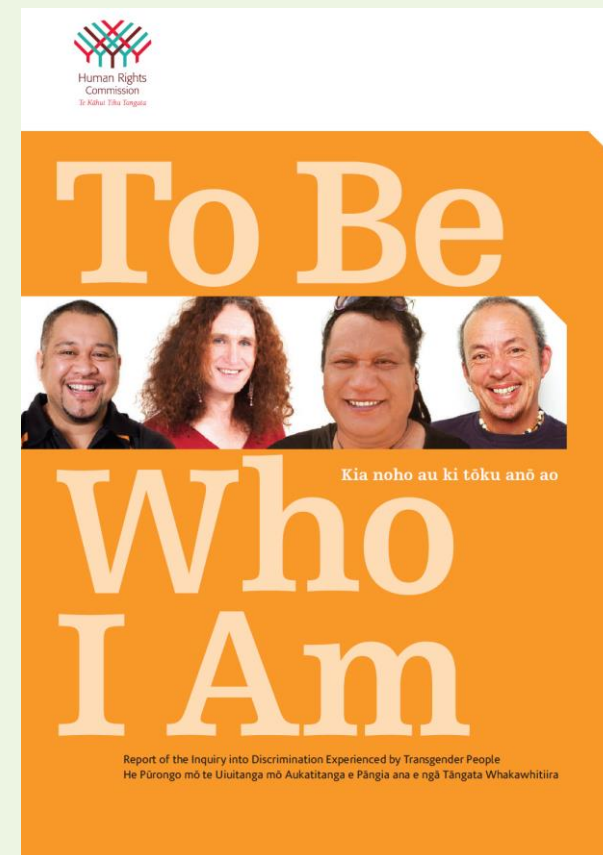
promote social inclusion and acceptance

reduce discrimination and judgement

- remove barriers to appropriate health and mental health care
- address violence
- promote positive visibility
- remove legal discrimination
- develop inclusive workplaces and schools
- strengthen rainbow peer support and build rainbow sector capacity
- build community understanding and acceptance in a range of settings
- cease unnecessary medical procedures on intersex children
- target research to areas where there are gaps in knowledge.

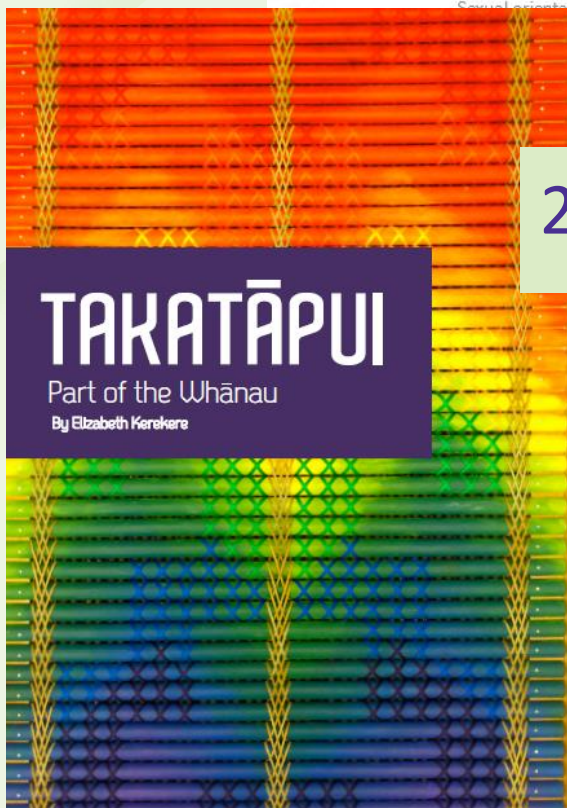


1. Include rainbow populations in strategies and policies





2. Develop inclusive services with confident, competent staff



*Transgender, trans**, *genderqueer*, and *gender diverse* are a few terms that describe why gender doesn't match up with their assigned sex. People use a range of other words to describe their own identity. Most cultures have terms for gender diverse people, such as *whakawahine*, *tane*, and *takatāpui* in Māori, or *fa'afaafine* in Samoan.

Just as people might choose to express their gender through different clothes, music, social groups, someone who is gender diverse might also choose to use a different name or pronouns (he, him, his, she, her, hers, their, them, theirs) to more accurately express who they are.

However a person chooses to express or define who they are, be respectful of this. Your support, and encouragement will help them to be the best version of themselves that they can be.

Keeping an eye out

People who are gender diverse can and do live happy, fulfilling lives. This is made a lot easier when you have staff who are confident, competent, and inclusive.



3. Involve rainbow community leaders in service design and evaluation

“And the question that I have for all of us is, how many more of our family have to die before we do something? Really do something.”

- Mani Bruce Mitchell

LGBTTI Wellbeing and Suicide: What do we need to change? Symposium, 2012





moira.clunie@mentalhealth.org.nz