



# Suicide Prevention Guidelines for LGBTQA+ Young People

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## Supplementary Q&A answers

**Q&A submission: What was the decision behind the 80% consensus; is this just the standard in the literature?**

The guidelines were developed using the Delphi consensus method, which involves asking for input from panels of experts on their experiences and perspectives. Recommendations were only included in the guidelines if they were considered essential or important to preventing suicide in LGBTQA+ young people by 80% or more of both our youth and professional expert panels. Drawing on previously published Delphi research studies, which demonstrates consensus thresholds ranging from 51-80%, we selected the most conservative minimum of 80% to enhance the likelihood of genuine consensus.

**Q&A submission: What was the breakdown of the different groups within the LGBTQA+ advisory group? (i.e., how many identified as trans, etc?)**

The LGBTQA+ youth advisory group comprised of a range of gender diverse young people, with varied sexualities. To maintain their privacy, we are unable to disclose a precise breakdown of the diverse sexualities and genders of the advisory group members. We also acknowledge that the sexuality and gender of the young people may have changed over the years during which they were involved in the development of the guidelines.

**Q&A submission: Were there any surprising differences between the items endorsed by the young people, and the clinical/research experts?**

Youth experts endorsed several items at notably higher rates than professional experts. These included items related to service provider use of pronouns in email signatures and visual identification of pronouns, open discussion of gender-affirming medical intervention and barriers to access for trans young people in initial meetings and discussing eating disorders with trans young people. Professional experts endorsed items related to service provider involvement with unsupportive parents, discussing identity disclosure with LGBTQA+ young people, and expansion of LGBTQA+ young people's peer networks higher than youth experts.

High consensus between both panels was demonstrated for items relating to service providers engaging in self-reflection before working with LGBTQA+ young people, service providers receiving training regarding LGBTQA+ identities and the unique issues they face, and self-disclosure of sexuality and gender identity.



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**Q&A submission: Representation from some groups in the panel, (intersex, Aboriginal & Torres Strait Islander People, regional/remote) was low, will there be any plans to increase this in the future?**

Not all groups were consulted on the development of these guidelines, despite our attempts to access a diverse range of perspectives. We welcome collaborations with all types of stakeholders when conducting research. Telethon Kids Institute is involved with a range of research projects that encompass a variety of perspectives and experiences to prevent suicide in LGBTQA+ young people. We encourage people who would like to be involved in future research conducted by Telethon Kids Institute to keep an eye on our social media accounts, where we advertise such opportunities as they arise, [join our CONNECT program](#) or contact the [Youth Mental Health team](#) directly.

**Q&A submission: Is there anything in particular that you'd attribute the really high retention rate of panellists to? Is there anything you'd recommend for further research to implement to maximise the potential of this kind of community consultation model?**

We attribute our high retention rate of panel members to their passion and dedication to the wellbeing of LGBTQA+ young people. We are extremely grateful for the time and valuable input provided by each of the panel members who contributed to the guidelines. Researchers on the team have long-standing relationships with clinical and community services, and LGBTQA+ young people both in WA and around Australia, which we believe lends credibility and supports our research projects.

**Q&A submission: I'm a mental health advocate – are there any recommendations for sharing these guidelines with organisations who may benefit from them?**

We encourage people to share the guidelines with any service providers they feel would benefit, and advocate for their implementation. The guidelines are freely available to download from our [website](#), along with a brief guide for service providers on how to implement the guidelines. We continue to explore opportunities to further support the dissemination and implementation of the guidelines in the community and will share any updates and/or new resources on the website as they become available.

**Q&A submission: I am wondering where I can find information around community service providers or private practitioners (mental health related) that would be recommended for LGBTQA+ young people?**

We recommend reviewing the *Resources* section of the guidelines, available on our [website](#), to find existing mental health services that are available in your state. These services may also have lists of local private practitioners who are known to be LGBTQA+ inclusive.



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## **Q&A submission: Were there hospitals involved in the consultation for these guidelines?**

Three core groups were identified as key experts to inform the development of these guidelines. These included:

- LGBTQA+ young people with a lived experience of suicidal thoughts and/or behaviours,
- professionals with experience either working with LGBTQA+ young people in a clinical or community setting, and
- researchers with expertise in LGBTQA+ mental health

As such, organisations were not involved in consultation for these guidelines per se, however, members of the professional panel may have been employed in clinical services delivered within hospital settings.

## **Q&A submission: How can we attract people from LGBTQA+ community within an organisation? Specially by Job Post/Description? And during the interview, what is the best method to know if they are true ally? Is this something that is covered in implementation?**

We encourage services who are seeking to increase the inclusivity of their recruitment practices, and the comfort and wellbeing of their current employees, to reach out to organisations in the *Resources* section of the guidelines, available on our [website](#), who provide inclusivity training to service providers. We also make note on the implementation of recommendations in these guidelines (particularly those in *Part I*, which are focussed on creating an inclusive and affirming environment) that we would not only encourage LGBTQA+ young people to engage with the service, but also LGBTQA+ individuals to work as a part of that service too.

## **Q&A submission: Within the broader WA Health system where screening tools, risk assessments, forms, policies and procedures etc are often standardised would you recommend that the guidelines be implemented at a system level rather than at a local service level?**

These guidelines provide many recommendations for how to make an environment more inclusive and open to LGBTQA+ young people that can be implemented at both a system and local service level. We understand that the recommendations can be implemented may be limited depending on the context of your service and established requirements of practice. We encourage service providers to use appropriate pathways within their services to advocate for the development of policy revisions to enable systemic changes to be implemented to provide more inclusive services to LGBTQA+ young people.