



Rainbow communities and the New Zealand Suicide Prevention Action Plan

Briefing paper for Associate Minister of Health Todd McClay

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The New Zealand Suicide Prevention Action Plan 2013-2016, published in May 2013, does not include specific initiatives to address higher rates of suicide risk and suicidal behaviours within New Zealand's rainbow (sexuality and gender diverse) population.

Compared to other New Zealanders, the rainbow population is at significantly higher risk of suicide due to experiences of social exclusion and discrimination.

Initiatives that aim to prevent suicide across the whole community are not likely to address these specific risk factors. Specific initiatives are needed to address discrimination and social exclusion, to provide appropriate support services and to build the capacity of rainbow communities to prevent suicide.

In this paper, we elaborate on this position and ask for specific assurance that the Government's suicide prevention programme will meet the needs of rainbow communities.

The rainbow population makes up a significant part of New Zealand society

"Rainbow" is an umbrella term that describes people who do not identify as heterosexual, or do not fit standard gender norms. This includes a range of sexual and gender identities, and encompasses:

- Sexual orientation other than heterosexual (for example gay, lesbian, bisexual, takatāpuiⁱ, queer)
- Diverse gender identity (for example trans, transgender, transsexual, takatāpui, whakawahine, tangata ira tane, fa'afafine, genderqueer, fakaleiti, leiti, akava'ine, fiafifine, vakasalewa, FtM, MtF)
- Diversity of reproductive or sexual anatomy (intersex)

There are limited statistics identifying the size of the rainbow population in New Zealand.

- For comparison, in Australia, 9% of adult men and 15% of women report same-sex attraction or having had sexual contact with someone of the same sex, although only approximately 2% identify as lesbian, gay or bisexual.ⁱⁱ
- At the 2006 Census, 12,300 people were living in a same-sex couple, representing about 1% of cohabiting couple relationships.ⁱⁱⁱ
- In a 2012 study of secondary school students across New Zealand, 4% of students reported that they were attracted to the same sex or both sexes, and about 1% of students reported that they were transgender^{iv}
- Recent international estimates of the prevalence of trans or gender diverse people lie between 1 in 500 people and 1 in 11,500.^v
- Estimates of the numbers of intersex people vary from 1 in every 300 people to 1 in 2000, depending on the conditions included.^{vi}

The disparities in health, mental health and suicidal outcomes experienced by the rainbow population affects not only these individuals, but their friends, family, whānau and communities.

The rainbow population is at higher risk of suicide compared with other New Zealanders

An overwhelming body of evidence shows that the rainbow population has significantly poorer mental health and is at much higher risk of suicide than other New Zealanders.

A report commissioned and published as part of the Ministry of Health's suicide prevention research fund last year found that gay, lesbian, bisexual, transgender and intersex people have higher lifetime risk for mental health problems including depression, anxiety, suicide and self harm, substance misuse and eating disorders^{vii}.

Youth'07, a study of New Zealand secondary school students, showed that one-fifth of same/both-sex attracted secondary school students had attempted suicide in the past year compared with 4% of their opposite-sex attracted peers^{viii}. Same and both sex attracted students had the highest rates of suicidality of any population identified in this study.

The Christchurch Health and Development Study found in 2005 that predominantly-homosexual men had over five times the rate of mental health problems compared with exclusively heterosexual men, including suicide attempts and suicidal ideation. 28.6% of gay men reported attempting suicide compared with 1.6% of straight men. 76.4% reported suicidal ideation compared with 10.9% of straight men^{ix}.

The Tranznation study looked at health and wellbeing issues for transgender people in Australia and New Zealand. One in four respondents to this study reported having suicidal thoughts in the last two weeks^x. A larger US study in 2011 found that 41% of transgender adults reported that they had attempted suicide, compared with 1.6% of the general population^{xi}.

A major international literature review published in 2011 concluded that research strongly indicates elevated risk of suicidal behaviour in lesbian, gay, bisexual, and transgender people internationally^{xii}.

Elevated risk of suicidality in the rainbow population is caused by discrimination and social exclusion

Sexual orientation, gender identity and body diversity are not the cause of the elevated risk of mental health problems and suicidality among the rainbow population. Rather, the increased risk is due to discrimination and exclusion as key determinants of health^{xiii}.

Discrimination and exclusion are wide-ranging, and can include^{xiv}:

- direct violence or bullying.
- homophobia or transphobia in families, communities and work settings.
- heterosexist discrimination – built-in assumptions in society and in law that favour people who do not fit under the rainbow umbrella.
- insults, threats and verbal abuse.
- sexual assault.
- secrecy and shame associated with intersex conditions and the medical procedures that have been associated with these.
- internalised homophobia or transphobia, or a lack of positive self-concept due to growing up in an environment that does not accept or validate an individual's identity.
- invisibility through heteronormative assumptions, for example within education, community and faith-based settings, or in services like primary health or mental health.

- lack of access to safe, effective health and mental health care due to limited practitioner understanding^{xv}.

Discrimination has direct negative effects on health outcomes. The Youth'07 study found that the health and wellbeing of many same or both-sex-attracted students was negatively affected by their social environment:

- more than half had been hit or physically harmed by another person in the previous 12 months.
- of those that had been bullied, a third had been bullied because they were gay or people thought they were gay, and one in five continued to be afraid that someone would hurt or bother them at school.
- the majority had not 'come out' to others, and most same/both-sex-attracted students felt that they could not talk to their family about their sexuality.
- twice as many same or both sex-attracted as opposite-sex-attracted students had run away from home overnight^{xvi}.

A study on bullying of lesbian, gay and bisexual New Zealanders found that the effects of bullying can be lifelong, and can include lower educational attainment, income and levels of satisfaction with LGB identity^{xvii}.

Local and international research also indicates that when rainbow individuals experience mental health problems or suicidality, they may experience discrimination or lack of understanding within health services. This creates barriers to receiving effective support towards recovery^{xviii}.

Whole-population approaches will not reduce elevated suicide risk for the rainbow population

The need to consider suicide prevention issues specific to the rainbow population was noted in both the New Zealand Suicide Prevention Strategy 2006-2016^{xix} and the previous Action Plan 2008-2012^{xx}. Mental health problems among gay and lesbian young people were acknowledged last year in the Prime Minister's statement on youth mental health^{xxi}.

The actions outlined in the New Zealand Suicide Prevention Action Plan are designed to reduce risk within the whole of New Zealand's population, with a particular emphasis on Māori and Pasifika. Your letter of 25 July 2013 stated that "The Plan is for all New Zealanders, including population groups who are likely to be at a higher risk of suicide.... Services and programmes are expected to be relevant, accessible, and delivered to people in a way that affirms, values and respects each person's self-identity and community identity."

This statement is reassuring. Ensuring that programmes are delivered in ways that are respectful and inclusive will help to ensure rainbow individuals who are experiencing suicidal thoughts are supported effectively.

However, elevated suicide risk within the rainbow population is linked to the specific types of discrimination and exclusion that this population faces. Addressing this elevated risk requires specific approaches to change social attitudes and behaviours. Examples of specific approaches include:

- interventions such as public awareness campaigns designed to counter stigma and discrimination and reduce inequalities.
- mental health promotion focused on the rainbow population, and rainbow visibility within whole-population mental health promotion programmes.
- diversity education in schools.
- health and mental health services provided in a safe and appropriate way.
- rainbow-specific support services that can help an individual through specific life stages including 'coming out' or gender transition.
- community development to build capacity and capability for rainbow communities to prevent suicide, including building and resourcing community leadership.
- specific research for and with rainbow communities to understand risk and protective factors and effective points of intervention.

Suicide rates in New Zealand have decreased since the 1990s: the 2010 suicide rate was 23.6% below the peak rate in 1998, and the youth suicide rate has declined by 38.3% since the peak rate in 1995^{xxii}.

However, the very limited data we have suggests that suicidal behaviours have not decreased for the rainbow population. In the Youth'07 study, researchers saw an increase in opposite-sex attracted students who felt happy or satisfied with life and a decrease in suicide attempts between 2001 and 2007. The same improvements were not seen for same or both-sex attracted students^{xxiii}.

We seek explanation of how rainbow community needs are being specifically considered and addressed through the Government's suicide prevention programme

We seek explanation of how the Action Plan will be implemented in ways that address elevated suicide risk for the rainbow population. In particular, we seek:

Examples of how rainbow populations are being specifically considered in planning for each of the new initiatives, demonstrated through specific activities, KPIs and outcomes defined in service contracts, and specific inclusion in funding criteria and planning outlines for new initiatives. For example, will rainbow communities be represented on selection panels for new initiatives as they are tendered, as we have seen in initiatives through the Prime Minister's Youth Mental Health Project?

Advice as to whether the initiatives identified within the Action Plan will include specific funding or criteria targeting rainbow communities. For example:

- Action area 1 focuses on building the capacity of communities to prevent suicide. Will any initiatives under this action area focus on building the capacity of rainbow communities? Will initiatives that focus on Māori and Pasifika communities be required to consider rainbow issues specifically within their work?
- Action 2.2 refers to development of a toolkit for district health boards with guidance about best practice for preventing suicide. Will this resource include guidance about developing health workforce competency in providing health and mental health services to the rainbow population?
- Action area 5 supports communities to respond following suicides. Does this refer only to geographic communities, or would services work with rainbow communities, which may be geographically dispersed?
- Action area 6 focuses on improving services and support for people experiencing mental health problems and alcohol or other drug problems. Will primary health care practitioners and emergency department workers receive training on issues specific to rainbow populations?
- Action areas 7 and 8 refer to improving services and support for young people in contact with Child, Youth and Family (CYF), and people in prison. Will this work include awareness and diversity training for CYF carers, justice staff and social work practitioners?
- Action area 11 aims to make better use of government data on suicide and self-harm. Does this include scope for collecting or analysing data about sexuality or gender identity to improve understanding of risk factors specific to this population?

Assurance that rainbow community organisations will be considered as key stakeholders in planning around suicide prevention programmes and initiatives. As a population that experiences significantly higher suicide risk than other New Zealanders, it is appropriate that rainbow perspectives should be consistently and routinely included in planning and consultation.

About the authors of this paper

This briefing paper was written by a group of organisations, researchers and individuals who work in the area of wellbeing, mental health and suicide prevention with rainbow communities in New Zealand.

We include: Rainbow Youth, OUTLine NZ, GenderBridge, Intersex Trust Aotearoa New Zealand, New Zealand AIDS Foundation, Affinity Services, Mental Health Foundation of New Zealand, Dr Mathijs Lucassen (Executive Advisor to the Rainbow Youth Board), Associate Professor Mark Henrickson (PhD, RSW), Dr John Fenaughty and Warren Lindberg (MNZM, Chief Executive of the Public Health Association of New Zealand)

References

- ⁱ "Takatāpui as a self-descriptor is being increasingly "embraced by gay men, lesbian women and transgendered people who also identify as Māori" (Te Awekotuku) and "encompasses something more than the modern word "gay"" (Herewiri and Sheridan) – both cited in Henrickson, M. (2006). *Kō wai ratou? Managing multiple identities in lesbian, gay and bisexual New Zealand Māori*. *New Zealand Sociology*, 21(2), 251-273.
- ⁱⁱ Smith, A. et al. (2003) Sex in Australia: Sexual Identity, Sexual Attraction and Sexual Experience Among a Representative Sample of Adults. *Australian and New Zealand Journal of Public Health*, 27(2): 138-145 cited in Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. Sydney, Australia: National LGBTI Health Alliance.
- ⁱⁱⁱ Statistics New Zealand, (2010). *Characteristics of same-sex couples in New Zealand*. Wellington, New Zealand: Statistics New Zealand.
- ^{iv} Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). *Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland.
- ^v Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. Sydney, Australia: National LGBTI Health Alliance.
- ^{vi} World Health Organization. (2013). *Gender and Genetics: Genetic Components of Sex and Gender*. Online: <http://www.who.int/genomics/gender/en/index1.html>
- ^{vii} Adams, J., Dickinson, P. and Asiasiga, L. (2012) *Mental health promotion and prevention services to gay, lesbian, bisexual, transgender and intersex populations in New Zealand: Needs assessment report*. Auckland: Te Pou.
- ^{viii} Rossen, F.V., Lucassen, M.F.G., Denny, S. & Robinson, E. (2009). *Youth'07 the health and wellbeing of secondary school students in New Zealand: Results for young people attracted to the same sex or both sexes*. Auckland: The University of Auckland.
- ^{ix} Fergusson DM, Horwood LJ, Ridder EM, Beautrais AL. (2005) Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine*, 2005; 35(7): 971-981.
- ^x Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A. & Patel, S. (2007) *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne, Australia: Australian Research Centre in Sex, Health & Society, La Trobe University.
- ^{xi} Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., and Keisling, M. (2011) *Injustice at every turn: A report of the national transgender discrimination survey*, Executive Summary. Washington, USA: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- ^{xii} Haas, A.P., Eliason, M., Mays, V.M., Mathy, R.M., Cochran, S.D., D'Augelli, A.R., Silverman, M.M., Fisher, P.W., Hughes, T., Rosario, M., Russell, S.T., Malley, E., Reed, J., Litts, D.A., Haller, E., Sell, R.L., Remafedi, G., Bradford, J., Beautrais, A.L., Brown, G.K., Diamond, G.M., Friedman, M.S., Garofalo, R., Turner, M.S., Hollibaugh, A., Clayton, P.J. (2011) Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of Homosexuality*. 2011;58(1):10-51.
- ^{xiii} Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. Sydney, Australia: National LGBTI Health Alliance, and Fenaughty, J. (2000). *Life on the*

seesaw – An assessment of suicide risk and resiliency for bisexual and gay male youth in Aotearoa/New Zealand. Unpublished master's thesis, The University of Auckland.

^{xiv} Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. Sydney, Australia: National LGBTI Health Alliance

^{xv} Research exploring this type of discrimination includes Neville, S. & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.;

Henrickson, M., Neville, S., Jordan, C., & Donaghey, S. (2007): Lavender Islands: The New Zealand study. *Journal of Homosexuality*, 53 (4), 223-248.;

and Birkenhead, A. & Rands, D. (2012) and *Let's talk about sex... (sexuality and gender): Improving mental health and addiction services for Rainbow Communities*. Auckland: Auckland District Health Board, OUTline and Affinity Services.

^{xvi} Rossen, F.V., Lucassen, M.F.G., Denny, S. & Robinson, E. (2009). *Youth'07 the health and wellbeing of secondary school students in New Zealand: Results for young people attracted to the same sex or both sexes*. Auckland: The University of Auckland.

^{xvii} Henrickson, M. (2008). "You have to be strong to be gay": Bullying and educational attainment in LGB New Zealanders. *Journal of Gay and Lesbian Social Services*, 19 (3/4), 67-85. doi 10.1080/10538720802161565. Co-published as a chapter in J. Sears (Ed.), *Homophobic Bullying*. New York: Haworth Press.

^{xviii} Birkenhead, A. & Rands, D. (2012) *Let's talk about sex... (sexuality and gender): Improving mental health and addiction services for Rainbow Communities*. Auckland: Auckland District Health Board, OUTline and Affinity Services.

^{xix} Associate Minister of Health, (2006) *The New Zealand Suicide Prevention Strategy 2006–2016*. Wellington: Ministry of Health.

^{xx} Ministry of Health, (2008) *New Zealand Suicide Prevention Action Plan 2008–2012: The Summary for Action*. Wellington: Ministry of Health.

^{xxi} Rt Hon John Key, Prime Minister (2012) Speech to Auckland University Youth Health & Wellbeing Symposium. Published online at: <http://www.national.org.nz/Article.aspx?ArticleID=38248>

^{xxii} Ministry of Health, (2012), *Suicide Facts: Deaths and intentional self-harm hospitalisations 2010*. Wellington: Ministry of Health.

^{xxiii} Rossen, F.V., Lucassen, M.F.G., Denny, S. & Robinson, E. (2009). *Youth'07 the health and wellbeing of secondary school students in New Zealand: Results for young people attracted to the same sex or both sexes*. Auckland: The University of Auckland.

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