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LGBTQA+ MENTAL HEALTH AND SUICIDALITY

SOUTH AUSTRALIA BRIEFING PAPER

LA TROBE UNIVERSITY

Australian Research Centre in Sex, Health and Society

EXECUTIVE SUMMARY

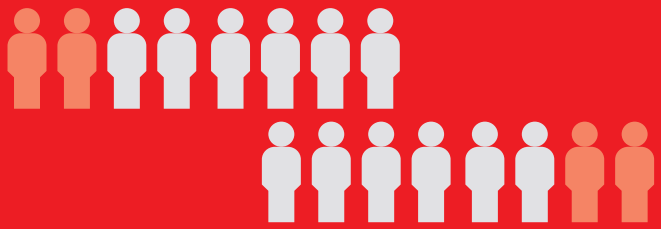
Levels of mental ill-health and suicidality are very high among both LGBTQA+ adults and young people in South Australia.

Lifetime suicidal ideation was prevalent for 76.6% of LGBTQA+ adults and 83.0% of LGBTQA+ young people, with 43.5% of adults and 62.3% of young people reporting recent suicidal ideation.

35.0% of LGBTQA+ adults and 26.2% of LGBTQA+ young people have attempted suicide at least once in their lifetime, and 4.5% of adults and 10.6% of young people have reported a recent suicide attempt.

Poorer mental health or social well-being indicators were noted among trans and gender diverse individuals, those from multicultural backgrounds, and individuals with a disability.

A large proportion of LGBTQA+ young people (65.6%) had self-harmed at some point in their lives.



COMPARISONS BETWEEN SA AND OTHER STATES AND TERRITORIES

While adult LGBTQA+ populations in SA **reported similar rates of mental health concerns** (e.g., psychological distress) and suicidality as their counterparts in all other jurisdictions, SA residents were less likely to report feeling like they belong to the broader LGBTQA+ community.

Similarly, LGBTQA+ adolescents and young people in SA had similar mental health concerns (across most outcomes) and levels of suicidality as their counterparts in all other states and territories. **Young LGBTQA+ people from SA were, however, more likely to report having higher levels of anxiety.**

Risk factors for mental ill-health or suicidality included having experienced verbal, physical, or sexual harassment, as well as having experienced domestic violence or homelessness.

Protective factors against mental ill-health or suicidality included feeling accepted from family members. Additionally, the majority of LGBTQA+ adults (55.6%) felt that participating in the LGBTQA+ community was a positive thing for them.

Both findings provide strong support for expanding service accessibility and inclusion for populations of special interest in SA.

1. INTRODUCTION

Suicidality and mental ill-health are serious concerns that impact all parts of the population in Australia, although some are disproportionately affected. LGBTQA+ people are recognised in numerous Commonwealth, State and Territory mental health and suicide prevention strategies or action plans.

However, LGBTQA+ people continue to face barriers to accessing affirming healthcare and, to-date, limited comprehensive data exists on the mental health and healthcare experiences of LGBTQA+ people. This briefing paper outlines findings from three major surveys of LGBTQA+ people and aims to:

1. Highlight the extent and nature of mental ill-health and suicidality among LGBTQA+ young people and adults in South Australia (SA).
2. Explore the factors that can put people at greater risk of suicide or mental ill-health, as well as those that reduce their risk of suicide.
3. Examine mental health service engagement and preferences among LGBTQA+ people in SA.
4. Draw comparisons between experience of LGBTQA+ people in SA compared to other jurisdictions in Australia, and where possible, comparisons between LGBTQA+ people in SA to the general population using the latest data from the Australian Bureau of Statistics (ABS; 2022-2022).

1.1 SURVEYS AND DATA COLLECTION

This briefing paper draws on data from three surveys of LGBTQA+ people in Australia, summarised in the table below.

Survey	Age range	Year of data collection	National sample	SA sample
Private Lives 3	Adults aged 18+	2019	6,481	434
Writing Themselves In 4	Young people aged 14–21	2019	6,418	640
Pride and Pandemic	Adults aged 18+	2020	3,135	205

Each survey included a range of questions related to mental health outcomes, experiences of suicidal ideation or suicide attempt as well as experiences accessing professional mental health support, or preferences for how/where such support is provided in the future.

Questions about the broader life circumstances and experiences of LGBTQA+ people, such as their demographic characteristics, their prior experiences of LGBTQA+–related stigma, discrimination, and abuse, and positive and identity-affirming factors in their lives were also asked.

The samples were each diverse in terms of ethnicity, area of residence, and disability, as reflected in Table 1. We were able to use all these data to help address the aims outlined above.

Given that the sample sizes for *Private Lives 3* (**PL3**) and *Writing Themselves In 4* (**WTI4**) are considerably larger, we prioritise reporting data from these surveys. However, where there is additional nuance and understanding that can be derived, findings from *Pride and Pandemic* (**P&P**) are also reported.

1.2 UNDERSTANDING AND INTERPRETING THIS REPORT

Whilst this report provides a comprehensive overview pertaining to the above aims, it cannot capture the full breadth of the lived experiences of LGBTQA+ adults and young people. For instance, smaller sample sizes among some populations makes comparative analyses limited. Similarly, the intersectional experiences of Aboriginal and Torres Strait Islander LGBTQA+ participants are documented in their own, separate report (please see here for more information). Below are some other considerations to keep in mind when reading and interpreting this report:

- **LGBTQA+ acronym:** Within this report we use the term LGBTQA+ to refer to people who identify as lesbian, gay, bisexual, trans, queer, and/or asexual. The '+' reflects our engagement with others who identify as same or multigender attracted or gender diverse but who use a wide range of different identity terms.
- **Statistics within the report:** Throughout this report you will also find certain statistics to help highlight the strengths and importance of the findings. Most of these are presented in tables, but some are also reported next to each noted finding:
  - 'N' represents the number of responses and % represents the percentage of these responses in relation to those who provided an answer to that specific question (note: most survey items were not mandatory and could be skipped over by participants if they were not comfortable to answer, while some questions were only presented to participants if they had answered affirmatively to previous questions, hence some variables pertain smaller sample sizes).
  - You will also see statistics labelled as 'OR' ('odds ratio') which represent the relative strength of findings from logistic regression analyses, which were conducted to measure factors that may be associated with mental health or suicidality outcomes. The ORs can be interpreted as a stronger increase in the likelihood of that finding when the OR is greater than 1, and a stronger decrease in the likelihood of that finding when the OR is less than 1. We present the ORs alongside their 'confidence intervals' ('CIs'), which represent the degree of confidence in the reported OR.

2. DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of SA participants for each survey is summarised in the table below.

Table 1. Demographic characteristics of SA participants

	PL3 (N=434)		WTI4 (N=640)		P&P (N=205)	
	N	%	N	%	N	%
Sexual orientation						
Lesbian	92	21.2	80	12.5	46	24.1
Gay	112	25.8	97	15.2	48	25.1
Bisexual	104	24.0	220	34.5	36	18.8
Pansexual	30	6.9	79	12.4	13	6.8
Queer	38	8.8	48	7.5	25	13.1
Asexual	16	3.7	34	5.3	10	5.2
Something else	42	9.7	80	12.5	13	6.8
Gender identity						
Cisgender man	134	31.4	110	17.5	60	31.1
Cisgender woman	191	44.7	334	53.1	78	40.4
Trans man	30	7.0	43	6.8	12	6.2
Trans woman	18	4.2	8	1.3	14	7.3
Non-binary	54	12.6	134	21.3	29	15.0
Race/ethnicity						
Anglo-celtic	344	93.0	251	41.5	113	58.2
Multicultural	26	7.0	354	58.5	81	41.8
Mental health diagnosis (lifetime)						
Yes	312	76.7	385	63.7	134	66.7
No	95	23.3	219	36.3	67	33.3
Disability						
Yes	225	53.8	237	41.9	116	60.1
No	193	46.2	329	58.1	77	39.9

OTHER VALUABLE DATA SOURCES

Whilst this report only aimed to document findings from **PL3**, **WTI4**, and **P&P**, as their sample sizes provided us the ability to run state and territory specific analyses, it is also worth mentioning some other notable data sources on LGBTQA+ health and well-being in Australia. See below for a brief overview of these data reports indicating some comparable statistics to the ones reported in the current report:

National Study of Mental Health and Wellbeing, 2020-2022 (LGBTQA+ data):

- 47.8% of LGB+ cisgender adults, 79.6% of non-binary adults, and 28.5% of trans adults reported having suicidal ideation at least once in their lifetime
- 74.5% of LGB+ cisgender adults, 85.2% of non-binary adults, and 43.9% of trans adults reported a lifetime mental illness
- 46.8% of LGB+ cisgender adults, 70.4% of non-binary adults, and 28.7% of trans adults accessed a mental health professional support service in the previous 12 months

Trans in the Pandemic (TRANSform), 2020:

- 1,019 trans community members from Australia sampled
- 49% of the sample reported experiencing recent suicidal ideation
- 61% reported having clinically significant levels of depression recently
- 38% had accessed or sought support from professional mental health support services

Trans Pathways, 2016-2017:

- 859 trans and gender diverse young people from Australia sampled
- 48.1% of trans and gender diverse young people reported having ever attempted suicide
- 74.6% reported having been diagnosed with depression
- 60.1% reported that they felt isolated from mental health support services

For more in-depth information on relevant data of LGBTQA+ people in Australia, please see the 2024 *Rainbow Realities* report.

3. MENTAL ILL-HEALTH AND SUICIDALITY AMONG LGBTQA+ PEOPLE IN SA

The vast majority of LGBTQA+ adults from **PL3** (76.7%) and LGBTQA+ young people from **WTI4** (63.7%) reported a lifetime mental health diagnosis.

Participants across all surveys were also asked if they had ever experienced suicidal ideations (thoughts, feelings, ideas, desires) or attempted suicide. They were also asked about whether they had recently (in the last 12 months) experienced either. Those who felt uncomfortable answering these questions were given the option to skip these questions.

THE BROADER CONTEXT

Among general community members residing in SA (aged 16-85 years),

40.0%

report having a lifetime mental illness (ABS, 2022-2022).

Table 2. Mental health outcomes among SA participants

	PL3 (N=434)		WTI4 (N=640)		P&P (N=205)	
	N	%	N	%	N	%
Psychological distress (K10)						
Low	88	20.6	41	6.5	37	18.0
Moderate	76	17.8	82	12.9	27	13.2
High	114	26.6	177	27.9	64	31.2
Very high	150	35.0	335	52.8	77	37.6
Generalised anxiety (GAD-7)						
Mild	N/A		120	19.0	N/A	
Moderate			171	27.1		
Moderately Severe			181	28.6		
Severe			160	25.3		
Lifetime suicidal ideation						
Yes	320	76.6	502	83.0	159	81.5
No	98	23.4	103	17.0	36	18.5
Recent (<12 months) suicidal ideation						
Yes	182	43.5	377	62.3	120	61.5
No	236	56.5	228	37.7	75	38.5
Lifetime suicide attempt						
Yes	118	35.0	156	26.2	75	39.1
No	219	65.0	440	73.8	117	60.9
Recent (<12 months) suicide attempt						
Yes	15	4.5	63	10.6	19	9.9
No	322	95.5	533	89.4	172	90.1
Lifetime self-harm ideation						
Yes	N/A		512	84.1	N/A	
No			97	15.9		
Recent (<12 months) self-harm ideation						
Yes	N/A		384	63.1	N/A	
No			225	36.9		

Table 2. Mental health outcomes among SA participants

	PL3 (N=434)		WTI4 (N=640)		P&P (N=205)	
	N	%	N	%	N	%
Lifetime self-harm						
Yes	N/A		395	65.6	114	59.4
No			207	34.4	78	40.6
Recent (<12 months) self-harm						
Yes	N/A		241	40.0	56	29.2
No			361	60.0	136	70.8

3.1 SUICIDAL IDEATION

For many LGBTQA+ SA residents, suicidal ideations seem to be a recurrent or even ongoing experience. For LGBTQA+ adults in SA (**PL3**), the vast majority (76.6%) reported ever experiencing suicidal ideation within their lifetime, with just under half (43.5%) reporting recent suicidal ideation. Similarly high proportions of LGBTQA+ young people from SA (**WTI4**) reported lifetime (83.0%) suicidal ideation. However, the rate of recent suicidal ideation was much higher for LGBTQA+ young people in SA compared with LGBTQA+ adults, with an observed rate of 62.3% for **WTI4** participants.

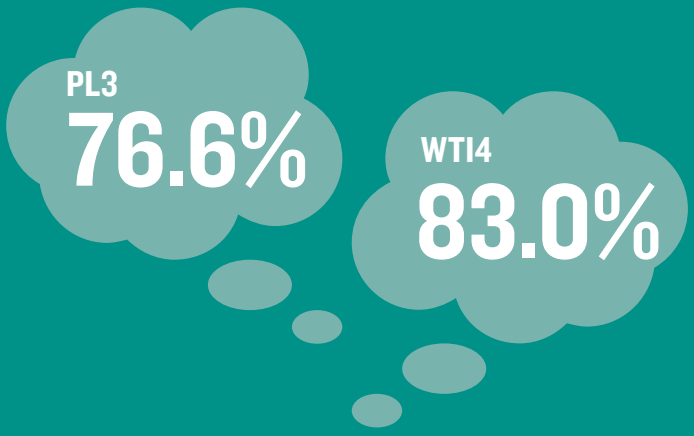
THE BROADER CONTEXT

Among general community members in Australia (aged 16-85 years),

3.3%

report having recent suicidal ideation (ABS, 2022-2022).

LIFETIME SUICIDAL IDEATION



The vast majority of LGBTQA+ adults and young people from SA reported lifetime experiences of suicidal ideation.

- Rates of suicidal ideation among multicultural LGBTQA+ adults from **PL3** seemed comparable to those with solely Anglo-Celtic ancestry. These comparable results were also observed among LGBTQA+ young people from **WTI4**, where no differences between multicultural and Anglo-Celtic young people emerged.
- **PL3** participants with a disability were more likely to report both recent (OR=2.99, CI=1.98-4.53) and lifetime (OR=3.40, CI=2.09-5.51) suicidal ideation than LGBTQA+ adults without disabilities. This finding was also mirrored among LGBTQA+ young people from **WTI4** such that young LGBTQA+ people with a disability were much more likely than those without to have experienced suicidal ideation either recently (OR=3.73, CI=2.54-5.47) or in their lifetime (OR=3.94, CI=2.28-6.81).

- Trans and gender diverse **PL3** participants were more likely to report both recent (OR=2.74, CI=1.73-4.34) and lifetime (OR=5.47, CI=2.44-12.24) suicidal ideation than cisgender participants. Similarly, trans and gender diverse young people from **WTI4** were more likely than their cisgender counterparts to have either recently (OR=2.80, CI=1.87-4.18), or in their lifetime (OR=4.79, CI=2.43-9.44), had suicidal ideation.

3.2 SUICIDE ATTEMPTS

Attempts to take one's own life are of serious concern. These were elevated among both LGBTQA+ adults and LGBTQA+ young people in SA.

- Over one third (35.0%) of **PL3** participants in SA stated that they had ever attempted suicide, with a smaller proportion of LGBTQA+ adults in SA (4.5%) reporting a recent suicide attempt.
- Similarly, 26.2% of **WTI4** participants in SA reported having ever attempted suicide, with a smaller minority (10.6%) reporting that they had recently (<12 months) attempted suicide.
- No differences between multicultural adults and Anglo-Celtic adults from **PL3** were observed for reported rates of suicide attempts. Comparable results were found for **WTI4** participants, such that no differences between these groups of participants were observed for lifetime or recent suicide attempts.

THE BROADER CONTEXT

Among general community members in Australia (aged 16-85 years),

0.3%

report having recently attempted suicide (ABS, 2022-2022).

LIFETIME SUICIDE ATTEMPTS

PL3 **35.0%**

WTI4 **26.2%**

Over one-third of LGBTQA+ adults and over one-quarter of LGBTQA+ young people from SA have attempted suicide in their lifetime.

- LGBTQA+ adults with a disability from **PL3** were more likely to have attempted suicide either recently (OR=4.98, CI=1.10-22.43) or in their lifetime (OR=3.12, CI=1.88-5.16) compared with LGBTQA+ adults without a disability. Similarly, LGBTQA+ young people with a disability (**WTI4**) were more likely than those without a disability to have attempted suicide either in their lifetime (OR=2.85, CI=1.92-4.25) or recently (OR=2.12, CI=1.19-3.76).
- Similarly to suicidal ideation, trans and gender diverse adults from **PL3** were more likely than cisgender participants to have attempted suicide in their lifetime (OR=3.72, CI=2.23-6.20). However, no differences between these groups of participants were observed for recent suicide attempts. A similar pattern of findings pertained to trans and gender diverse young people from **WTI4**. Compared with young cisgender participants, young trans and gender diverse participants were more likely to have attempted suicide both in their lifetime (OR=1.91, CI=1.29-2.81) and recently (OR=2.43, CI=1.42-4.14).

3.3 SELF-HARM

Self-harming behaviours are strongly linked to suicidal ideation and suicide-related behaviours, and are even thought to be a prelude to suicide attempts (Duarte et al., 2020). Adolescents' who engage in a diversity of methods of self-harm often engage in a similarly diverse range of suicide-related behaviours (Duarte et al., 2020). Apart from predicting suicide risk, self-harm can also sometimes result in accidental death (Hawton et al., 2020).

Data about self-harm were captured in both **WTI4** and **P&P** surveys.

Key findings:

- About two-thirds of **WTI4** participants (65.6%) reported having engaged in self-harm at some point in their lives, and over a third (40.0%) of LGBTQA+ young people reported recently engaging in self-harm (i.e. in the last 12 months).

LIFETIME ENGAGMENT WITH SELF-HARM

WTI4

65.6%

RECENT ENGAGMENT WITH SELF-HARM

WTI4

40.0%

High proportions of LGBTQA+ young people from SA reported engaging in self-harm either recently or in their lifetime.

THE BROADER CONTEXT

Among general community members of young people in Australia (aged 16-24 years),

6.0%

report having recently self-harmed (ABS, 2022-2022).

- There were high rates of self-harm ideation among **WTI4** participants, with 84.1% stating that they had ever thought about harming themselves, and 63.1% reporting that they had recently had these thoughts.

- Trans and gender diverse (compared with cisgender) participants from **WTI4** (OR=3.66, CI=2.35-5.70), as well as LGBTQA+ young people with a disability (compared to those without) (OR=3.72, CI=2.51-5.53), were more likely to report lifetime experiences of self-harm. No differences in the rate of lifetime self-harm were observed when comparing multicultural and Anglo-Celtic participants from **WTI4**.

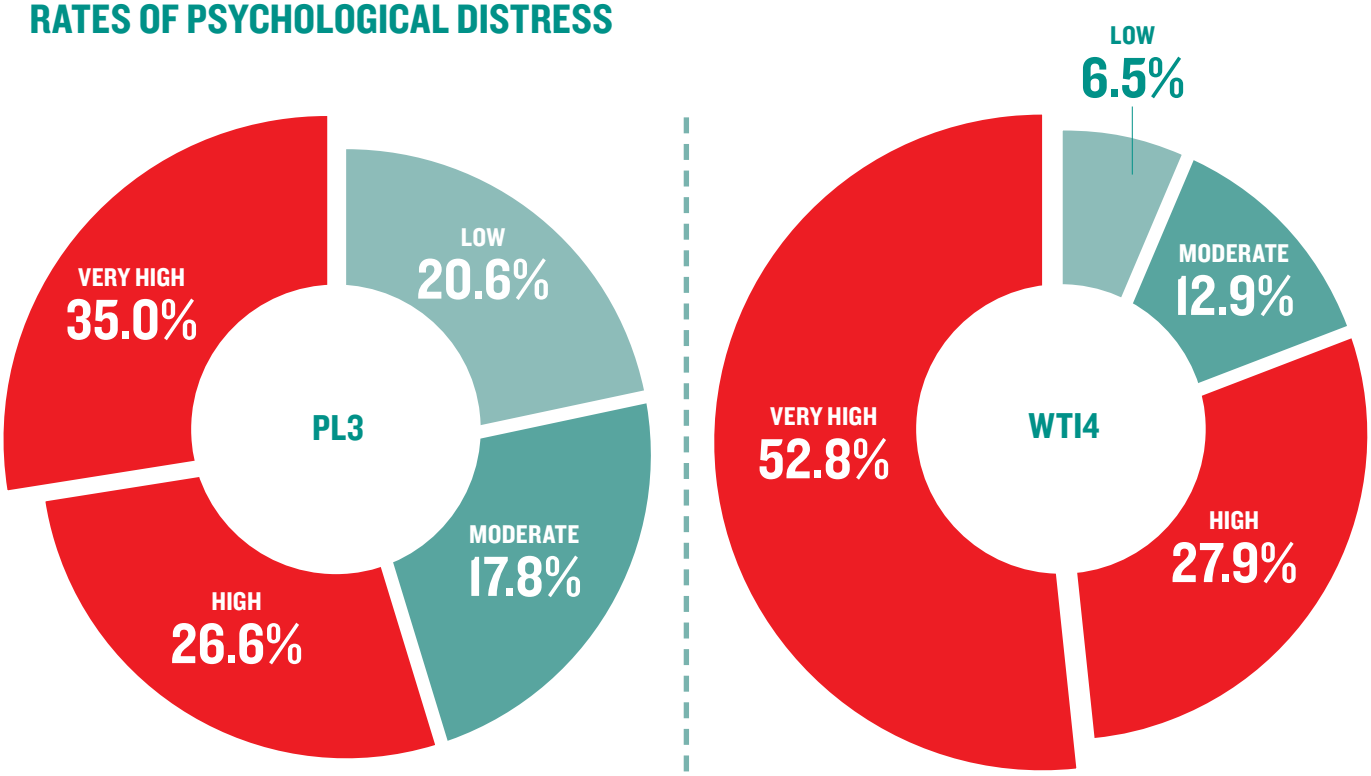
Suicidality insights from P&P:
Comparable rates of suicidality concerns between LGBTQA+ adults in **PL3** and LGBTQA+ adults during the Covid-19 pandemic (**P&P**) were observed. Specifically, most **P&P** participants (81.5%) reported having suicidal ideation in their lifetimes, and 61.5% reported suicidal ideation within the pandemic. Similarly to **PL3** participants, over one-third (39.1%) of LGBTQA+ adults from **P&P** reported having ever attempted suicide in their lifetime, with 9.9% reporting a recent suicidal attempt occurring during the pandemic.

3.4 PSYCHOLOGICAL DISTRESS

Psychological distress refers to a state of emotional anguish that leads to difficulties in coping with everyday life. For LGBTQA+ people, common causes of increased psychological distress stem from the stigma and discrimination experienced within their environments. Both consistently and even transiently high levels of non-specific psychological distress are strongly linked to suicide risk (Rainbow, 2021). Psychological distress was measured using the K-10 instrument, which groups scores into 4 categories: Low, Moderate, High, and Very High. Past research indicates that High and Very High levels of psychological distress are clinically significant.

- Severity of psychological distress among **PL3** participants from SA appeared evenly distributed between all 4 categories. Cumulatively, however, nearly two-thirds (61.7%) of **PL3** participants reported either High or Very High psychological distress.
- High or Very High psychological distress was more likely to be reported by **PL3** participants who had a disability (OR=3.86, CI=2.54-5.85) compared to those without a disability, and also among trans and gender diverse participants (OR=2.32, CI=1.40-3.83) compared with cisgender participants. Anglo-Celtic and multicultural participants did not differ on levels of psychological distress.
- In **WTI4**, most LGBTQA+ young people (80.6%) reported having either High or Very High levels of psychological distress.
- The rates of reporting High or Very High psychological distress were significantly elevated for trans and gender diverse young people in **WTI4** (compared with cisgender participants) (OR=2.47, CI=1.47-4.12), as well as for young LGBTQA+ participants with a disability (compared to those without) (OR=3.83, CI=2.34-6.26). No differences between multicultural and Anglo-Celtic young people were observed for rates of psychological distress in **WTI4**.

RATES OF PSYCHOLOGICAL DISTRESS



Over half of LGBTQA+ adults, and the vast majority of LGBTQA+ young people from SA reported experiencing high or very high levels of psychological distress.

Psychological distress insights from P&P: Similarly to PL3 participants, the majority (68.8%) of LGBTQA+ adults during the Covid-19 pandemic (P&P) reported having either high or very high levels of psychological distress.

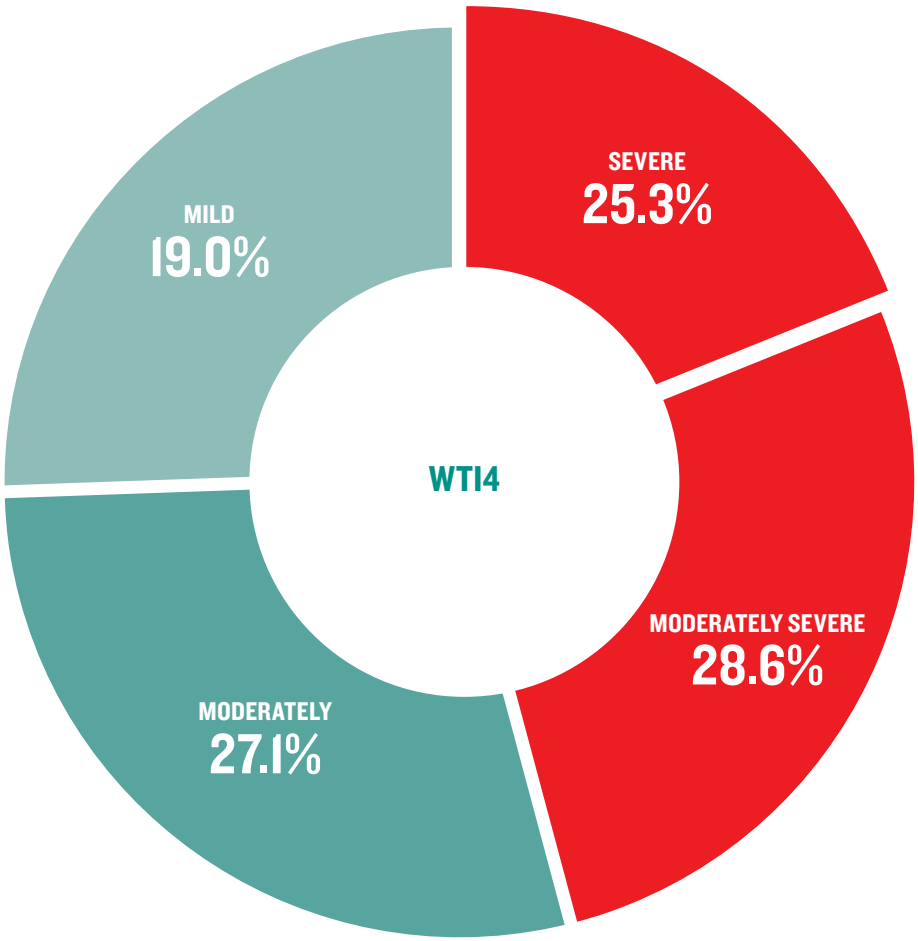
3.5 GENERALISED ANXIETY DISORDER QUESTIONNAIRE (GAD-7)

Anxiety-related disorders are strongly associated with suicide risk, and often reflect environmental factors like trauma, abuse, uninvolved parenting, and ongoing stress (Kalin, 2021). The prevalence of anxiety-related symptoms among LGBTQA+ young people can serve as a barometer for these factors, which are themselves strongly associated with suicide risk.

Anxiety symptoms were assessed among WTI4 participants using the GAD-7. Scores are grouped into 4 bands: Mild, Moderate, Moderately Severe and Severe. Individuals displaying Moderately Severe and Severe levels of anxiety may be at risk for developing an anxiety disorder.

- Over three-quarters (76.3%) of WTI4 participants reported having at least Moderate levels of anxiety, suggesting elevated levels of anxiety among participants.
- Whilst there were no differences between multicultural and Anglo-Celtic participants on reported anxiety, both trans and gender diverse (compared with cisgender) (OR=1.78, CI=1.42-2.23) and LGBTQA+ young people with a disability (compared to those without) (OR=3.12, CI=2.51-3.87) were significantly more likely to report either Moderately Severe or Severe anxiety.

LEVELS OF ANXIETY SYMPTOMS AMONG WTI4 PARTICIPANTS



Nearly half of LGBTQA+ young people in SA reported either moderately-severe or severe levels of generalised anxiety symptoms.

4. RISK FACTORS

Certain factors place people at higher risk of poor mental health, and at a higher likelihood of having attempted or considered suicide. These are referred to as 'risk factors'. In this section we outline the nature and prevalence of the risk factors that our data tell us are significantly associated with poor mental health and suicidality among LGBTQA+ people in SA.

Table 3. Risk factors among SA participants

	PL3 (N=434)		WTI4 (N=640)		P&P (N=205)	
	N	%	N	%	N	%
Verbal harassment (last 12 months)						
Yes	129	33.9	240	39.3	N/A	
No	251	66.1	370	60.7		
Physical harassment (last 12 months)						
Yes	11	3.0	50	9.4	N/A	
No	354	97.0	484	90.6		
Sexual harassment (last 12 months)						
Yes	48	13.1	127	22.6	N/A	
No	319	86.9	434	77.4		
Intimate partner violence (lifetime)						
Yes	219	57.3	N/A		41*	21.7*
No	163	42.7			148*	78.3*
Homelessness (lifetime)						
Yes	85	19.6	146	23.0	35	17.2
No	349	80.4	489	77.0	169	82.8
Family violence (lifetime)						
Yes	279	69.4	N/A		73*	37.8*
No	123	30.6			120*	62.2*
Treated unfairly due to sexual orientation						
Yes	220	52.3	N/A		N/A	
No	201	47.7				
Treated unfairly due to gender identity						
Yes	88	75.2	N/A		N/A	
No	29	24.8				

Table 3. Risk factors among SA participants

	PL3 (N=434)		WTI4 (N=640)		P&P (N=205)	
	N	%	N	%	N	%
Treated unfairly due to race or ethnicity						
Yes	70	16.2	N/A		N/A	
No	361	83.8				
Treated unfairly due to disability						
Yes	124	55.4	N/A		N/A	
No	100	44.6				

Notes. *In P&P this was assessed 'During the pandemic' (not 'lifetime')

4.1 EXPERIENCES OF HARASSMENT, ABUSE, AND UNFAIR TREATMENT

All forms of abuse and unfair treatment are significantly associated with lifetime suicide attempts. This is a fact reflected both within our findings, as well as a large body of existing research.

Among **PL3** participants, lifetime suicide attempts were more common among LGBTQA+ adults who experienced:

- Verbal abuse (OR=2.75, CI=1.68-4.52) – name-calling, verbal harassment, and insults
- Sexual abuse and violence (OR=4.55, CI=2.21-9.37) – force or unwanted sexual interaction
- Unfair treatment due to their sexual and/or gender identity (OR=2.98, CI=1.82-4.89), or disability (OR=2.88, CI=1.57-5.26)

Abuse and unfair treatment negatively impact mental health outcomes. Understanding which LGBTQA+ subgroups are most likely to experience these factors can also help us locate areas of greatest need within the community.

One third (33.9%) of LGBTQA+ adults reported experiencing some form of verbal abuse targeting their sexual orientation or gender identity in the past 12 months. Fewer participants reported recent experiences of sexual assault (13.1%) and physical violence (3.0%). However, these figures are likely underreported because of the stigma attached to experiencing victimization. Most participants reported that they had recently experienced unfair treatment targeting either their sexual orientation (52.3%) or gender identity (75.2%).

- Participants with a disability (compared to those without) were more likely to experience verbal (OR=1.87, CI=1.20-2.91) and sexual (OR=2.18, CI=1.11-4.28) harassment, but were equally likely to have experienced physical harassment compared to those without a disability.
- Similarly, trans and gender diverse adults, compared with cisgender participants, were more likely to have experienced verbal (OR=2.48, CI=1.51-4.08) and sexual (OR=2.35, CI=1.21-4.53) forms of harassment, but were equally likely to have experienced physical harassment compared to cisgender adults.
- Both multicultural and Anglo-Celtic participants were equally likely to have experienced either verbal, physical, or sexual harassment.

Compared with LGBTQA+ adults in **PL3**, a higher proportion of **WTI4** participants reported recent experience of either verbal (39.3%), sexual (22.6%), or physical (9.4%) harassment.

- Having a recent experience of verbal (OR=3.13, CI=2.12-4.61), physical (OR=5.99, CI=3.22-11.16), or sexual (OR=3.13, CI=2.02-4.85) harassment was significantly associated with an increased likelihood of having previously attempted suicide among LGBTQA+ young people.
- **WTI4** participants who identified as trans and gender diverse were more likely than cisgender participants to report experiencing verbal (OR=3.27, CI=2.27-4.70) or physical (OR=2.09, CI=1.15-3.82) harassment. However, no differences were observed between cisgender and trans and

gender diverse young people on reported rates of recent sexual harassment.

- Similarly, LGBTQA+ young people with a disability were also more likely than those without a disability to experience recent verbal (OR=2.15, CI=1.51-3.06) or sexual (OR=1.92, CI=1.26-2.92) forms of harassment. However, no differences were observed between young people with or without a disability on reported rates of recent physical harassment.

- No differences between Anglo-Celtic and multicultural young people from **WTI4** were observed for verbal, physical, or sexual harassment.

4.2 EXPERIENCES OF DOMESTIC VIOLENCE

Most **PL3** participants reported having experienced violence from either a family member (69.4%) or an intimate partner (57.3%). Experiencing either family (OR=4.07, CI=2.23-7.40) or intimate partner violence (OR=3.80, CI=2.22-6.49) was significantly associated with lifetime suicide attempts.

Among SA participants who have experienced these forms of violence and abuse, over a quarter (28.6%) perceived that they had been targeted by a family member for abuse due to their sexual and/or gender identity. Similarly, over a third (36.6%) of participants attributed the abuse received from their intimate partners as being due to their LGBTQA+ identity.

Experiences of both intimate partner and family-based violence and abuse were related to sub-groups within the LGBTQA+ community:

- Trans and gender diverse participants were more likely than cisgender participants to have experienced either family violence (OR=2.22, CI=1.28-3.86) or intimate partner violence (OR=1.95, CI=1.18-3.19).

- LGBTQA+ adults with a disability were more likely to have experienced either intimate partner violence (OR=2.46, CI=1.61-3.75) or family violence (OR=2.39, CI=1.54-3.70), compared to those without a disability.

- Whilst multicultural and Anglo-Celtic LGBTQA+ adults were equally likely to have experienced family violence, multicultural adults were less likely than Anglo-Celtic participants to have experienced intimate partner violence (OR=0.37, CI=0.15-0.89).

Domestic violence insights from P&P:
Slightly less than one quarter (21.7%) of LGBTQA+ adults during the Covid-19 pandemic (**P&P**) reported an instance of intimate partner violence that occurred during the pandemic. Over one-third of LGBTQA+ adults (37.8%) reported an instance of family violence in the same period.

4.3 HOMELESSNESS

Homelessness is a well-known risk factor for suicide and mental ill-health (Ayano et al., 2019).

- One fifth of all LGBTQA+ adults from **PL3** (19.6%) reported at least one experience of homelessness in their lifetime.

- Among **PL3** participants, lifetime experiences of homelessness were strongly associated with a greater likelihood of having previously attempted suicide (OR=5.84, CI=3.31-10.30).

- LGBTQA+ adults with a disability (compared with those without) (OR=5.03, CI=2.76-9.16) and trans and gender diverse (compared with cisgender) participants (OR=2.51, CI=1.50-4.21) were each more likely to have experienced homelessness. Similarly to what is reported above, Anglo-Celtic and multicultural participants were equally likely to have experienced homelessness in their lifetime in the **PL3** sample.

A similar proportion of **WTI4** participants (23.0%) reported previous experiences of homelessness.

- As with adults, experiences of homelessness among LGBTQA+ young people were strongly associated with an increased likelihood of having previous suicide attempts (OR=5.35, CI=3.53-8.12).

- Increased rates of homelessness were significantly more likely among **WTI4** participants identifying as trans and gender diverse (compared with cisgender) (OR=2.30, CI=1.56-3.40), and those with a disability (OR=2.45, CI=1.65-3.64), compared to those without. No differences between multicultural and Anglo-Celtic young people were observed for lifetime experiences of homelessness in the **WTI4** sample.

5. PREVENTATIVE AND PROTECTIVE FACTORS

Certain factors or experiences can help to facilitate better mental health outcomes or reduce the likelihood of suicidality. These are known as 'preventative and protective factors'. In this section we outline the nature and prevalence of the protective factors that our data tell us are significantly associated with better mental health and reduced suicidality among LGBTQA+ people in SA.

Table 4.1 Protective factors among PL3 and P&P participants in SA

	PL3 (N=434)		P&P (N=205)	
	N	%	N	%
Feelings of belonging to the LGBTIQ community				
Yes	216	49.8	101	49.3
No	218	50.2	104	50.7
Positive perception of LGBTIQ community participation				
Yes	240	55.6	115	56.1
No	192	44.4	90	43.9
Feelings of acceptance with family members				
A lot/always	217	52.2	N/A	
Not at all/a little/somewhat	199	47.8		
Turned to family for support				
Yes	289	67.5	N/A	
No	139	32.5		
Turned to LGBTIQ+ friends for support				
Yes	340	78.7	N/A	
No	92	21.3		
In a committed relationship				
Yes	235	54.3	N/A	
No	198	45.7		

Table 4.2 Protective factors among WTI4 participants in SA (N=640)

	N	%
Schooling environment		
Feelings of closeness to people at school		
Yes	264	44.1
No	335	55.9
Feelings of belonging to one's school		
Yes	261	43.6
No	338	56.4
Happy to be at one's school		
Yes	293	48.9
No	306	51.1
Truant behaviour in the previous 12 months		
Yes	179	31.9
No	382	68.1
Sexual identity disclosue		
To friends		
Most/all	415	66.2
A few/some	187	29.8
None	25	4.0
To family		
Most/all	158	25.5
A few/some	300	48.4
None	162	26.1
To teachers		
Most/all	61	10.9
A few/some	143	25.5
None	357	63.6
Experiences of support in response to sexual identity disclosure		
To friends (N=602)		
Supportive/very supportive	532	88.4
Very unsupportive/unsupportive/neutral	70	11.6

Table 4.2 Protective factors among WTI4 participants in SA (N=640)

	N	%
To family (N=458)		
Supportive/very supportive	259	56.6
Very unsupportive/unsupportive/neutral	199	43.4
To teachers (N=204)		
Supportive/very supportive	134	65.7
Very unsupportive/unsupportive/neutral	70	34.3

5.1 SEXUAL/GENDER IDENTITY DISCLOSURE AND ACCEPTANCE

Disclosing one's sexual and/or gender identity to peers, parents, and teachers can have a powerful impact on the kinds of support received, especially if the support received is positive. In turn, this is likely to reduce the severity of mental health issues as well as the likelihood of suicide-related outcomes, particularly among young people.

- Most LGBTQA+ young people from **WTI4** stated that they had disclosed their sexual and/or gender identities to most (66.2%) or some (29.8%) of their friends.
- In comparison, fewer participants reported being 'out' to most of their family members (25.5%), with just under half reporting only being 'out' to some of their family members (48.4%). Over a quarter of LGBTQA+ young people (26.1%) stated that they were not 'out' to their family.
- Rates of identity disclosure were lowest when disclosing to teachers, with nearly two-thirds of LGBTQA+ young people (63.6%) stating that they were not 'out' to any of their teachers.
- In response to disclosing their sexual and/or gender identity, participants reported the most supportive responses from friends (88.4%) and teachers (65.7%).
- However, a smaller proportion (56.6%) all **WTI4** participants who were 'out' to their family reported receiving a supportive response.

An individuals' willingness to disclose their LGBTQA+ identity may reflect their perception of a friend, parent, or teacher as someone who is 'safe' to come out to. Hence, the reaction and response of these individuals to this disclosure can greatly influence a young person's mental health.

- After disclosing their identities, those who received supportive responses from family members were significantly less likely to have experienced both (a) high/very high psychological distress (OR=0.46, CI=0.28-0.78), and (b) severe anxiety (OR=0.57, CI=0.39-0.84).
- Support responses from friends and family (but not teachers) also appeared to differ in some respects by ethnicity, but not for disability status or gender identity of **WTI4** participants.
  - Multicultural young people from **WTI4** were significantly less likely to receive supportive LGBTQA+ identity disclosure responses from both friends (OR=0.46, CI=0.26-0.82) and family (OR=0.59, CI=0.40-0.87) compared with Anglo-Celtic participants.

5.2 INTERPERSONAL CONNECTIONS AND RELATIONSHIPS

Poorer quality of one's relationships with both family and friends often predicts worse mental health and wellbeing outcomes. In turn, this decline is often strongly associated with an increased likelihood of suicidality. Supportive relationships with friends and families can therefore serve as a protective shield against mental ill-health.

- Over half (52.2%) of all LGBTQA+ adults from **PL3** reported feeling accepted from their family members most of the time.
- Perceptions of family acceptance differed significantly across LGBTQA+ sub-groups:
  - Trans and gender diverse adults from **PL3** were much less likely to feel like they are accepted by their family compared with cisgender sexual minority participants (OR=0.43, CI=0.27-0.68).
  - LGBTQA+ adults with a disability (compared to those without) were also much less likely to feel accepted by their family (OR=0.58, CI=0.39-0.86).
  - In contrast, multicultural and Anglo-Celtic LGBTQA+ adults were equally likely to report higher acceptance levels from family.

The majority (67.5%) of all LGBTQA+ adults in **PL3** stated that they would turn to family members for support at least some of the time. However, these rates differed across LGBTQA+ sub-groups within the community:

- Trans and gender diverse adults were much less likely than cisgender participants in **PL3** to turn to family members for support (OR=0.62, CI=0.39-0.99).
- Compared to LGBTQA+ adults without a disability, those with a disability were less likely to also turn towards their family members for support (OR=0.60, CI=0.39-0.91).
- Similarly, multicultural LGBTQA+ adults were less likely than Anglo-Celtic adults to turn to their immediate family members for support (OR=0.39, CI=0.18-0.88).

Uniquely for LGBTQA+ individuals, the LGBTQA+ community forms another avenue through which they can access supportive relationships where their identities are affirmed. However, not every LGBTQA+ individual views these communities as supportive, or are able to meaningfully participate in them.

- Approximately half (49.8%) of all participants reported feeling like they were a part of the LGBTQA+ community in Australia, while slightly over half (55.6%) expressed that they felt that participating in the LGBTQA+ community was a positive thing for them.
- Across LGBTQA+ sub-groups, no differences in levels of LGBTQA+ community connectedness were observed between (a) trans and gender diverse individuals and cisgender individuals, (b) multicultural and Anglo-Celtic individuals, and (c) LGBTQA+ adults both with and without a disability.
- Most participants from **PL3** (78.7%) stated that they were able to turn to LGBTQA+ friends for support at least some of the time.
- In contrast to the evidenced protection that belonging to the LGBTQA+ community can have on health and wellbeing (Hinton et al., 2022; Sherman et al., 2020), no relationship was observed for LGBTQA+ adults in SA between LGBTQA+ community connectedness and reported rates of lifetime suicide attempts.

Similarly, half (54.3%) of LGBTQA+ adults in **PL3** stated that they were in a committed romantic relationship. Among these individuals, 58.2% reported that they would turn to their romantic partners for support at least some of the time.

Community connection insights from P&P:
Similarly to **PL3**, approximately half of LGBTQA+ adults from **P&P** reported that they felt a sense of belonging with the Australian LGBTQA+ community (49.3%), and 56.1% felt that participating in the LGBTQA+ community was a positive thing for them.

5.3 SCHOOLING ENVIRONMENT

Adolescents spend much of their day in schooling environments and are often highly reliant upon the support and structure provided through such environments. Unsurprisingly, these settings can be strong determinant of these individuals' mental health and well-being.

- Under half of all **WTI4** participants from SA (44.1%) stated that they felt close to people at their school. Similar proportions of participants stated that they felt a part of their school (43.6%) and that they were happy to be at their school (48.9%).
- Trans and gender diverse young people were less likely than cisgender sexual minority participants to report feeling close to people at their school (OR=0.49, CI=0.34-0.72), feeling a part of their school (OR=0.40, CI=0.27-0.59), and happy to be at their school (OR=0.51, CI=0.35-0.74).
- Similarly, LGBTQA+ young people with a disability were less likely than those without a disability to feel close to people at school (OR=0.47, CI=0.33-0.67), feel a part of their school (OR=0.58, CI=0.41-0.83), and to be happy at school (OR=0.44, CI=0.31-0.63).
- No differences between multicultural and Anglo-Celtic students were observed on levels of school-based connectedness or school-based happiness.

Over one third (37.8%) of all SA participants from **WTI4** reported that their school had a Gay-Straight alliance (GSA) or similar support group which they were aware of (with 44.6% mentioning no GSA in their school, and 17.6% reporting that they were unsure). Having a GSA at one's school was associated with greater feelings of happiness to be at school (OR=2.06, CI=1.44-2.95), and a lower likelihood of any form of truancy (OR=0.46, CI=0.30-0.69). These alliances may exert a sense of valuable protection for LGBTQA+ young people in schooling environments, regardless of whether LGBTQA+ young people are directly involved in them.

5.4 EXISTING RELATIONSHIP WITH A MEDICAL PROVIDER

A collaborative relationship with a medical provider enables individuals to discuss their health needs more openly. This is particularly important for LGBTQA+ individuals, whose needs may be informed by their sexual and/or gender identities. Access to a healthcare provider that is accepting of one's LGBTQA+ identity enables LGBTQA+ individuals to be more forthcoming with their health needs – including those related to mental health concerns.

- Two-thirds (67.6%) of **PL3** participants stated that they had a regular General Practitioner (GP), while slightly under a quarter (24.5%) reported that despite not having a regular GP, they regularly attended a specific medical centre or service.
- Similarly, just over half of all participants (58.7%) noted that their GP or their frequented healthcare service was aware of their sexual orientation.
- Among trans and gender diverse participants, 70.1% stated that their gender identity was known to either their GP or frequented healthcare service.
- Less than half of all **PL3** participants (40.4%) stated that they felt accepted when accessing a health or support service at least most of the time.

Medical provider insights from P&P:
Similarly to **PL3**, most LGBTQA+ adults from **P&P** reported having a regular GP (75.5%), and reported that their regular healthcare provider was aware of their LGBTQA+ identity (63.5%).

6. HEALTH SERVICE ACCESS AND PREFERENCE

6.1. MENTAL HEALTH SERVICE UTILISATION, EXPERIENCES AND PREFERENCES (PL3 & P&P)

Table 5.1 Healthcare service utilisation among PL3 and P&P participants in SA

	PL3 (N=434)		P&P (N=205)	
	N	%	N	%
Do you have a regular GP?				
Yes	290	67.6	154	75.5
No, but regular healthcare provider service	105	24.5	39	19.1
No, and no regular healthcare provider service	34	7.9	11	5.4
Does healthcare provider know about sexual orientation? (PL3; N=351, P&P; N=167)				
Yes	206	58.7	106*	63.5*
No	145	41.3	61*	36.5*
Does healthcare provider know about gender identity? (N=107)				
Yes	75	70.1	N/A	
No	32	29.9		
Feelings of acceptance within healthcare settings				
A lot/always	153	40.4	N/A	
Not at all/a little/somewhat	226	59.6		
Has accessed a mental health service in the last 12 months/during the pandemic				
Yes	198	45.8	120	59.1
No	234	54.2	83	40.9
Type of mental health service accessed in the last 12 months (N=198)				
Mainstream service				
Yes	152	76.8	N/A	
No	46	23.2		
LGBTIQ-inclusive mainstream service				
Yes	61	30.8	N/A	
No	137	69.2		

Table 5.1 Healthcare service utilisation among PL3 and P&P participants in SA

	PL3 (N=434)		P&P (N=205)	
	N	%	N	%
LGBTIQ-specific service				
Yes	12	6.1	N/A	
No	186	93.9		
Service preference				
Mainstream service	N/A	N/A	17	8.4
LGBTIQ-specific service	88	20.3	24	11.8
LGBTIQ-inclusive service	206	47.6	71	35.0
No preference	139	32.1	91	44.8

Notes. *In P&P this was assessed as the GP being aware of the LGBTQA+ identity (not reported separately for sexual orientation and gender identity)

LGBTQA+ individuals face additional challenges to accessing professionalized mental health services, including a lack of LGBTQA+-specific know-how among mental health providers, as well as experienced and anticipated discrimination from service workers themselves.

Most **PL3** participants (54.2%) stated that they had not accessed any mental health service within the previous 12 months.

THE BROADER CONTEXT

Among general community members in Australia (aged 16-85 years),

17.4%

report having recently seen a health professional for their mental health (ABS, 2022-2022).

- Among the participants that did access a mental health support service, the majority (76.8%) accessed a mainstream support service not known to be LGBTQA+-inclusive. Lesser proportions of **PL3** participants reported having accessed a mainstream service known to be LGBTQA+ inclusive (30.8%) and/or an LGBTQA+-specific (6.1%) mental health service.

Relative levels of service satisfaction were mirrored in **PL3** participants' perceptions regarding how their sexual and/or gender identities were treated by mental health service providers.

- Most participants felt that their sexual identity and their gender identity were respected by healthcare clinicians at LGBTQA+ inclusive and LGBTQA+-specific mental health services.
- Among adults who attended mainstream services, the majority still reported that their sexual identity and, to a lesser extent, their gender identity were respected by healthcare workers, however this was less so than what was reported for LGBTQA+ inclusive and LGBTQA+-specific mental health services.

When asked about their preferences for service modality, just under half (47.6%) of **PL3** participants stated that they would prefer a healthcare service which catered to the general population, but which was LGBTQA+ inclusive. One third (32.1%) of participants expressed no preference, and a minority (20.3%) preferred services which specifically served LGBTQA+ patients.

Service access insights from P&P:
As with PL3, a similar proportion of P&P participants (59.1%) had accessed a mental health support service during the pandemic.

6.2 MENTAL HEALTH SERVICE UTILISATION, EXPERIENCES AND PREFERENCES (WTI4)

Table 5.2 Healthcare service utilisation among WTI4 participants in SA (N=640)

	N	%
Ever accessed a general professional support service		
Yes	412	64.8
No	224	35.2
When the general support service was accessed		
Recently (<12 months)	212	51.6
More than 12 months ago	124	30.2
Both recently (<12 months) and more than 12 months ago	75	18.2
Mode of general support service access (N=412)		
In person		
Yes	384	93.2
No	28	6.8
Telephone		
Yes	65	15.8
No	347	84.2
Webchat or text		
Yes	123	29.9
No	289	70.1
Was the general support service specifically for LGBTIQA+ people?		
Yes	39	9.5
No	343	83.5
Unsure	29	7.1
Ever accessed a suicide support service		
Yes	266	48.8
No	279	51.2

Table 5.2 Healthcare service utilisation among WTI4 participants in SA (N=640)

	N	%
When the suicide support service was accessed		
Recently (<12 months)	111	41.9
More than 12 months ago	100	37.7
Both recently (<12 months) and more than 12 months ago	54	20.4
Mode of suicide support service access (N=266)		
In person		
Yes	235	88.3
No	31	11.7
Telephone		
Yes	48	18.0
No	218	82.0
Webchat or text		
Yes	72	27.1
No	194	72.9
Was the suicide support service specifically for LGBTIQA+ people?		
Yes	10	3.8
No	234	88.0
Unsure	22	8.3

Nearly two-thirds (64.8%) of **WTI4** participants reported that they had accessed a general professional support service, whilst just under half (48.8%) of LGBTQA+ young people reported having accessed a support service in relation to concerns about suicide.

- **For those who accessed a general professional support service:** Most accessed this service either recently (51.6%) or both recently and more than 12 months prior (18.2%). Most young people reported having accessed this service in-person (93.2%), with less participants reporting having also accessed these services via webchat, text, or by phone call. The vast majority of young people (83.5%) mentioned that this support service was not specifically for LGBTQA+ people.
- **For those who accessed a support service for suicidality concerns:** Most also accessed this service either recently (41.9%) or both recently and more than 12 months prior (20.4%). Most young people reported having accessed this service in-person (88.3%), with less participants reporting having also accessed these services via webchat, text, or by phone call. The vast majority of young people (88.0%) similarly mentioned that this support service was not specifically for LGBTQA+ people.

7. COMPARISONS WITH OTHER STATES & TERRITORIES

7.1 STATE-LEVEL COMPARISONS FOR ADULTS

Across most outcomes outlined in this report, **PL3** participants in SA had comparable likelihoods to their counterparts in other states (when combined) on reported levels of suicidality, mental ill-health concerns (e.g., psychological distress levels), and having accessed mainstream, LGBTQA+-inclusive, or LGBTQA+-specific services for their mental health. However, our results indicate that LGBTQA+ adults from SA were significantly less likely than those in other states or territories (combined) to report feeling like they are a part of the broader Australian LGBTQA+ community (OR=0.76, CI=0.63-0.93).

Negative 1: LGBTQA+ adults were less likely to feel connected to the LGBTQA+ community.

7.2 STATE-LEVEL COMPARISONS FOR ADOLESCENTS & YOUNG PEOPLE

Similarly to LGBTQA+ adults in **PL3**, **WTI4** participants in SA reported comparable rates to other non-SA jurisdictions (when combined) across most areas detailed in this report. That is, LGBTQA+ young people from SA were equally likely than LGBTQA+ young people from other states and territories to report concerns of suicidality, psychological distress, service access, levels of school connectedness, lifetime homelessness experiences, and gaining supportive responses upon disclosing their identity to family, friends, and teachers. However, LGBTQA+ young people from SA were significantly more likely to report having moderate-to-severe levels of anxiety (OR=1.36, CI=1.15-1.60), compared with those from other states and territories (when combined).

Negative 1: Young people from SA were more likely experience moderate-to-severe levels of anxiety.

8. SA POLICY AND PROGRAMMING CONTEXT

Similarly to other jurisdictions, the SA State Government's increasing attentiveness to LGBTQA+ populations' health and wellbeing needs is reflected across some policy and strategic plans but is also limited across others. For instance, recent updates to SA's public sector Diversity and Inclusion Framework (2023-2025) acknowledges LGBTQA+ communities as a priority population for inclusive workplaces by highlighting the need to support employees seeking gender affirming care and to ensure LGBTQA+ employees are supported and safe in their workplaces. However, there is also an apparent lack of policy and strategic plans (at the SA state level) that seek to address the healthcare and other support service access needs for LGBTQA+ SA residents – a vital need given the findings documented in this report.

Across SA's two primary health networks (PHNs) (Adelaide and Country SA), an assessment of their resources, policies, priority populations, and strategies listed on their website reveal a newly launched mental health and AOD service for LGBTQA+ community members seeking support within the Adelaide PHN (delivered by Thorne Harbour Health).

Moreover, independent LGBTQA+ community organisations in SA, such as SHINE SA, work tirelessly to provide a wealth of resources and training services to improve the lives of LGBTQA+ community members, and those who work and reside alongside them. For instance:

- The Gender Connect Country SA program that is dedicated towards connecting trans and gender diverse people living in country SA.
- The LGBTIQA+ Inclusion Training program that is dedicated towards providing inclusive education and training for those within the health and community sector.

Despite these available resources however, many areas in support of LGBTQA+ healthcare and service access (particularly at the state and PHN level) would benefit from future improvements. For instance, targeted policies, strategic plans, and resources dedicates towards the following areas are of paramount importance: (a) services that speak to the needs of LGBTQA+ young people in SA, (b) policies and resources that are tailored towards supporting LGBTQA+ community members that experience marginalisation at the intersections of gender and sexuality, ethnicity, and disability, and (c) inclusive and supportive policies that ensure all LGBTQA+ community members in SA feel safe and supported across all environments.

Some additional recommendations and actionable priorities for SA are as follows:

- **A coordinated, statewide LGBTQA+ Health and Wellbeing Strategy,** which is appropriately resourced for effective and sustainable implementation.
  - A dedicated policy unit/team at SA Health should be established to lead this work and oversee the implementation, monitoring for effectiveness and providing ongoing policy coordination and governance.
- **Specialised, peer/community-led services** in health, Family, Domestic, and Sexual Violence (FDSV) and homelessness.
  - A combination of services and programs provided by LGBTQA+ community controlled organisations and peer/lived experience roles/programs embedded in mainstream services.
- **No wrong door approach** – ensure all mainstream services, especially in health, FDSV and homelessness are accessible and inclusive for LGBTQA+ people.
  - This should include both incentive models and compliance models and rely on evidence based and sustainable change programs such as Rainbow Tick Accreditation.

9. SUMMARY

These findings provide strong validation for SA's historic and ongoing investment in mental health services for its LGBTQA+ residents.

Adult SA residents reported being less likely to feel like they are a part of the LGBTQA+ community (an essential protective factor for psychological betterment, Hinton et al., 2022; Sherman et al., 2020), and LGBTQA+ young people in SA reported having higher levels of anxiety, compared to their counterparts from other states. Given that most indicators of mental health and suicidality for both adult and adolescent SA residents were comparable to participants from other states, these differences are likely attributable to the relative accessibility and availability of such services within the state.

It is important to note, however, that LGBTQA+ residents of SA nevertheless demonstrated objectively high levels of mental ill-health, report a high prevalence of factors associated with mental ill-health and suicidality, and largely did not access mental health services. Additionally, SA residents did not appear to differ from counterparts in other states in terms of both their evaluations of the mental health services rendered to them, as well as mental health outcomes.

Because these surveys did not capture the duration of participants' residency within SA, it is difficult to draw any definitive conclusion from these findings. However, when considered in tandem with the prioritization of improving access to inclusive services, a concurrent emphasis on improving workforce capability in providing appropriate support to LGBTQA+ populations is likely warranted. As extant evidence suggests, while inclusivity– e.g., where LGBTQA+ clients are not discriminated against – is a crucial prerequisite of affirming care, it is also distinct from care that is appropriate to the unique needs of LGBTQA+ populations (Lim et al., 2021a; 2021b, Lim et al., 2023).

This evidence demonstrates a diverse needs profile within the LGBTQA+ community itself. Specifically, they highlight how individuals with intersectional identities are both more likely to experience risk factors associated with suicide and less likely to experience protective factors that reduce suicide risk.

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