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Lean on Me:
Exploring Suicide
Prevention and
Mental Health-Related
Peer Support in Melbourne's
LGBTQ Communities

EXECUTIVE SUMMARY

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Lean on Me: Exploring Suicide Prevention and Mental Health-Related Peer Support in Melbourne's LGBTQ Communities

Executive summary

This study focuses on how peers and community leaders in LGBTQ communities in Melbourne provide suicide prevention and mental health-related peer support. This study is a response to a gap in the literature relating to the crisis support provision that occurs in LGBTQ communities outside professional health and mental health service settings.

About the *Lean on Me* study

Many LGBTQ community members in Melbourne provide suicide prevention and other mental health-related support to peers. This peer support is vital and can be a last resort for those who receive it. In being there to be leant on, community members save lives. Many also experience negative impacts: on their own mental health, their relationships, their employment and their studies.

Lean on Me explores why such suicide prevention and mental health-related peer support is provided in LGBTQ communities in Melbourne, how it is delivered and what impacts – positive and negative – it has on the people who perform it. We recommend a series of actions be taken to ensure peer-support work is sustainable.

Key findings in this report are that suicide prevention and mental-health peer support:

- Can literally save lives
- Can lead to significant burnout for those who provide it
- Can negatively affect the employment, education and relationships of those who provide it
- Can be a long-term commitment for those who provide it
- Is often a response to exceptionally high levels of mental ill health in LGBTQ communities
- Is often a response to inadequate mental health services for LGBTQ communities
- Is meaningful for those who provide it

Methods

This study draws from data collected in qualitative interviews with 25 people, aged 23 to 79, living in metropolitan Melbourne, Australia, and identifying as LGBTQ. Interviews explored:

- Experiences of providing suicide prevention and mental health-related peer support
- Positive and negative impacts of performing support roles, including on participants' mental health
- How participants dealt with the challenges of peer support, including burnout
- Support participants drew on or would like to draw on when dealing with the challenges of their peer-support roles

Participants were sourced from a quantitative survey of 326 people run in conjunction with this study. The *Lean on Me* survey also focused on suicide prevention and other mental health-related peer support provided by members of LGBTQ communities in Melbourne.

Results

Lean on Me demonstrates that suicide prevention and mental health-related peer support is extensive and vital in LGBTQ communities in Melbourne. Such peer support involves a person being there for a friend, partner, colleague or even stranger during a mental health crisis, including when they are suicidal.

This report shows that peer support can help someone choose life over death. It can help people regain control of their lives and start on a path to better social and emotional wellbeing. The following quotation demonstrates how crucial peer support is:

> I've had people come up to me years after the fact and during coffee turn around and say, 'Do you realise that I'm only alive today because of what you did at so-and-so event?' and I'm like, 'What are you talking about?' and they're like, 'That week, I was literally debating committing suicide. I was getting my affairs in order and everything like that and then I went to one of the events and you actually sat down and spoke to me like a

human being and I wasn't used to that. I wasn't expecting that.' I'm like, 'Well, that's just being human.' (Robbie, cisgender man)

Peer support occurs in the context of exceptionally high levels of mental ill health in LGBTQ communities; widespread experiences of trauma; and complex, often uneasy relationships with health and mental health services. Peer support is often provided in situations of precariousness – not just for the person being helped, but also for those providing the support. As one participant said:

> Everyone's mental health is a house of cards built on everyone else's house of cards. It's like one of those Escher drawings where there's hands that are all holding each other but none of them are actually supported by anything other than each other. (Kristen, trans woman)

Being there to be leant on is not only a response to mental ill health in LGBTQ communities, but also a mental health system that is not adequately inclusive of LGBTQ populations.

This report shows that community members who support peers have been exposed, often frequently, to suicidality, suicide attempts and the grief associated with losing someone to suicide. One participant explained that they had been in dozens of situations in which they supported someone who was suicidal. They said:

> I wouldn't be able to count, to be honest … it would be over 50. How many people? Probably, say, between … five and 10. There's a couple of particular people that I have done it for quite a lot over the last few years. (Drew, trans)

For many participants, providing support was meaningful and vital – but often unsustainable.

Being leant on: peer-support roles in LGBTQ communities

Lean on Me demonstrates that suicide prevention and mental health-related peer support takes numerous forms and is performed in many different contexts. It is important, however, to emphasise the common threads that are visible in participants' support roles.

We propose a typology of peer support that outlines six recognisable roles drawn from participants' experiences. This typology emphasises the distinct characteristics of these role types and the challenges they bring. It allows us to identify specific challenges associated with a peer-support role and provide recommendations aimed at addressing them. Below is a summary of each role and what key challenges someone performing them faces.

THE SAFE FRIEND

Summary: A trusted friend leant on in times of crisis. Known for being non-judgmental, empathetic and approachable. Can end up being 'on-call' for those in need

Challenges: Interruptions to work, education and leisure time. May find it difficult to step back if distress is ongoing and little progress is being made. Can find it hard to define boundaries

THE PEER LEADER

Summary: A prominent person within a community support or friendship group setting. Considered confident, strong and trustworthy. Often approached by strangers or 'friends of friends' for help

Challenges: Can struggle with the volume of requests to support others. May find themselves 'always on' when providing support in community settings or online group chats. Might feel a need to help everyone else while struggling to find their own support

THE PARTNER

Summary: There for a partner or partners with whom they may or may not live. They provide important emotional and mental health support, especially around issues of trauma

Challenges: May undervalue the support they provide, deeming it 'just part of being in a relationship'. They can become more of a carer than a partner, resulting in their own needs not being met

THE HOUSEMATE

Summary: Provides support to a non-partner with whom they live. Can be thrust suddenly into a peer-support role, due to their physical proximity to a person who is distressed

Challenges: May find it difficult to draw boundaries in the home and separate the roles of a carer, housemate and friend. Role found to intensify during COVID-19-related enforced lockdowns

THE HELP WORKER

Summary: Works in a job in which they help people, at least some of whom are LGBTQ. Often called on to use their expertise in a non-work setting to help those around them

Challenges: Faces the risk of working the 'double shift' – providing support to others at work and in their personal life. Might overwork themselves in both settings to help

THE FRIENDSHIP CIRCLE

Summary: A group of friends who rally around someone in distress, including while they are suicidal or after an attempt

Challenges: A huge commitment of time and energy communicating with a group of friends. While care can be shared among a group, openness may mean members end up supporting multiple people

Participants' collective experiences have informed the conceptualisation of each role. These articulations might be familiar to other people in LGBTQ communities who perform similar work. Community members might find it helpful to identify with a role in this typology and consider how recommendations to address the key challenges outlined might benefit them. This typology is not intended to be prescriptive. Rather, we present findings in a way that we hope demonstrates that individual experiences of peer support have common threads, both across this study and more broadly.

Readers might recognise themselves as having adopted or resisted one or more of these peer-support roles at various stages of their life. Our hope is that this typology provides an accessible way of understanding different peer-support roles, their challenges and what might be done to mitigate their negative impacts.

Burnout and other impacts on those providing peer support

Interviews with participants in this study show that peer support has significant impacts on those who provide it. One of these impacts is burnout, defined as a 'prolonged response to chronic emotional and interpersonal stressors' (Maslach et al., 2001, p. 397). Three dimensions characterise burnout: exhaustion, cynicism and inefficacy. Among participants in this study, burnout is common, leading in some cases to mental ill health. One participant described their experience, saying:

> It does force me to reassess the support I offer people, because there's only so much of me, and I am a finite resource … If something like that has happened, I'll tell the other people I care for in my life … 'You will have to go elsewhere, because I am depleted.' (Ingrid, cisgender woman)

Peer-support roles can be overwhelming. In the case of participants in *Lean on Me*, people being leant on have often turned to others – personal networks and professionals – for support with their own mental health. They have engaged in self-care routines and enjoyed some community and societal support to perform their peer roles. This study also shows, however, that boundaries – between a carer and the peer they help – can be difficult to set.

> I feel like to withdraw would further derail her, so I feel like I don't know. I'm not confident in managing that boundary. (Jayden, gender diverse)

Impacts of peer support have also been positive. Not only is peer support vital for those who receive it, people who perform peer-support roles find meaning in their experience. Peer support is an important first response during a mental health crisis, but it also helps build resilience and strength in individuals and leads to better personal, professional and health outcomes in communities. These positive, invaluable contributions to LGBTQ communities, therefore, should be harnessed – but to do this, peer support roles must first be made sustainable.

How LGBTQ peers providing support can be helped

Melbourne's LGBTQ communities should not be in a situation where mental ill health and suicidality are so common nor where the responsibility for so much suicide prevention and mental-health crisis support falls on peers. Rather, community organisations, health services and mental health professionals should be adequately equipped and funded to absorb this demand.

To help achieve better outcomes for those providing vital peer support in LGBTQ communities, we make six recommendations. We emphasise the importance of a collective commitment from various levels of government, public health networks and community organisations to help achieve better mental health outcomes for LGBTQ communities.

We acknowledge that the effects of COVID-19 have placed considerable strain on the provision of health and mental health right across society, stretching some providers to their limit. Therefore, we urge a response proportionate to both the current public health situation and the state of mental ill health and peer-support provision in LGBTIQ communities as highlighted in this report.

Calls for funding in the below recommendations are directed at all those with a capacity to enhance support. This includes, but is not limited to, state and territory governments, the federal government, Primary Health Networks (PHNs), non-governmental organisations (NGOs) and philanthropic enterprises.

Key recommendations

Our recommendations are driven by:

- The need to help people in peer-support roles in ways that promote better outcomes for both them and the person/s they are helping

- The need for structural changes that better support those experiencing mental ill health, thus making them less reliant on peers

Our recommendations are outlined in full in the main report but are summarised as follows:

1. Develop a set of guiding principles to support LGBTQ communities in providing care to people experiencing both chronic and acute mental-health crisis

We anticipate that this will include consideration of boundaries, role definition, self-care and other challenges. We see these core principles being delivered through training and resources for community members.

2. Raise awareness of and further resource telephone support lines or web-chat services for people in peer-support roles

We envisage this as multiple helpline or web-chat services that provide immediate advice to peers on issues such as risk management, crisis and carer support. The existing Rainbow Door service, run by Switchboard Victoria, should be further resourced and promoted more widely to ensure accessibility and uptake.

3. Help peers better respond to active suicidal ideation and to recognise burnout

Many participants in this study were supporting peers to prevent suicide without training of any kind. There was, however, considerable interest in such training, particularly in the form of ASIST (Applied Suicide Intervention Skills Training). More training needs to be made available to those with the capacity and willingness to undertake it and should be delivered in a culturally safe and LGBTQ affirming manner.

4. Develop safe suicide-prevention referral pathways

At a structural level, it is essential that safe and LGBTQ-affirming referral pathways exist that facilitate timely intervention for people experiencing suicidal ideation. These pathways should include peer-led programs in both LGBTQ-controlled organisations and accredited and culturally safe mental health organisations.

5. Develop a broader action plan for responding to suicidality in LGBTQ communities

We call for a broad action plan that supports the need to reduce suicidal ideation and mental ill health in LGBTQ communities and responds to its impacts in more focused and structural ways. Such a plan should speak to the service and policy revision that is required across all sections of the mental health system, including early intervention, acute care and suicide prevention as well as including both mainstream and LGBTQ-specific service provision.

6. Undertake further research that examines the experiences of those being cared for

More needs to be understood about the people being helped – the ones turning to a peer when experiencing mental ill health. A deeper understanding is needed of the nature of LGBTQ community members' mental health experiences, the forces that shape their health service engagement and the nuance of their experience that helps to determine whether it is safe, affirming and effective. Research is also required to assess the competency of mental health service providers to meet the needs of the LGBTQ community in a culturally safe and affirming manner. Further to this, we must acknowledge that no single study can hope to understand and reflect the diverse needs of the entire LGBTQ population. There is a need for nuanced and culturally sensitive research into the specific needs of intersecting communities.

Development of *Lean on Me*

Lean on Me was commissioned by the North Western Melbourne Primary Health Network as part of the National Suicide Prevention Trial (NSPT). The concept for the study emerged from the LGBTIQ Taskforce that provides the NSPT invaluable advice, direction and governance support on behalf of the LGBTIQ community. The LGBTIQ Taskforce identified the limited evidence base articulating how mental wellbeing is shaped in the LGBTIQ community and how these identified needs can be supported. *Lean on Me* was designed in collaboration with a Community Advisory Board comprising key stakeholders and experts from the mental health and LGBTIQ wellbeing sector.