

Supporting People

A Resource for LGBTI Groups



Thank You to Contributors

See Me and Support in Mind Scotland for their support, insights and recommendations.

See Me and See Me Proud volunteers who gave up their time to speak to us about their own experiences of poor mental health and being LGBTI, as well as supporting others. Your expert input has been really valuable in shaping this resource.



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Introduction

The Equality Network supports the development and sustainability of LGBTI groups across Scotland and has done since 2001. We provide one-to-one support, develop leaders, deliver training and residential events; and publish resources focused on the priorities of groups.

We know from experience that LGBTI groups are often the first point of contact for those looking for support. While we as groups or individuals may want to help, we do not always have, or may not feel we have, the knowledge, training, and confidence to provide such support.

Signposting people to organisations with professional experience is one of the most important things we can do. We should do this wherever we feel out of our depth, or if we feel someone else may be better equipped to help. This should not prevent us from being able to listen and make space for others.

In this resource, ***Supporting People***, we explore the theme of mental health, how it affects LGBTI people, and the techniques we can employ to support people who are living with mental ill-health.



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Understanding LGBTI Mental Health

Being LGBTI does not cause poor mental health, but the impacts of stigma, discrimination, and prejudice impact on the wellbeing of LGBTI people.

What is stigma? “Stigma is the negative attitudes or assumptions which a person can hold about themselves or others based on a characteristic or quality”.^[1]

What is discrimination? “Discrimination is the unfair or unjust treatment of a person or group”.^[2]

There are higher rates of anxiety, depression, alcohol and drug use, eating disorders, self-harm and suicide amongst the LGBT population.^[3] We know that these relate to social factors including biphobia, lesbophobia, homophobia, transphobia, and interphobia^[4] and the lack of ability to speak openly about gender identity, sexual orientation,^[5] or bodily diversity. A systematic review^[6] found that ‘the majority of the available evidence links [the] disproportionately high incidence of mental health problems to experiences of prejudice and minority stress.’^[7]

LGB people are twice as likely to report symptoms of poor mental health than heterosexual adults.^[8]

In the UK, LGB adults were around twice as likely to have attempted suicide in their lifetime. Half of LGBT youth had experienced suicidal thoughts and actions.^[9]

40% of non-binary people considered themselves to have a long-term mental health problem.^[10]

Trans people experience much higher rates of self-harm and suicide both in comparison to the general population and to the rest of the LGB community.^[11]

88% of trans people showed symptoms of depression. 75% showed symptoms of anxiety (compared to 20% of people in the UK general population). Trans youth experience even higher rates of poor mental health.^[12]

What is minority stress?

The term ‘minority stress’ was first used by Meyer, and recognises that LGBTI people’s experiences of stigma, prejudice, the expectation of rejection, experiences of discrimination, and the pressure felt by some to ‘conceal’ their identities creates a hostile and stressful social environment that causes mental health problems.

This means that *being* LGBTI does not cause poor mental health, but we may *develop* poor mental health because of how we are treated within society.

Many researchers^[13] state that LGBTI people experience this stress in the same way other marginalised groups might, and of course many people who are LGBTI are also further marginalised. There has been little research done

to understand the impact of minority stress on people who have multiple marginalised aspects of their identity, for example, those who suffer because of racism and heterosexism.^[14]

What is marginalisation? Marginalisation is when groups or communities experience discrimination and exclusion (social, political and economic) because of unequal power relations in society.

reflection point

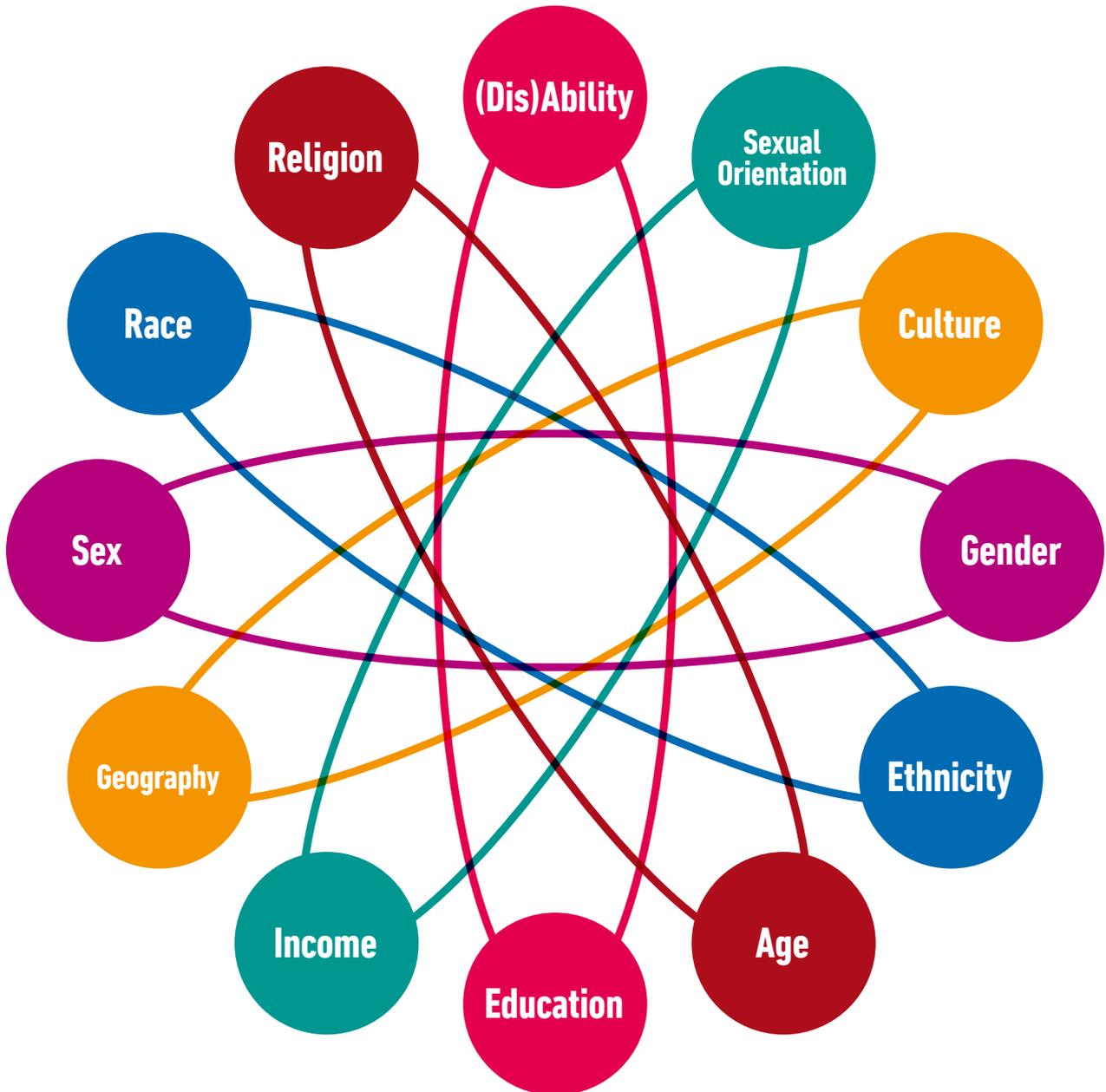
Do you experience minority stress? Have you seen how this might affect yourself and/or others?

Intersectionality

The LGBTI community is not a homogenous group. We are diverse and have varying intersectional characteristics.

Intersectionality is a term used to explain how the specific experiences of people who face multiple marginalisation differ from those experiencing just one. For example, a gay, Black, disabled woman will face homophobia, ableism, racism, and sexism. These different types of discrimination overlap and reinforce each other. As a result, her experiences will be different to someone with only one of these marginalised identities.^[15]

People can suffer minority stress due to multiple aspects of who they are. This means that those facing more than one type of discrimination are often more excluded from social and community spaces.

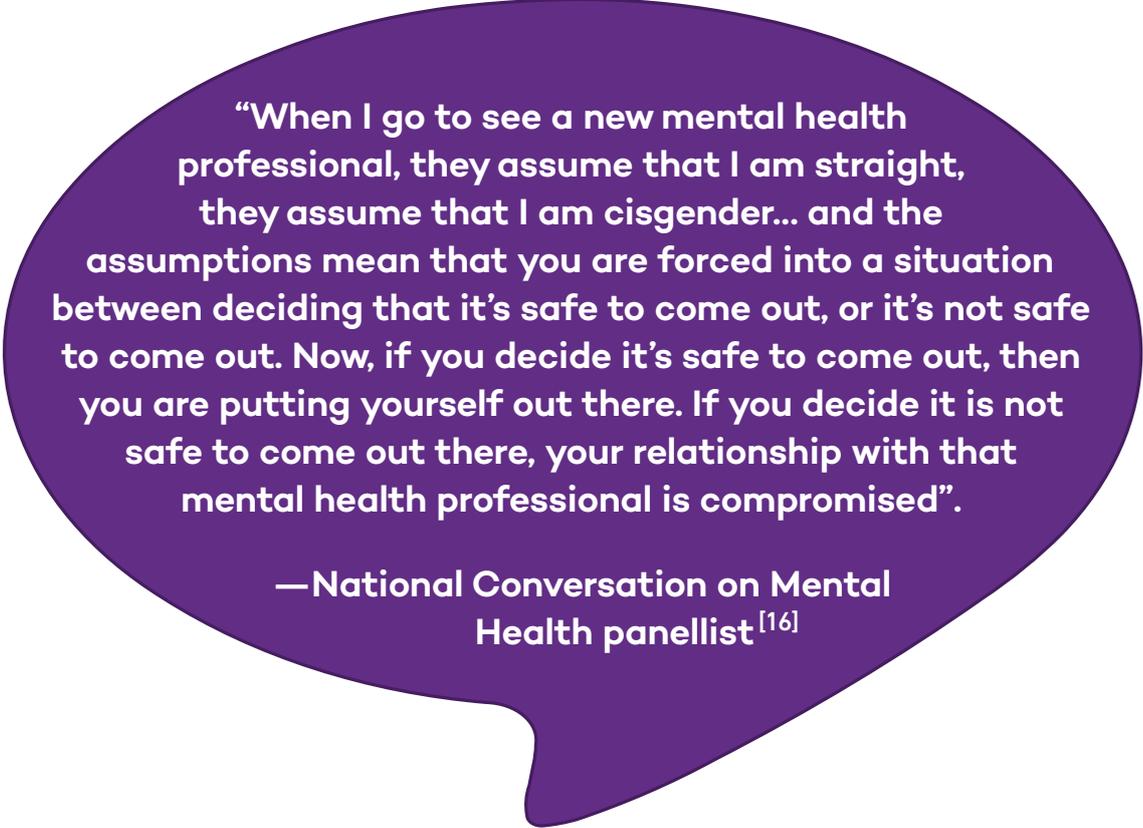


reflection point

How can we all make our social events and community groups more inclusive of everyone?

Inequality = Seeking support from the community

LGBTI people seeking mental health support face additional barriers in coming forward. Some mental health professionals lack knowledge or understanding, or assume someone's gender or sexual orientation, as this account explains:



“When I go to see a new mental health professional, they assume that I am straight, they assume that I am cisgender... and the assumptions mean that you are forced into a situation between deciding that it’s safe to come out, or it’s not safe to come out. Now, if you decide it’s safe to come out, then you are putting yourself out there. If you decide it is not safe to come out there, your relationship with that mental health professional is compromised”.

—National Conversation on Mental Health panellist^[16]

Poor experiences within mainstream mental health or other services can lead to distrust of these services. This means that LGBTI people may wait until crisis point to reach out, or they may rely on more informal and social networks of support to keep them afloat.

“If there had been even the slightest hint that someone in the building knew about LGBT issues, I would have come out years before instead of waiting until... I reached crisis point”.

—National Conversation on Mental Health panellist^[17]

Community LGBTI groups can act as a lifeline.

Simply knowing someone is there, or having a social connection, makes a huge difference in people’s lives.

“For me, a community is a safety net. In whatever form your community might be, without it, people lose their sense of identity. We all need people around us who share our ideas and motivations. Even in the loneliest of times, being able to reach out to someone in your community can be a lifeline”.

—See Me lived experience participant^[18]

Supporting people with their mental health can seem daunting without the formal training of a mental health professional. It can be hard to know what to say, and how to help. It is ok to feel this way, and it may not always be possible to say the right thing. But you can make a difference, and there are approaches and language that we can use to create an open, positive, and empowering atmosphere in which people feel confident to talk about their mental health.

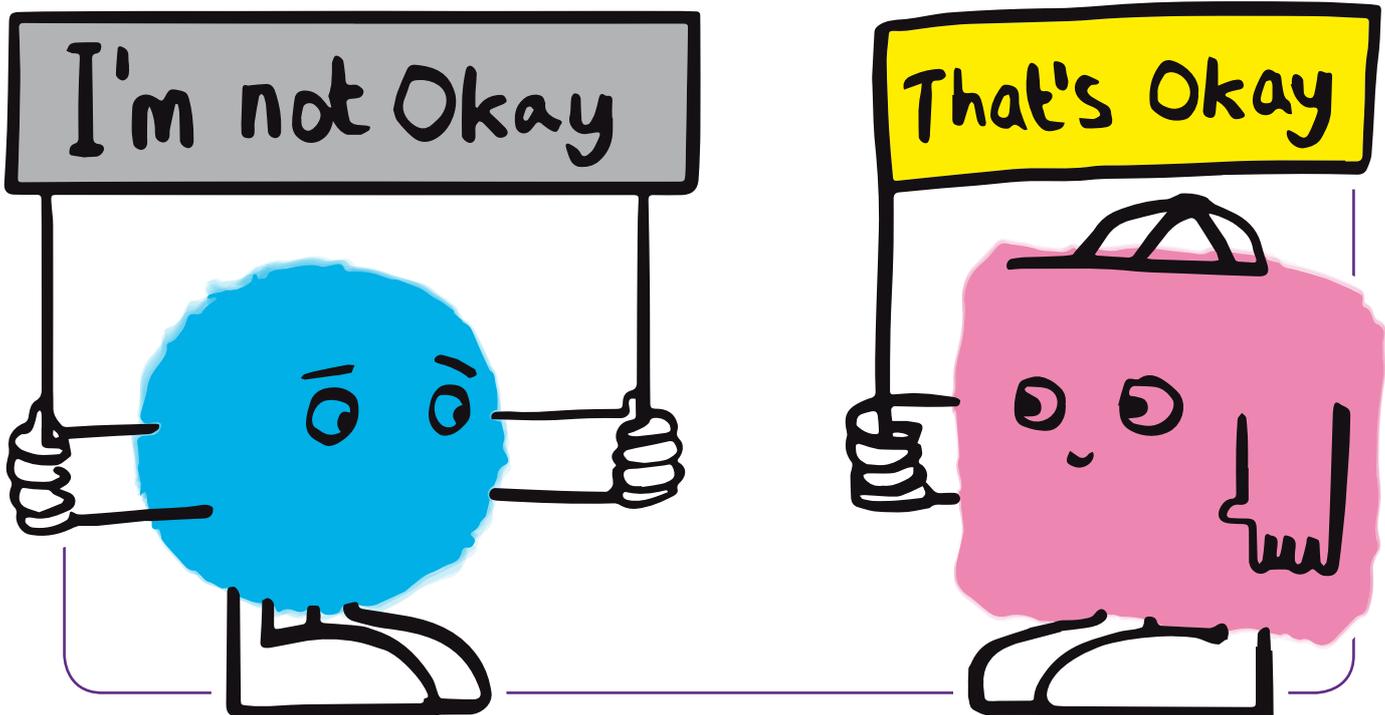
Reducing stigma and discrimination

Being part of a community helps maintain good mental health, but that community needs to feel safe and open. One of the most important ways in which we can support people is to create a culture that **it is ok to not be ok**.

Speaking about mental health gives stigma less power as it normalises it.^[19] See Me is a Scottish mental health charity that aims to end mental health stigma and discrimination.

They have a range of resources designed to help community groups create the conditions that make speaking about mental health easier.

You can find these here: bit.ly/3vgsPvn



Supporting Someone with Their Mental Health



“I was having really low mood and he just listened, that’s all he done, he just listened to what I was saying. Picked up on things, asked me some more prompting questions... just listened, and I felt like a person”.

—National Conversation on Mental Health panellist^[20]

We can all help improve the mental health of those around us, and this does not always require specialist knowledge. Simply listening can be the number one best thing you can do for someone else.

In a time of overstretched mental health services, community and peer support have been found to have benefits both for those providing the support, and for those receiving it.^[21] Peer-led approaches in the LGBTI community are particularly important as there are often shared experiences and understanding that mainstream services may not provide.

Recovery-based approaches to supporting each other

Recovery-based approaches to mental health recognise that we can all recover from a mental health crisis and live a “meaningful and satisfying life”.^[22] Such approaches are person-centred and focus on our individual strengths, acknowledging the “variety and complexity of our lives”.

As the Scottish Recovery Network states:

“We are more than our mental health problems or diagnosis”. ^[23]

Recovery-based approaches centre social networks of support as a key part of maintaining good mental health. A systematic review of 97 research papers showed that certain factors were important to recovery.^[24] Several of these represent exactly what LGBTI community groups and organisations help others do; build connections, find meaning and purpose, and positively construct our identities.^[25]

Applying recovery-based approaches does not necessarily mean that wellbeing must be the focus of a social group. We can embed wellbeing into other activities by thinking consciously about these, using active listening, and using empowering and inclusive language.

Focus on people’s hopes, dreams and aspirations, their strengths and self-defined goals.^[26] All too often, the emphasis is on ‘deficits’ and ‘illness stories’ because this tends to be how we can get help from services – telling this story becomes deeply engrained and can be damaging.^[27]

Instead, try different ways of exploring mental health positively. Examples include:



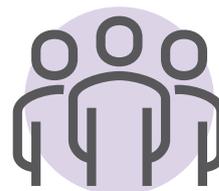
Using art to help people express themselves e.g., drawing your hopes, dreams and aspirations – this is a way to explore someone's interests in a positive and creative way rather than focussing on obstacles and barriers.

Getting involved with local campaigning and activism. This contributes directly towards creating meaning and purpose in someone's life which can improve mental health.



Creating a space to check in with each other such as a regular coffee morning (this could be virtual) where everyone checks in and asks how each other is doing. This could be a simple chat over a cuppa or a guided morning meditation.

Linking people with other groups and people within their communities. This builds the skills of people and cements their place in the local community.



Asking what things people would like to do and see in their community and then making that happen. This is empowering and creates a sense of ownership for the community.

Activities that contribute towards improving mental health or self-care, for example, organising accessible exercise or yoga classes, a mindfulness course, or skills-building classes (gardening, cooking, confidence-building etc.)



The art of listening

Active listening means exactly that, listening actively. Holding space and really just listening to what a person needs to say, without judgement or trying to fix their worries or problems.

“You have to be very very careful not to force [people to take on a label or condition]. It could be that they are part of the [LGBT] community and that they are just getting to grips with their mental health, or vice versa... it’s better to let them get it out and kind of sort it out themselves with you helping them... let them get their own understanding of it... no frogmarching anyone to their own solutions!”

— See Me Volunteer^[28]

Active listening means that you are fully concentrated on the person who is sharing with you, rather than passively ‘hearing’ what they have to say and waiting for your turn to speak.

There are a few tips and tricks we can use to practice active listening. It is often encouraging to others to provide cues that you are there, wholeheartedly, to hear what they have to say. Some folk do this by nodding and saying ‘mmmhmm’ – this lets the person know that you are engaging with what they are saying, without interrupting their flow. There are different methods you might use, such as the SHUSH method...

THE SHUSH METHOD

This method was developed by the Samaritans and provides tips on how to be a good listener.^[29] SHUSH stands for:



Show you care: Focus on the other person, make eye contact, put away your phone.



Have patience: It may take time and several attempts before a person is ready to open up. Try asking questions like “how are you feeling today?” and do not be afraid to “dig a little deeper when someone’s words don’t match how they are acting”.



Use open questions: Use open questions that need more than a yes/no answer and follow up with questions like “Tell me more”.



Say it back: Check you have understood, but do not interrupt or offer a solution.



Have courage: Do not be put off by a negative response and do not feel you have to fill a silence.^[30]



Listening well is a skill and takes practice. Do not be too hard on yourself if you do not always manage **active** listening, we are all human and our attention can sometimes be divided. Do try to get into a habit of **active** listening where you can, work out what helps you to be engaged and what tends to distract you.

From the community, for community leaders and those who wish to support others...

Listening to lived experience is vital to understanding what does and does not work when supporting LGBTI people. We spoke to See Me and See Me Proud volunteers who have experience both of poor mental health and being LGBTI. The following is a summary of what they told us. We would like to give them a huge thank you for providing such valuable insights and recommendations, as well as Anna Cook and See Me for hosting this discussion...

Where you can, try and raise awareness around mental health stigma and discrimination...

- Think about linking with local media around breaking down stigma around mental health.
- Try and raise awareness in your own community group.

Let people tell their own stories...

- Hold space for people to talk about what is going on for them if and when they want to.
- Avoid diagnosing or labelling anyone and allow people to use their own language to describe their situation or mental health issues.

Sharing stories and using conscious language lets people know they are in a safe space...

- If you have lived experience of poor mental health or being LGBTI and feel OK to share, it can help others to do the same. You might think about sharing the ways that you cope with negative feelings and poor mental health.
- You could try using inclusive language that signals you may be safe for an LGBTI person to talk to.

Make sure you are supported too...

- Facilitators and community members should support one another where they can and set clear boundaries. There are limits to what we can do for others and knowing our own is important to keep us safe.
- Training in mental health can help community leaders understand how to chat to people around their mental health and help them to open up, as well as when referring on.

Listening and then signposting is often the best approach...

- Listening is absolutely vital. Use active listening to hear what someone's actually saying.
- Know that it is OK to say 'actually that's beyond my scope and experience' – you can listen and hold the space for someone to talk, then tie them in with the most appropriate help.
- Make sure your signposting information is kept up to date so that nobody is faced with no answer from a wrong number or defunct support organisation.
- Signposting and meet-up information need to be visible if you lead a group and have a space. You might use group pages, social media or notice boards. You could provide literature around mental health – whether that is leaflets or posters, this can help people feel safe to open up.

Local community groups make all the difference...

- If you run a group, check out bus and train times to make sure the group is held at a time that enables people from other geographical areas to attend.
- We need more groups outside cities and the central belt so that all LGBTI people are able to access a support space.

Co-produce a welcoming space with your community...

- A co-created social contract and no bullying policy can help group members feel safe to talk and be themselves.
- Peer support is really important – particularly around mental health.

Looking After Others by Looking After Yourself

The effects of supporting people: burnout and compassion fatigue

Sometimes people refer to compassion fatigue as feeling burnt out or 'burnout'. The two are slightly different.

Both burnout and compassion fatigue can happen over time. **Burnout** is normally specific to work cultures and practices whereas **compassion fatigue** is specific to caring for others who are experiencing trauma or emotionally challenging conditions^[31] (often experienced by those within the LGBTI community). Burnout can increase someone's risk of compassion fatigue and compassion fatigue may include burnout and/or secondary traumatic stress.^[32]

Secondary traumatic stress (sometimes called vicarious trauma) is a consequence of caring for others in emotional pain, it is not the same as PTSD, though it has some similarities.^[33]

Understanding the differences and similarities between compassion fatigue, secondary traumatic stress, and burnout can better equip us to take care of ourselves and be at our best to be able to help others should we choose to.^[34]

Remember, you are not always able to help others, and that is ok.

BURNOUT

Burnout often has three main aspects:

1. emotional exhaustion (feeling very tired and worn out)
2. depersonalisation or cynicism (feeling numb or jaded)
3. feelings of ineffectiveness (feeling useless)

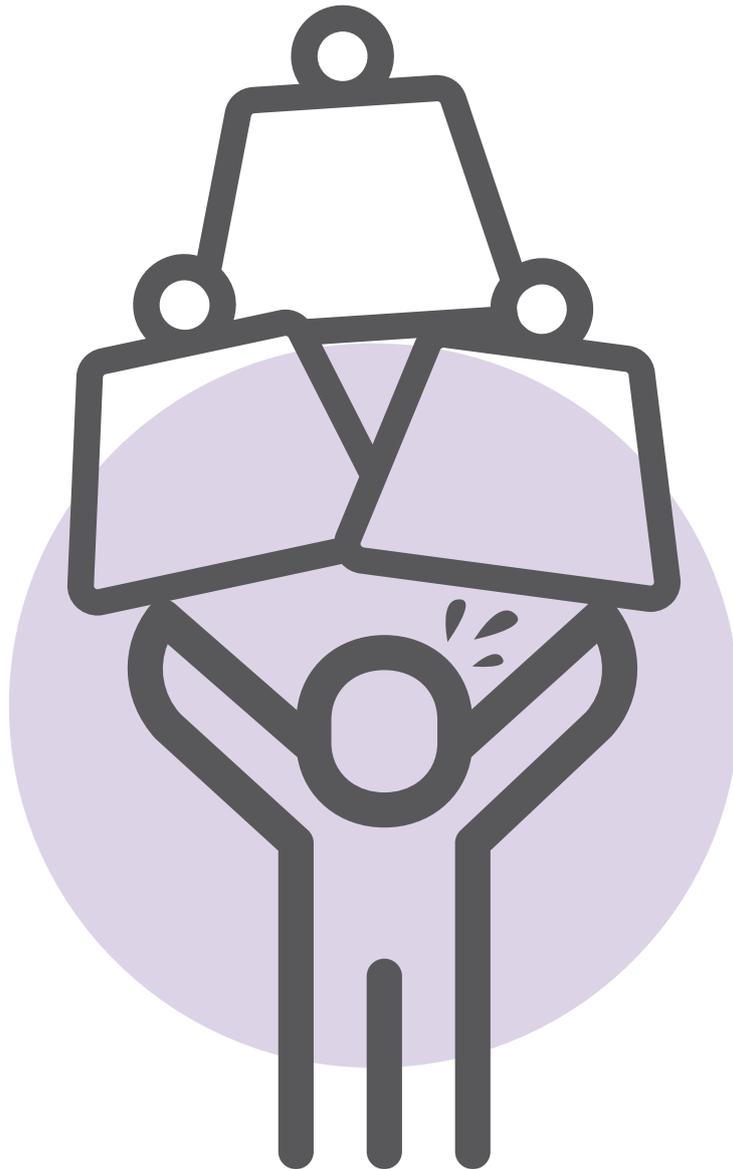
COMPASSION FATIGUE

Compassion fatigue is a type of stress that comes from helping others, or from wanting to help others and being unable to. Compassion fatigue can happen quite suddenly.

'Compassion fatigue is the decreasing ability to help due to being unable to distance ourselves from the emotions, the pain of others.'^[35]

Compassion fatigue often affects caregivers, professionals who provide support, or people who work in healing and helping/support professions; but it can also affect those who support others in their day-to-day lives outside of a professional capacity. Within the LGBTI community, we often seek to support one another where support is not available elsewhere. With so many members of our community experiencing poor mental health and wellbeing, and with many of us having poor experiences when accessing services for support, it is easy to see why we turn to each other.

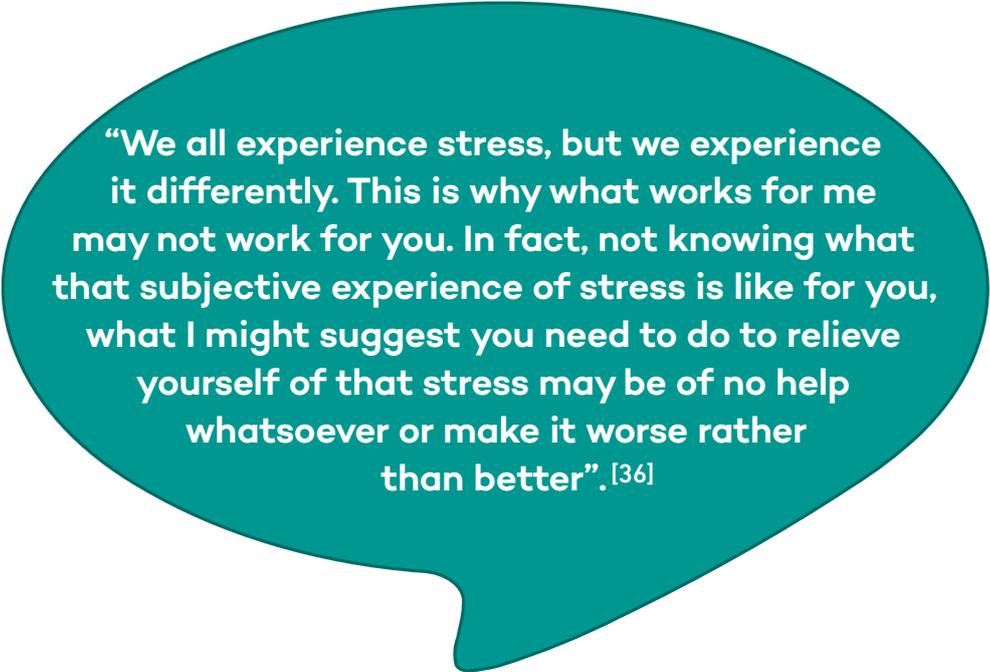
When we speak to others within the community who may be suffering, we tend to take a little bit of that upon ourselves and carry it with us. Carrying too much can damage our mental health, preventing us from being our best selves and being able or willing to support others.



You can get help for compassion fatigue and there are things you can do to help yourself. It helps to talk to others and to learn more about it and how it might be affecting you. It is essential to make sure that you are taking care of yourself as best you can, getting the best sleep you can, eating as well as you can, and exercising or getting out and about if you can.

Common symptoms of compassion fatigue include chronic physical and emotional exhaustion, irritability, feelings of self-contempt, and difficulty sleeping. If you are feeling any of these things, speak to your GP.

The following 'reality statement' comes from a book dedicated to compassion fatigue, burnout, and secondary traumatic stress. It is perhaps a good statement to think about when considering our own self-care and the experiences of others, as well as how we can help:



“We all experience stress, but we experience it differently. This is why what works for me may not work for you. In fact, not knowing what that subjective experience of stress is like for you, what I might suggest you need to do to relieve yourself of that stress may be of no help whatsoever or make it worse rather than better”.^[36]

Acknowledging this reality is important. It will keep us grounded, empathetic and aware that what we say and do affects others. This statement also highlights that we are all different and experience life, and poor mental health, in unique ways. It reminds us that **we should signpost people to organisations with professional experience should we feel out of our depth, or if we feel someone else may be better equipped to help.** This should never prevent us from being able to listen and make space for others.

The importance of boundaries

Most LGBTI groups in Scotland operate without any paid staff so it can feel difficult to take time off or to set limits when people need us. But when we do not set any boundaries, we quickly become burnt out and/or experience compassion fatigue.

Setting and maintaining boundaries means we have more realistic expectations of ourselves, and that we do not promise things we cannot deliver:



“[as a community leader you] come across stuff that’s gonna upset you... you might be thinking bloody hell I can fix this, let me fix this, and you can’t because it’s not your place to do their journey for them... any informal group, make sure your community leaders... are supporting each other... it will not only help them and yourselves, it will also help their group as well... because you can’t pour from an empty cup and it’s something that a lot of facilitators that I’ve spoken to don’t get warned about... you’re going to come across people that you might feel so bad for... and sometimes you just have to learn to kind of accept that’s part of life”.

—See Me Volunteer

Boundaries are important for LGBTI people working with and supporting other LGBTI people, whether this is in our jobs, through community groups, or in our personal lives. Because we may have experienced some of the impacts of minority stress ourselves, there is a risk of being too close to certain issues or over-identifying.

It may be painful or difficult to re-live experiences, and we may find some things triggering. We may feel pulled to go above and beyond the line of duty, as we have greater empathy for what someone is going through, or we could feel that we need to act as a 'role model'. The LGBTI world can feel small at times too, and we may encounter people we have supported professionally, in our personal lives.^[37] All these factors make positive boundary building essential.

Identifying boundaries and reflecting on these

What is a boundary? A boundary is a 'defining line' that can be used to decide what is, or is not, ok for you. Boundaries are individual to each person and help us to know ourselves. Some people may have boundaries which are too strong i.e., never letting people in, and others may have boundaries which are not strong enough.

It is common for our professional and personal boundaries to blur and overlap. Thinking about each of these and where they intersect is key to a good balance.

Naming your boundaries

The first step to maintaining positive boundaries is to work out "what you can tolerate and accept and what makes you feel uncomfortable or stressed".^[38] **We are often unaware of our personal and professional boundaries, and that makes it hard to identify when those have been crossed.** If we do not name our boundaries, we may feel stress and anxiety without knowing why.

These exercises should enable you to start reflecting on where your boundaries work for you, where they do not, where they are unclear or where they are missing entirely.

EXERCISE ONE ^[39]

Start by thinking about the professional boundaries that are important to you when supporting LGBTI people. Write these down. You might want to think about:

- What are my boundaries with those I support? Do I feel comfortable with the information I disclose to people e.g., personal things in my life, home contact numbers etc.
- What standard of work do others expect of me and how much do I expect of myself? Do I feel that the work I am doing is within my competence, or am I out of my depth?
- Do I work or volunteer at set times each day or week? Do I continually work more than my contracted hours, or give more time to my volunteering roles than I feel I can?
- What are my boundaries like with my colleagues? Do I understand my roles and responsibilities? Do other people know these? Am I communicating what I need?
- Am I over-sharing and over-identifying with people? Do I tolerate micro-aggressions or abuse from others because I am in a supportive role?
- What are my boundaries like between my professional and personal life? Are there any?
- What is the environment like around me? Do I have what I need to be able to do the things I need to, and that matter to me?

Some boundaries may be more general and longer term, others may be more specific and shorter term, for example, with a particular colleague or someone you currently support.

Once you have decided on the most important boundaries for you and written these down, the next step is to work out how you feel about these. Are they healthy or unhealthy? Write down words next to each that sum up your feelings e.g., safe, positive, pressured, unclear, stressful. Try to reflect on why you feel this way.

Now think about which you want to keep the same, and which you need to make clearer or change. This will identify the areas where you need to focus on maintaining positive boundaries.

EXERCISE TWO

Naming your boundaries is crucial to setting these, but how do we maintain these in our everyday lives, and how do we ensure others do not cross the lines we set? This next exercise^[40] provides sentence starters that can create statements which become our everyday professional boundaries. Try filling in the following sentences with a few different answers:

People may not...

You might answer this with: “use me as a way to alleviate their anger or frustrations”, “gossip about others near me”.^[41]

To protect myself it is ok for me to...

Boundaries to protect yourself could include: turning off your phone and email between certain times, not having emails on your phone, “changing your mind”,^[42] saying no to a new commitment, or maintaining healthy boundaries with those you support.

I have the right to ask for...

You may wish to ask for “privacy”, “quiet time alone”, “clarification of a criticism”,^[43] extra support,^[44] or more time to complete a task.

To prevent anxiety, stress or depression I need...

These needs may look like: less responsibility at work or in my voluntary role, “positive reinforcement or validation”,^[45] to be given clearer and more direct instructions, to take a lunch break every day, to set a maximum number of groups I can run each month.

Completing these sentences will help you to further understand your boundaries and gain greater self-awareness. Pay attention to the situations in which you feel angry, frustrated, “low on energy, feel butterflies in your stomach, or want to cry”.^[46] These are the situations in which it is likely a boundary has been crossed.

Being able to express your boundaries to others is important. When setting boundaries with those you support, be firm, direct, and clear.^[47]

When supporting people, try to establish boundaries at the very beginning of a relationship. This will make it easier for both you and the person you are supporting to navigate your expectations. Clear boundaries protect both parties; they mean that someone in a position of power does not abuse this power, and that you can maintain some healthy distance between the different parts of your life.

Self-Care

Sometimes you have to put yourself first...

Self-care is vital to our physical and mental health. If we do not look out for ourselves, we will not have the capacity, energy, brain power, space, time, ‘spoons’ (whatever you choose to call it!) to help others if we want or need to.

What is self-care? Self-care is not new, and it is not fancy. It simply refers to acts that you can do, for yourself, with intention, that help you to look out for your mental and/or physical health.

Each person’s self-care practices are different. They are always good for your wellbeing and cannot be harmful to you. By this we mean, not everything that makes you feel good is self-care. Many things that we enjoy are not good for us at all and can cause serious problems to our mental health and wellbeing. So sometimes *not* doing the things you enjoy can be a practice of self-care too.

Self-care can be seen in what you agree to do, and what you say no to (as we saw above when talking about boundaries). It can be about setting boundaries within yourself and with others and it can be as simple as getting a good night’s sleep (which for many is easier said than done.) Self-care can also include a bit of pampering, a walk or a swim, or even just making sure you have down-time with friends or with yourself – time when nothing is being asked of you.

Self-care does not have to cost a penny, and often the most rewarding acts of self-care do not. The most important thing about an act of self-care is that it puts *you* first.



reflection point

How might you practice self-care?

Try and think about activities that give you energy and activities that drain your energy. Do you have a good balance of these?

Trauma Informed Approaches and Suicide Prevention

Trauma-inform your thinking

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivors and the creation of new connections.^[48]

Safe, effective, empowering relationships are vital to enhancing resilience and recovery for those affected by trauma.

Trauma can “impact on our connection to ourselves”.^[49] We can start to view things as our fault or feel we are deserving of bad things. It can also impact on outward connections, making us feel that we do not deserve these either, particularly if past relationships have been unhealthy or untrustworthy.

Trauma is an important consideration when talking to anyone about their experiences, and in caring for yourself too.

If we have suffered trauma in our life, we will be at higher risk of further poor mental health and physical health problems. We might struggle to learn, have trouble in our relationships, come into contact with the criminal justice system, be at risk of further harm, and health harming behaviours. This is because, due to trauma, we might have difficulty in regulating emotions, we may have risky strategies for managing stress, and we may face difficulties in relationships with others. All these things have a detrimental effect on mental and physical health, as well as sometimes in our social lives.^[50]

This is made worse if we suffer inequality due to being LGBTI, such as health care inequalities, minority stress or discrimination, or if these inequalities have contributed to our trauma in the first place.

What is trauma-informed practice? This practice recognises why someone may adopt certain behaviours or have distrust towards others, to external connections or to public services. It sees these are coping mechanisms, and normal reactions to ‘abnormal circumstances’, focusing on ‘what has happened’ to a person, not “what is wrong” with that person.

It is about ‘what’s strong’ and not ‘what’s wrong’.^[51]

NHS Scotland^[52] hope to implement trauma-informed practice across the country. Many who read this will be doing so not because of where they work, but because they want to better support others in their local communities or in their personal lives. So, we have taken some of the principles of this framework and considered how we might approach our own or another’s experience at a given moment if hoping to provide support. Perhaps this can allow for a bit of trauma-informed thinking.

This is at a very basic level and we have adapted it slightly to fit the context of these resources – if you would like to know more about the National Trauma Training Framework and Trauma Informed Practice in a professional capacity, you can visit: bit.ly/3fd4C3A

Trauma is very common, and it can have a wide range of impacts on an individual. Trauma-informed thinking might prioritise:

- Recognising that people are affected by trauma and adversity
- Recognising inequality faced by people who are LGBTI
- Recognising the unique lived experience of individuals
- Recognising a need for wellbeing in all aspects of life
- Responding to others in a way that might prevent further harm
- Responding safely by signposting to equalities-competent interventions for recovery
- Considering access, and the barriers that someone may have faced in accessing the things that could have helped them to have an emotionally and physically healthy life.

Trauma-informed thinking would consider:

- Choice
- Collaboration
- Trust
- Empowerment

reflection point

How can we build choice, collaboration, trust, and empowerment into our connections with others?

Suicide prevention

Suicide can be triggering and painful to talk about, but it is important that we do. This is because having open and frank conversations about suicide is the number one way of preventing it, and suicide is a preventable death.

Thinking about suicide is common. In Scotland, the number of people dying by suicide has increased for the last three years^[53] and we know that it is an increasing threat to life within our community. The 'taboo' around it creates stigma and shame that can prevent people from getting support when they need it most.

Many of us will have been affected by someone ending their life and will find it hard to speak about. It is important to know that you are not alone in this, but that we can all make a difference.

In this section, we dispel some of the most common myths around suicide, explore ways to identify someone who may want to end their life, and how best to help them.

How do I know if someone is feeling suicidal?

Anyone can experience suicidal feelings or ideation. This may be more or less intense; it could last for a very short time, it could last for a very long time, or it could happen on and off.^[54]

In some cases, people will be able to pinpoint and talk about a clear cause for wanting to end their life, while in others there may be no obvious reason, or it may be a combination of factors. For many within our community it has a lot to do with society, the way they are viewed or how they are treated.

It is not always possible to put feelings into words, but there are some warning signs to look out for, including:

Changes in behaviour such as:^[55]

- Loss of interest in activities they used to enjoy
- Struggling to cope with everyday things
- Giving away possessions
- Excessive quietness
- Irritability, agitation, restlessness, or uncharacteristic outbursts
- Engaging in risky behaviours e.g., greater alcohol and/or drug use
- Suddenly seeming better or recovered after a period of depression

Physical indicators^[56]

- Changes in weight
- Lack of interest in appearance
- Sleeping a lot/not enough
- Self-harming

Expressing thoughts or feelings such as:

- Hopelessness, sadness, guilt, worthlessness,^[57] or feeling trapped

Words and language such as:

- “I can’t take it anymore”, “everyone would be better off without me”^[58]
- Talking about being a burden to others or having no reason to live^[59]
- Visiting or calling people to say goodbye, either directly or indirectly^[60]

This is not an exhaustive list, and it could be that such changes do not indicate thoughts of suicide, or that someone is suicidal and shows none of the above changes in language or behaviour.

You must remember that if someone does complete suicide, it is not your fault.

Will talking about suicide make someone more likely to end their life?

No. This is a myth.^[61] If a person is already suicidal then it is usually a huge relief for someone to recognise this and talk about it.

If a person is not suicidal, then asking them will not put the idea in their head.

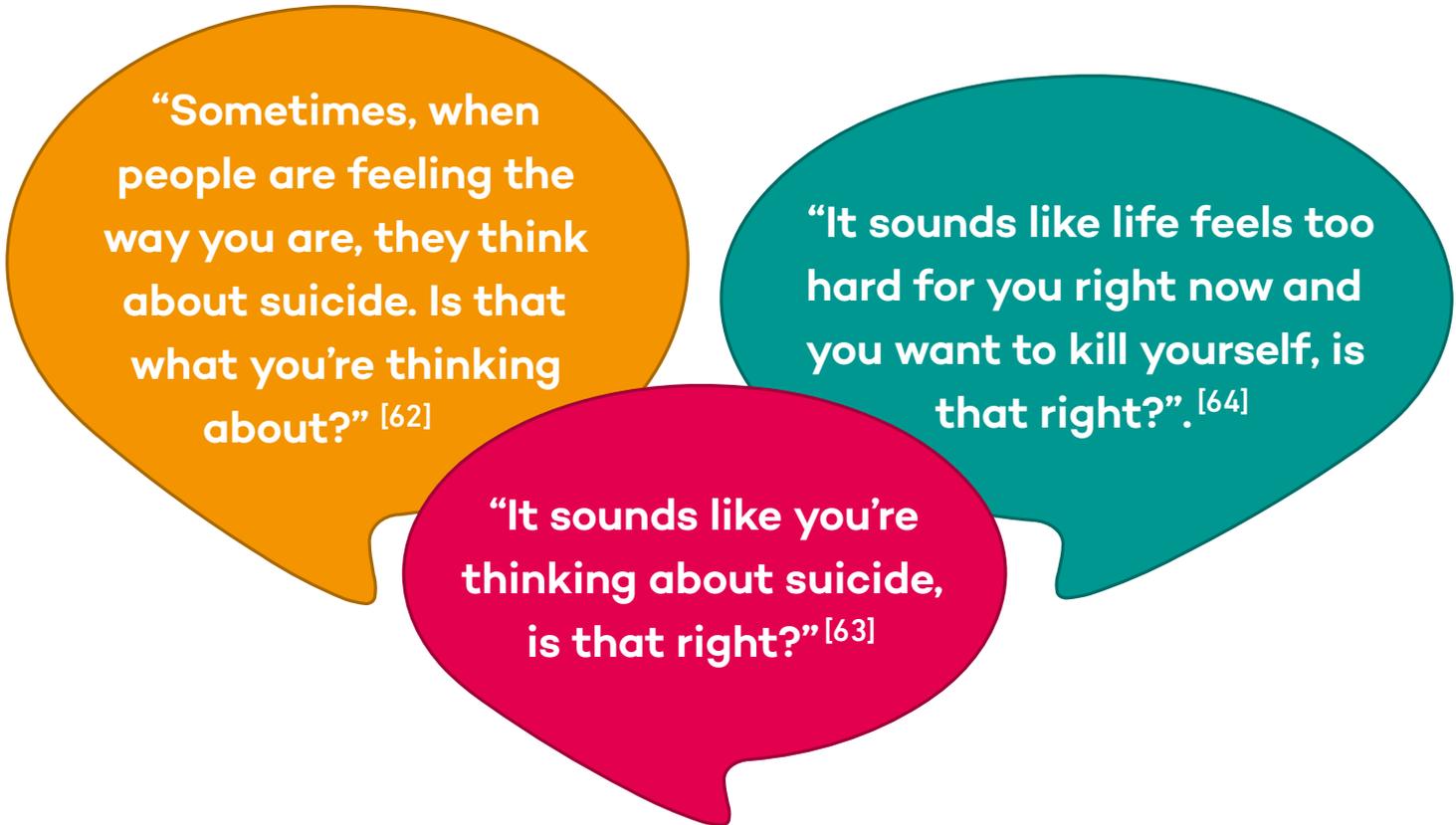
If you are concerned about someone, it is always worth asking.

How do I talk to someone about whether they are suicidal?

If a person appears suicidal, ask them directly and unambiguously whether they are thinking of ending their life.

A direct question is more likely to receive a direct answer and reduces the chance of any misunderstanding. Exactly how you ask this question may depend on the person in front of you and your relationship to them, and it is important that the phrasing feels right for you.

Try avoiding saying things like “are you having dark thoughts?” or “are you thinking of doing something silly?”, and instead ask a question like:



“Sometimes, when people are feeling the way you are, they think about suicide. Is that what you’re thinking about?” [62]

“It sounds like life feels too hard for you right now and you want to kill yourself, is that right?” [64]

“It sounds like you’re thinking about suicide, is that right?” [63]

What if someone does tell me they want to end their life?

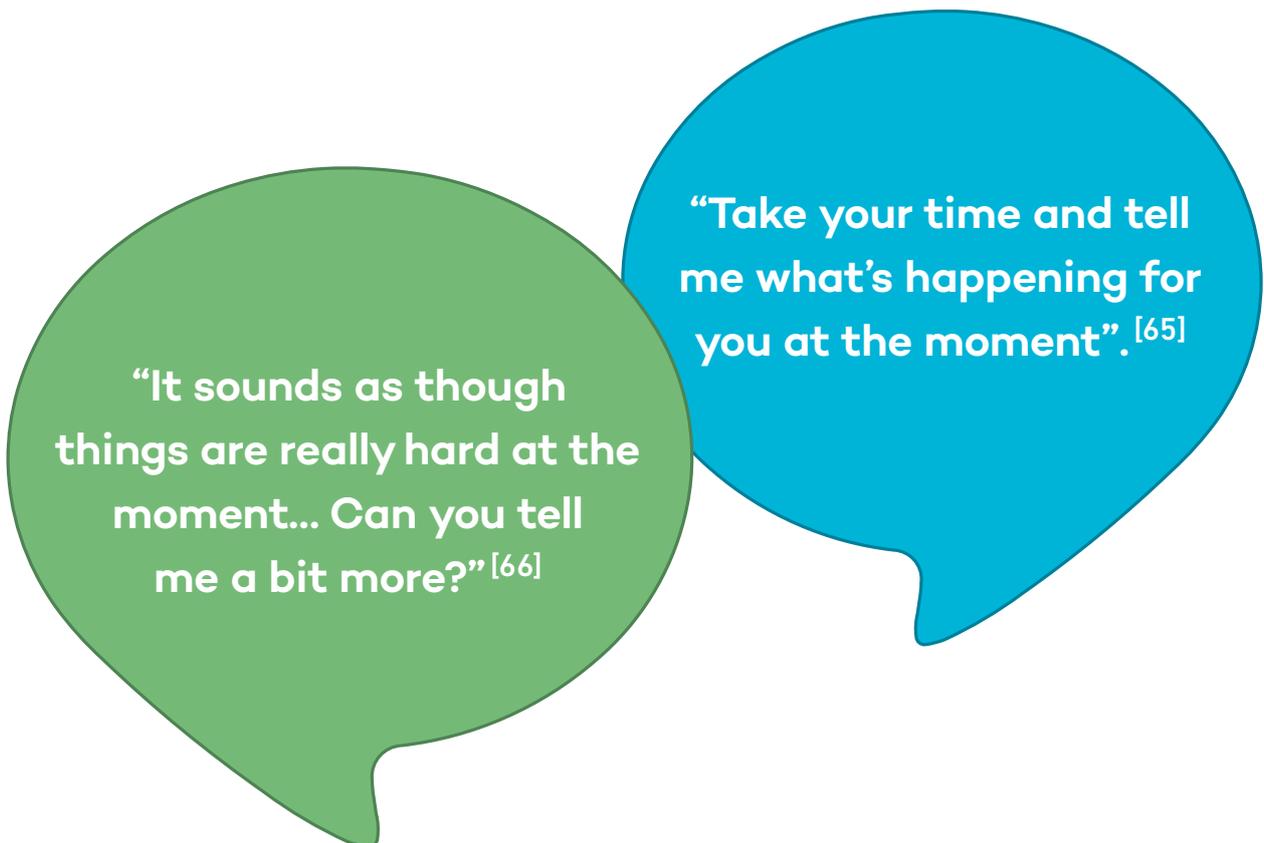
If someone is in immediate danger or attempting suicide, call 999 or get them to their nearest A&E.

If possible, stay with them until you know they are safe.

If someone does not seem in imminent danger, and you are able to talk to them in a quiet, safe place, then try to explore their feelings more. This may be difficult at first, and they may say things like “Why are you asking me this?” or “No-one can help me”, but it is important to show that you are asking because you care and you are worried about them, and that sometimes, just talking can help.

Active, non-judgmental and empathetic listening is an essential skill here (see our section on **active** listening).

You do not need to, and most likely cannot, fix the problem. What you can do is be there and listen. Try asking questions that enable someone to open up rather than to give yes or no answers. For example:



Listen to the responses to the open questions you ask, and engage with what the person is saying, asking further open questions like "what happened next?" [67] or "how did that make you feel?". Try to avoid platitudes like "cheer up" and try not to offer advice or compare their experiences to yours.

It is not your responsibility to change someone's mind about suicide.

Try to stay calm, give the person time to talk, and take them seriously. [68]

When you feel comfortable to do so, you can provide reassurance that there is help out there.^[69] Having some resources to hand and knowing where to signpost for support can help in this situation, so if you can, come prepared. You could begin a conversation about getting further support by saying:



You could ask the person if they have a safety plan in place for when they feel suicidal. If they do, you can work through it with them. If they do not, and you feel confident to do so, you could help them make one.

To download a safety plan template and for more information on this, go to: stayingsafe.net

You cannot and should not force someone to seek help or to talk to you about suicide.

If someone does not want to speak to you about this or get help, they will let you know. By asking them directly, you will still have let them know that you are there for them and that someone cares.

Where do I get support for myself if it is affecting me?

Supporting someone who is feeling suicidal is tough. You need to get support and look after yourself (see our sections on compassion fatigue, burnout, boundaries and self-care).

You should not be alone in supporting someone through a hard time, and you should always signpost them to professional help. If you have someone you trust, you could turn to them for support, or you could call Samaritans free any time, from any phone, on **116 123**.

“It’s important for you to make sure you’re okay too. It’s okay to decide that you are no longer able to help someone and to let them know you won’t be contactable for a while”.^[72]

This resource includes helplines that can provide support to people experiencing poor mental health, suicidal feelings, or for anyone that needs to chat about being LGBTI and related issues.

Mental Health Resources

The following is a list of organisations who provide support and/or resources and information on mental health. Some have dedicated helplines or instant messaging services which provide listening, signposting, advice, information, and help during a crisis. Several organisations are also LGBTI and/or Scottish specific services. See each description for more details.

LGBT Helpline Scotland

Tues/Weds: 12-9pm, Thurs/Sun: 1-6pm

0300 123 2523

Provide information and emotional support to LGBT+ people and their families, friends and supporters across Scotland. This includes a helpline, online chat and email support.

lgbthealth.org.uk/services-support/helpline | helpline@lgbthealth.org.uk

LGBT Youth Scotland

Text Mon-Fri

07984 356 512

Provide information and emotional support to LGBT+ people and their families, friends and supporters across Scotland. This includes a helpline, online chat and email support.

lgbtyouth.org.uk/ | info@lgbtyouth.org.uk

MindLine Trans+

Mon & Fri 8pm – 00am

0300 330 5468

A confidential mental health support helpline for people who identify as Transgender, Agender, Gender Fluid and Non-binary.

bristolmind.org.uk/help-and-counselling/mindline-transplus | mindline@bristol.org.uk

Switchboard LGBT+ 

Open 10:00-22:00 every day

0300 330 0630

A national LGBT+ helpline providing information, support and a referral service for LGBT people or anyone considering issues around this.

switchboard.lgbt/ | chris@switchboard.lgbt

MindOut 

Open most evenings from 5:30-7:30pm,
and on Sundays from 2-4pm

N/A
instant messaging on website

An LGBTQ mental health charity based in Brighton which has an instant message service on the website open to anyone in the UK.

mindout.org.uk/get-support/mindout-online | info@mindout.org.uk

Mermaids 

Monday – Friday 9am – 9pm.

0808 801 0400

Have a helpline for children and young people experiencing gender dysphoria.

mermaidsuk.org.uk

Support in Mind Scotland 

Mon – Fri 9am – 4.30pm

0300 323 1545

Offer a National Information Service which can signpost you to the local support that will most fit your needs.

supportinmindscotland.org.uk/national-information-service
info@supportinmindscotland.org.uk

Breathing Space 

Mon – Thurs 6pm – 2am, Fri 6pm – Mon 6am

0800 83 85 87

A helpline for anyone in Scotland over the age of 16, feeling low, anxious, depressed or worried about someone else.

breathingspace.scot | info@breathingspacescotland.co.uk

Samaritans

24/7

116 123

Have a helpline open 24 hours a day, every day of the year. This is a confidential listening service for any concerns you might have, including in a crisis.

samaritans.org/?nation=scotland | jo@samaritans.org

LGBT Foundation

Mon – Fri: 9am- 9pm, Sat/Sun: 10am- 6pm

0345 3 30 30 30

An LGBT charity based in Greater Manchester with a helpline open to anyone in a crisis, or who needs advice and support around a range of topics relating to gender identity or sexuality.

lgbt.foundation/helpline | helpline@lgbt.foundation

SHOUT

24/7

Text the word 'SHOUT' to 85258

A text only service for when people are struggling to cope and need to talk. This could be for depression, anxiety, suicidal feelings, bullying, relationship problems etc. Text the word 'SHOUT' to 85258 to start a conversation.

giveusashout.org

Key



Scotland-specific organisation



LGBTI specific organisation

For more information

SAMH has information and resources for both people feeling suicidal and those who are worried about someone. This includes a 'How To Ask' guide.

samh.org.uk/about-mental-health/suicide

Zero Suicide Alliance has both training and resources on suicide and prevention.

zerosuicidealliance.com

The **Stay Alive** website offers a list of all mental health/suicide prevention support in Scotland.

styalive.app/find-help-now/resources-by-area/scotland

Hub of Hope is a tool which can connect you to mental health and other support near you. Simply enter your postcode on their website and it will show you a range of organisations/groups in your area.

hubofhope.co.uk

Appendix

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- ² Ibid
- ³ Hagell A, Shah R, Coleman J. (2017) *Key data on young people 2017*. Association for Young People's Health, bit.ly/3cInVQU
- ⁴ More research is desperately needed to help us understand the effect (if any) of having a Variation in Sex Characteristics and of a lack of awareness within society of I/VSC issues upon mental health. The research that we reference throughout these resources are not inclusive of 'intersex' or variations in sex characteristics (I/VSC and the 'I' in LGBTI). We know, due to our own work with stakeholders in this area that people who are intersex or who have a VSC do face prejudice and hate crimes due to being considered 'different' because they are I/VSC. However, because we have no official data specifically on mental health in relation to being I/VSC we cannot include the 'I' consistently throughout this resource. Where the 'I' is missing, we have no source of reference to point towards or are not aware of work done in this area.
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- ¹⁵ Bowleg, 2008; Purdie-Vaughns & Eibach, 2008; Williams & Fredrick, 2015 in McConnell. E.A., Janulis. P., Phillips. G., R., Birkett. M. (2018) *Multiple Minority Stress and LGBT Community Resilience among Sexual Minority Men*. *Psychology of Sexual Orientation and Gender Diversity*. 2018 Mar; 5(1): 1-12. doi: 10.1037/sgd0000265

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This document is available in PDF format on our website: www.equality-network.org



The Equality Network is a national lesbian, gay, bisexual, trans and intersex (LGBTI) equality and human rights charity in Scotland.

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