Sponsors

The Alliance gratefully acknowledges the support of the Department of Health which funds the MindOUT! Project under the Taking Action to Tackle Suicide Funding

Conference Convenor: Barry Taylor

Conference Planning: Andrew Little

Program Advisory Committee:
Gavi Ansari
Tass Mousaferiadis
Sally Morris
Shaun Staunton
National LGBTI Health Alliance
beyondblue
Queensland AIDS Council
Tasmanian Council on AIDS, Hepatitis and Related Diseases
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We acknowledge the traditional owners of country throughout Australia. We pay our respects to all Australian Indigenous peoples and to the elders past and present and future generations. In particular we acknowledge the custodians of the country on which we meet for this conference – the Gadigal people of the Eora Nation.

We honour the elders in the diverse communities of which we are a part.

This conference is supported by a number of sponsors – who are displayed on the inside front cover of this handbook. Without their support we would not have been able to invite overseas speakers or to provide a record number of scholarships for participants to contribute and share their knowledge and experience and who otherwise would not have been able to attend. We thank headspace for sponsoring and coordinating the youth mental health stream of the conference.

There are many people to thank, including:
• The programme advisory committee members who assessed all the proposals
• All those who submitted abstracts to present at the conference
• Individuals who are chairing sessions
• Staff at the LGBTI Alliance, in particular Andrew Little for conference planning and logistics
• Volunteers who provide practical help before and during the conference

Finally we thank all participants; you are the ones who make the difference. It is your contribution through discussion, debate, sharing, learning and networking that will make this conference a successful event.

Barry Taylor
Conference Convenor
Mental health and suicide prevention is an area of significant need within our LGBTI communities and is a major focus of the work of the National LGBTI Health Alliance. This area was also the first to attract significant funding for the Alliance through the MindOUT! Project.

I am delighted to welcome you to this important conference which brings together and showcases the work that has happened right across the country to improve the mental health of LGBTI people. The theme *Courageous Voices: Seeds of hope and transformation*, sets the tone and speaks to the challenge for us all, not only over the next couple of days, but also into the future, to listen to those voices and to nurture those seeds so that we can work towards even greater transformation.

From the presentations we will see over the next two days, we will see that great strides have been taken to date. And while we have achieved much to be proud of, there is still more work to be done so that our communities are safer and more accepting places for all LGBTI people.

In this Conference Handbook you will find information about making the conference a safe and inclusive place for all. Please read this section carefully. If you are uncertain about something, then feel free to ask one of the organisers, who will be identified on their name badge. Or speak to someone at the registration desk.

I welcome you all to this National LGBTI Health Conference, I hope that the presentations and workshops inform, stimulate, promote discussion and debate, and, enthuse us towards building, developing and delivering better and stronger programs. I wish you every success at the conference and hope that you will leave inspired, reenergised and better equipped to continue to improve the mental health and suicide prevention services for LGBTI people.

Susan Ditter
Board Chair
National LGBTI Health Alliance
General Information

Disclaimer
The information in this handbook is correct at the time of printing. The Conference Secretariat reserves the right to change any aspect of the program without notice.

Registration Desk
All enquiries should be directed to the registration desk, located outside Ibis Room on the 1st floor. The desk will be open at the following times:
- Thursday 26 June 8.00am – 5.30pm
- Friday 27 June 8.00am – 5.00pm

Speaker Preparation Room
A speaker preparation room will be located in the Busby Room on Level 1.

The room will be open at the following times:
- Thursday 26 June 8.00am – 5.30pm
- Friday 27 June 8.00am – 5.30pm

A technician will be available in the speaker preparation room to assist you and to discuss any audio visual queries you may have. You can also take this opportunity to practice your presentation.

All speakers must take their presentation to the speaker preparation room a minimum of four hours prior to their presentation, or the day before, if presenting at a morning session.

If you are not providing slides for your presentation, please advise the AV technician in the speaker preparation room two hours prior to your session.

Taxis
Taxis are readily available from the entrance to the hotel.

Catering
Morning teas and afternoon teas will be served in the foyer outside the Ibis Room located on the Ground Level each day, and in the foyer outside the cook room on the second floor. Lunches will be served in the Windows Restaurant, Mezzanine Floor. Dietary requirements noted on your registration form have been passed on to the catering staff.

Vegetarian options will be available and labelled on the buffet. A separate buffet station will be available for any other specific dietary requirements that have been advised in advance such as vegan and gluten intolerance. Catering will all be labelled and any delegates with special dietary requirements will have their catering on a separate table clearly marked. Please ask the venue staff at this station for assistance.

Smoking
The venue allows guests to smoke outside only. Smoking is not permitted inside any of the rooms in the venue.

Mobile Phones
As a courtesy to all delegates and speakers, please switch off, or set to silent, your mobile phones during all sessions.

Messages
A message board is situated near the Conference Registration Desk outside the Ibis Rooms and should be checked regularly.

The Conference Organisers do not accept responsibility for personal mail. Please have all mail sent to your accommodation address.

Emergency and Evacuation Procedures
In the event of an emergency, such as a fire, the venue staff will direct delegates accordingly.
Parking
Conference delegates are to enter the hotels car park via Frances Street, take a ticket and park their car.

When the delegates are leaving the hotel they will need to have their ticket validated at Front Desk then proceed to the car park via the lifts in the lobby.

- Self-parking for conference guests - $25.00 per day
- Valet parking for conference guests - $35.00 per day

Name Badges
For security purposes, all attendees must wear their name badge at all times while in the Conference venue. If you misplace your name badge, please advise staff at the registration desk.

Delegate List
Information necessary for your attendance at the Conference will be gathered, stored and disseminated in accordance with the nation’s privacy legislation.

Liability/Insurance
In the event of industrial disruptions or natural disasters the Conference Secretariat cannot accept responsibility for any financial or other losses incurred by delegates. Nor can the Secretariat take responsibility for injury or damage to property or persons occurring during the Conference or associated activities. Insurance is the responsibility of the individual delegate.

Evaluation
Evaluation of the conference will be via an online survey. All participants will be sent an email with a link shortly after the conference. Please tell us what you think so that we can continue to build and improve future conferences.

Toilets
Bathroom facilities are wheel-chair accessible. Signs have been placed on the toilets on the second floor to indicate that people of all genders are welcome to use any toilet they wish. These signs also include references to the facilities that can be found in each bathroom and are available to people of all genders.

If you wish to use a male or female designated toilet, these are available on the first floor. See the venue map at the end of this handbook for more information.
The Alliance has a long tradition of inclusive practice and engaging with diversity. We hope that this conference will be a fun and educational experience for you.

We have provided these notes in an effort to help make Courageous Voices enjoyable and comfortable for everyone. Please remember that the practice of diversity is an ongoing learning opportunity for everyone involved. While recognising that this practice is challenging we know that the reward will be improved health and wellbeing for everyone.

**Privacy**

We value your privacy. Registration information is collected to ensure the best possible event and to evaluate the extent to which we have achieved our aims of diversity and inclusion. Your information will not be sold or shared outside of the Alliance without your written permission.

**Confidentiality**

To make the conference safe for all participants, please get prior written consent from any people in photographs, videos or audio recordings. Please do not share any names, contact information, or other personal or identifiable information of persons involved or participating in the conference without their prior written consent. Personal stories and information disclosed during workshops and informal gatherings are considered confidential. Please respect the privacy of others.

**Media and Press**

Any press or media MUST REGISTER PRIOR to the conference. No press interviews should be conducted at the conference without written consent of the conference secretariat.

**Equal Access to Facilities**

We have placed signs on the toilets on the second floor to indicate that people of all genders are welcome to use any toilet they wish. These signs also include references to the facilities that can be found in each bathroom.

Pullman Staff have been notified that these toilets are all-gender. We ask that you treat all people as welcome, whichever toilet you use. Please let us know if you experience any problems with access. The venue is fully wheelchair accessible.

**Support People**

Support people will be available in case you feel distressed or wish to discuss feelings raised by the conference sessions. Please contact the conference secretariat via the registration desk for assistance.

**Pronoun Cueing**

Pronoun cueing is the use of words and actions to send a ‘cue’ about someone’s gender. Accurate pronoun cueing helps to establish a safe, inclusive, and welcoming environment, especially for people who are most likely to be misgendered.

**Four Tips for Accurate Pronoun Cueing**

- Confirm a person’s preferred pronoun directly with that person rather than assuming.
- This means not assuming the genders of people who appear to present unambiguously as women or men, as they may not actually identify in the way they appear to you.
- Please try to use a person’s preferred pronoun and language about their gender and body, as your language will cue other people regarding how to describe that person.
• Check privately whenever possible to reduce embarrassment or discomfort.

Misgendering
Misgendering is a term for describing or addressing someone using language that does not match how that person identifies their own gender or body. We ask conference participants to use language that respects and reflects how people describe their own gender and body.

People may prefer binary pronouns (‘he’ or ‘she’); non-binary pronouns (‘they’, ‘zie’ (pronounced ‘zee’), ‘hir’ [‘heer’], or ‘v’); interchanging ‘she’ and ‘he’; or using their first name in place of a personal pronoun.

Tips to Avoid Misgendering
• Remember to check before using words that assume people’s genders, such as describing someone as a mother or father, as a girlfriend or boyfriend, or as a same gender couple.
• Be careful when describing or assuming people’s physical characteristics or activities. For example, some men who were assigned ‘female’ may identify as biologically male.
• Recognise that some people have shifting or fluid genders, more than one fixed gender or identify as not having any gender.
• Be aware that there will be a learning curve for some people and mutual respect is required.

Listening to each other
A conference such as Courageous Voices is intended to facilitate an exchange of opinions and different views. This is encouraged. We equally encourage comments, questions and discussions to be respectful, not ‘attacking’ the person but focussing on the issues.

Intergenerational Differences
The Courageous Voices conference welcomes people of all ages. Each generation will bring their insights and experience to the discussions.

Behaviour
The Alliance seeks to provide a space that is free from sexual harassment, racism, verbal abuse or threats of physical violence. These behaviours will not be tolerated.

Feedback
Please let us know if you have feedback about how to make Courageous Voices a safer and more inclusive conference in the future.

If there is an issue that you would like to address during the conference, please visit the registration desk.

The Alliance uses “LGBTI” as a recognisable acronym to refer to diverse populations that include but are not limited to lesbian, gay, bisexual, trans and intersex people. We use this term in its widest meaning to be as inclusive as possible. We recognise that many people consider LGBTI to be an experience or history. We welcome people of LGBTI identity, history or experience, whether or not you are involved in communities organised around sex, sexuality and/or gender. We invite you to think beyond and across identity labels. Some presentations will address the limitations of identity labels and the health benefits of respecting the whole person.

We strive to make Courageous Voices an inclusive and welcoming space for all. This means we also welcome people who may identify as same-gender loving, pansexual, queer, genderqueer, Two-Spirit, genderfluid, agender, androgyne, bi-gender, queer, femme, butch, sistergirl, brotherboy, fa’afafine, takatāpui, kathoey, boi, grrl, bear, tom, straight, asexual, monogamous or polyamorous, as well as people do not use any identity labels. We welcome everyone with an interest in the relation between sex, sexual orientation, and gender and how these relate to health and wellbeing.
LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX TRAINING FOR THE AGED CARE SECTOR

FOR MORE INFO: WWW.LGBTIHEALTH.ORG.AU/AGEING

PROJECT PARTNERS

Funded by the Commonwealth Department of Social Services
headspace offers information, advice and support for young people aged 12-25 on:
- mental health
- physical health
- alcohol and other drugs
- education and employment

headspace.org.au
Mental health begins with Me

Make mental health matter!

Post your personal mental health promise today

1010.org.au

It will take you just a minute but the benefits will last a lifetime.

OCTOBER 10 | WORLD MENTAL HEALTH DAY

For more information and to post your promise scan the code or visit 1010.org.au
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<td>Registration and Arrival Tea and Coffee</td>
<td>Foyer Area in front of Ibis Room, First Floor</td>
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<tr>
<td>9:00am-10:30am</td>
<td><strong>Opening Plenary 1</strong></td>
<td>Ibis Room First Floor, Chair: Susan Ditter</td>
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<tr>
<td>9:00-9:10</td>
<td>Welcome to Country: <strong>Uncle Chicka Madden</strong>, Gadigal Elder</td>
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<td>9:10-9:15</td>
<td>Welcome: <strong>Susan Ditter</strong> Chair National LGBTI Health Alliance</td>
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<td>9:15-9:35</td>
<td>An Inclusive and Mentally-well Australia: <strong>Professor Alan Fels</strong></td>
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<td>9:35-10:05</td>
<td>Trans Mental Health: Social Attitudes and Health Service Interactions</td>
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<td>10:05-10:35</td>
<td>Identities, intersections and mental health: <strong>Assoc Professor Ruth McNair</strong></td>
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<td>10:35-11:00</td>
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<td>Room: Ibis 2 Chair: Alan Brotherton</td>
<td>Room: Parkview Chair: Mark Fuller</td>
<td>Room: Cook 1 Chair: Warren Summers</td>
<td>Room: Cook 2 Chair: Ross Jacobs</td>
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<td>11.00</td>
<td>Support Experiences and Attitudes of Parents of Gender Variant Children</td>
<td>Talking It Out: Men’s Social Support and Discussion Group</td>
<td>Panel discussion - Improving the mental health &amp; wellbeing of LGBTI young people: <strong>Alexandra Culloden</strong></td>
<td>Conversations Matter when discussing suicide in LGBTI communities</td>
<td>Panel: Courageous Voices of Hope and Transformation: A Panel of LGBTI people with the lived experience of mental illness</td>
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<td>11.00-12.30</td>
<td>Damien Riggs</td>
<td>Kristian Reyes</td>
<td>What’s inclusive practice got to do with it: <strong>Lottie Turner</strong>, <strong>Joel Radcliffe</strong>, <strong>Zoe Birkinshaw</strong></td>
<td><em>Nothing is worth that</em>: public health approaches to suicide prevention and social change: <strong>Moira Clunie</strong></td>
<td><strong>Jennifer Sims</strong>, Lisa O’Brien, Joel Mellish, Sally Goldner</td>
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<td>11.20</td>
<td>A cis-gendered therapist’s journey supporting children and adults of diverse sex or gender: <strong>Olivia Donaghy</strong></td>
<td>GBTI Men and Depression: Findings of the Shout Out Study</td>
<td><strong>Andrew Thorp</strong></td>
<td><strong>Gay doesn’t make it okay! LGBTI suicide through a human rights lens</strong>: <strong>Jade McKenzie</strong></td>
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<td><strong>Andrew Thorp</strong></td>
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<td>Square Pegs in Round Holes: Recognition of the Diversity of Needs for Transgender Children: <strong>Elizabeth Riley</strong></td>
<td>Taking action before the blues take over</td>
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<td>12.00</td>
<td>Girl in the Kink’s Shirt</td>
<td>Reaching GBTI men in psychological distress</td>
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<td>12.00</td>
<td><strong>Hannah Rossiter</strong></td>
<td><strong>Delaney Skerrett</strong></td>
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<td>12.20-12.30</td>
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| 12:30-1:30 | Lunch  
Windows Restaurant, Mezzanine Floor |  |
| 1:30-2:30 | Plenary 2  
Room Ibis Room First Floor. Chair: Rebecca Reynolds |  |
| 1:30-2:00 | See Me, Hear My Voice –The Challenges For Takataapui Youth Of Navigating Multiple Complex Identities  
Dr Keri Lawson-Te Aho |  |
| 2:00-2:30 | Black Rainbow; reconciling race, genders and sexuality diversity  
Dameyon Bonson |  |
| 2:30-3:30 | Concurrent 6  
Room: Ibis 1  
Chair: Atari Metcalf  
Working with and living outside the binary Mani Bruce Mitchell & Thomas Hamilton (Workshop) |  |
| 2:30-3:00 | Concurrent 7  
Room: Ibis 2  
Chair: Susan Ditter  
Mapping the complex relationships between mental illness-health and illicit drug use among LGB Australians: A closer look at Private Life 2  
Liam Leonard |  |
| 2:30-3:00 | Concurrent 8  
Room: Parkview  
Chair: Dr Alex Parker  
The Same Difference Panel Speaker Training Program - Clara Adams |  |
| 2:30-3:30 | Concurrent 9  
Room: Cook 1  
Chair: Rebecca Reynolds  
QLife Workshop - Strength in Numbers  
Ross Jacobs, Ian Davis, Leanne Renfree |  |
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Room: Cook 2  
Chair: Ben Tinman  
Putting our mental health in our hands: learnings from queerspace mental health service - David Belasic & Reima Pryor, Karen Field (Workshop) |  |
| 2:30-3:30 | Concurrent 11  
Room: Dalley Rm  
Chair: Samantha Edmonds  
Exploring emotional geographies of LGBTI responses to natural disasters: examples from the 2011 Queensland floods - Andrew Gorman-Murray |  |
| 2:50   |  
Training for Change - Improving Mental Health Outcomes for LGBTIQ Youth - Olivia Kelly |  |
| 3:00   |  
What’s place got to do with it? Variations in the mental health of LGB Australians according to geographic location. Emily Bariola |  |
| 3:10-3:30 | Concurrent 6  
Room: Ibis 1  
Chair: Atari Metcalf  
Working with LGBTIQ young people to design meaningful online services - Victoria Blake, Alan Brotherton |  |
| 3:10-3:30 | Concurrent 7  
Room: Ibis 2  
Chair: Susan Ditter  
Exploring emotional geographies of LGBTI responses to natural disasters: examples from the 2011 Queensland floods - Andrew Gorman-Murray |  |
| 3:10-3:30 | Concurrent 8  
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Room: Dalley Rm  
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Exploring emotional geographies of LGBTI responses to natural disasters: examples from the 2011 Queensland floods - Andrew Gorman-Murray |  |
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<tr>
<td>4:00-5:30</td>
<td>Room: Ibis 1 Chair: John Howard</td>
<td>Room: Ibis 2 Chair: Sally Goldner</td>
<td>Room: Parkview Chair: Liam Leonard</td>
<td>Room: Cook 1 Chair: Greg Adkins</td>
<td>Room: Cook 2 Chair: John Mikelsons</td>
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<td>4:00</td>
<td>Working with same sex attracted young people - Evidence for inclusive practice Dr Alexandra Parker and Dr Simon Rice</td>
<td>Working with survivors of cisgenderism and complex trauma: Guidelines for clinical assessment and therapeutic response for the helpful helper - Gávi Ansara</td>
<td>GASP: a holistic and long term approach to improving the mental health and wellbeing LGBTI young people - Susanne Prosser, Jami Jones, Tracey Whitmore</td>
<td>Considering the sexual minority model within an Australian context - Heidi Jansen</td>
<td>What does Better Look Like? LGBTI people participating in mental health - Sally Morris</td>
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<tr>
<td>4:40</td>
<td>Youth run, Youth led in a GLBT environment. Duncan Matthews, Aych McArdle</td>
<td>Gender-Related Victimisation, Perceived Social Support and Predictors of Depression Among Transgender Australians - Crystal Boza</td>
<td>Outing Disability: Inclusion and LGBTI people with a disability - Rosalie Power</td>
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<td>Crisis Lines - Opportunities and Limitations - Alan Woodward</td>
</tr>
<tr>
<td>5:00-5:20</td>
<td>Applying the science of sadness: Endocrine-related anxiety and depression in intersex and trans people - Gávi Ansara</td>
<td></td>
<td>Addressing the Social Determinants of Suicidal Behaviors and Poor Mental Health in LGBTI Populations in Australia - Delaney Skerrett</td>
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<td>The Rainbow Service - Bringing LGBTQIQ Service Provision into the Mainstream - Chris Pye</td>
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<td>Registration and Arrival Tea and Coffee&lt;br&gt;Foyer Area in front of Ibis Room, First Floor</td>
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<td>9:00am-10:35am</td>
<td><strong>Plenary 3: Panel Discussion</strong>&lt;br&gt;Room: Ibis Room First Floor Chair: Barry Taylor</td>
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<td></td>
<td>9:00-10:30 Where worlds Intersect - A Panel Discussion on the mental health implications of where culture, spirituality and cis-genderism intersect with our lives as LGBTI people&lt;br&gt;Gávi Ansara (Cultural World) Margaret Mayman (Religious World) Morgan Carpenter (Intersex)</td>
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<td>10:30-10:35 Launch of the ACON Mental Health and Well-Being Health Outcome Strategy&lt;br&gt;Alan Brotheron</td>
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<td>10:35-11:00</td>
<td><strong>Morning Tea</strong></td>
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### Concurrent Sessions

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<tr>
<td>11.00-12.30</td>
<td>Room: Ibis 1 Chair: Tarnia Thompson&lt;br&gt;Micro Moments: part adventure, part recycling, part intervention – all art&lt;br&gt;Lex Randolph (Workshop)</td>
<td>Room: Ibis 2 Chair: Virginia Bashford&lt;br&gt;LGBTI Champions in Mental Health and Suicide Prevention Organisations - Sally Morris (Workshop)</td>
<td>Room: Parkview Chair: Max Mackenzie&lt;br&gt;Launch of Safe Schools Coalition Australia - Stephanie Amir</td>
<td>Room: Cook 1 Chair: Shaun Staunton&lt;br&gt;Sharing Clinical Wisdom: therapeutic work with LGBTI individuals &amp; communities - Vikki Sinnott, Mani Mitchell, Vanessa Watson, Daniel Parker (Workshop)</td>
<td>Room: Cook 2 Chair: Dameyon Bonson&lt;br&gt;Aboriginal Brother Boys - SPEAKING OUT, YARNING UP - Dean Gilbert, &amp; Kai Clancy (Workshop)</td>
</tr>
<tr>
<td>11.00</td>
<td>Micro Moments: part adventure, part recycling, part intervention – all art&lt;br&gt;Lex Randolph (Workshop)</td>
<td>LGBTI Champions in Mental Health and Suicide Prevention Organisations - Sally Morris (Workshop)</td>
<td>Launch of Safe Schools Coalition Australia - Stephanie Amir</td>
<td>Sharing Clinical Wisdom: therapeutic work with LGBTI individuals &amp; communities - Vikki Sinnott, Mani Mitchell, Vanessa Watson, Daniel Parker (Workshop)</td>
<td>Aboriginal Brother Boys - SPEAKING OUT, YARNING UP - Dean Gilbert, &amp; Kai Clancy (Workshop)</td>
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<td>2:00-2:30</td>
<td>Towards equitable mental health nursing services for LGBT people in Fiji</td>
<td>Trish Kench</td>
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<td>2:00-2:30</td>
<td>&quot;Cereki Na Dina&quot; (Unveiling the Truth): Mental Health and Suicide Prevention in LGBTI Young People in Fiji</td>
<td>Lionel Rodgers, Young Champs 4 Mental Health</td>
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<td>2:20-2:30</td>
<td>Using emotion-focused therapy with gay men</td>
<td>Kieran O'Loughlin (Workshop)</td>
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<td>2:30-3:30</td>
<td>Has anything changed since 1998? Suicidality among sexuality and gender diverse young people</td>
<td>Dr John Howard</td>
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<td>3:00-3:30</td>
<td>Finally feeling comfortable: gender diverse and transgender young people's experiences with mental health professionals</td>
<td>Elizabeth Smith, Roz Ward</td>
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A national not-for-profit peak body working to improve the health and wellbeing of lesbian, gay, bisexual, trans, and intersex people, and for other sexuality and gender diverse people.

monitoring + research
Our Members:

The Alliance is a membership-based organisation. We provide a national framework for supporting members to collaboratively pursue their shared objectives.

Our members work to improve the health and wellbeing of people across the full course of the lifespan. They reflect the breadth and diversity of our Australian community. The organisations range in size and scope from volunteer run local organisations to statewide bodies. We also have an important group of individual members who bring their personal and professional expertise to our projects.

To find out more about how you or your organisation can become a member of the Alliance please visit:

www.lgbtihealth.org.au/membership

‘Health across the lifespan’
OPENING PLENARY
Chair: Susan Ditter
Ibis Room/ 9:00-10:30

Welcome to country: Uncle Chicka Madden, Gadigal Elder

Welcome: Susan Ditter, Chairperson - Alliance Board
Susan is Chairperson of the Board of the National LGBTI Health Alliance and has held this position for two years. She is presently Executive Officer of Working It Out Inc (WIO) – Tasmania’s gender and sexuality support and education service funded by Dept of Health and Human Services Tas. Susan’s role at Working It Out involves work with other organisations and groups, government policy makers and individuals who see the value of a national body.

9:15-9:35/ OPENING ADDRESS

Professor Alan Fels AO

Professor Allan Fels is currently Professor of Government at the Australia and New Zealand School of Government (ANZSOG), an institution established by the governments of Australia, New Zealand, the States and Territories and 16 leading universities who educate and train senior public sector leaders. He also holds the following current posts: Chairman, Victorian Government’s Taxi Industry Inquiry; Chairman of the Haven Foundation, which seeks to provide accommodation and support for the long-term mentally ill; Chairman of Visy Australasia Governance Board; Director of the China Advanced Leadership Program; International Advisor to the Chinese Academy of Social Sciences; and a Member of the Selection Panel for ABC/SBS Board.

Professor Fels was Chairman of the Australian Competition and Consumer Commission from 1995 to 2003 and before that Chairman of the Trade Practices Commission and Chairman of the Prices Surveillance Authority.

Professor Fels is a long term advocate of mental health policy reform. He serves or has served on a number of government advisory boards including: the Taskforce to Establish the NSW Mental Health Commission; Chair of the Mental Health National Standards Implementation Steering Committee; Australian Government’s Better Access Evaluation Steering Committee; the National Advisory Committee for Mental Health; the Australian Government’s Disability Investment Group, Chair of the Victorian Government’s Stronger Community Organisations Project.
Professor Fels is a patron of: the Mental Health Council of Australia; SANE; Private Mental Health Consumer Carer Network; the Victorian Mental Health Carers Network; the Mental Health Illness Fellowship Victoria, the Burnet Institute; St Vincent De Paul Society’s Compeer Program; Association of Relatives and Friends of the Mentally Ill (ARAFMI); and Psychology Centre at Swinburne University. He was also a member of the Bayside Heath Board for a number of years.

Professor Fels is a carer for his daughter Isabella who has schizophrenia. Along with Isabella and his family, he featured in an episode of Australian Story in 2002 about Isabella’s mental illness and the impact on the family.

9:35-10:05/ TRANS MENTAL HEALTH: SOCIAL ATTITUDES AND HEALTH SERVICE INTERACTIONS

James Morton,
Scottish Transgender Alliance

James Morton is the Scottish Transgender Alliance Manager. His national post began in 2007 and is funded by the Scottish Government to undertake research and provide training and policy development guidance on transgender equality and human rights, especially in healthcare. Since 1998, James has been active in work to improve mental health service responses to self-harming and suicidal behaviours among young people and LGBTI people. He has worked collaboratively with a wide range of academics, voluntary sector organisations and public bodies in Scotland, the UK and Europe to evidence current transgender healthcare inequalities and improve transgender rights and inclusion.

In 2012 James co-authored the UK Trans Mental Health Study which was a partnership between the Scottish Transgender Alliance, TransBareAll, the Trans Resource and Empowerment Centre, Traverse Research and Sheffield Hallam University. The UK Trans Mental Health Study represents the largest research survey of its kind in Europe, providing ground-breaking data on trans people’s mental health needs and experiences, explored in the context of daily life, social/support mechanisms and when accessing healthcare and mental health services. Central to the study was an exploration of how being trans and the process of transitioning (social and/or medical) impacts on mental health and wellbeing.

Abstract.
Presenting findings from the UK Trans Mental Health Study, this keynote speech explores trans people’s experiences of positive and negative interactions with health service providers in relation to gender identity affirmation. It also explores how social attitudes encountered by trans people can contribute to minority stress and complicate access to mental health support.
10:05-10:35/ IDENTITIES, INTERSECTIONS AND MENTAL HEALTH

Assoc. Professor Ruth McNair, Department of General Practice, the University of Melbourne

Ruth is a general practitioner in an inner-urban general practice and Associate Professor at the Department of General Practice, University of Melbourne. Her clinical interests include lesbian and bisexual women’s health and sexual health. Recent research includes comparative analysis of health data in the Australian Longitudinal Study of Women’s Health according to sexual orientation; her PhD study on patient-doctor relationships between same-sex attracted women and their usual GP; and the cultural issues related to alcohol use amongst lesbian and bisexual women. She was a member of the Victorian Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing from 2000 to 2010 and Chairperson during 2010. This role included the development of a guide for publicly funded health services on GLBTI inclusive practice. She has also written a guide for GLB sensitive care in general practice that has been endorsed by the Royal Australian College of General Practitioners.

Abstract

We have been aware for several years that the mental health of LGBTI people is more likely to be poorer than that of the general population. Many issues are less clear and desperately under-researched. For example, there is no adequate description of the mental health of the entire LGBTI population, including those that are flourishing despite, or perhaps due to, facing negative attitudes. Another major gap is an understanding of the underlying reasons for our mental health or ill-health. Questions arise including whether discrimination is the major determinant, or violence experiences, or lack of social support, or something deeper and yet to be determined.

A fascinating conundrum is how sexual and/or gender identity influence mental health. On the one hand, higher levels of comfort and openness can lead to better health, and better health care, while at the same time leading to greater exposure to discrimination. On the other hand, lower levels of openness, can lead to greater marginalisation, more difficulty locating and connecting with like-minded community, but reduced discrimination. I will argue that the common factor here is stress, and our ability to deal with stress in positive ways, and ways that support our identities, will largely determine our mental health into the future.

Another emerging area is to understand the effect of multiple identities on our mental health. LGBTI do not wear a single identity. We live with identities that both do and do not relate to our sexual orientation or gender. It is clear that having multiple marginalised or stigmatised identities can exacerbate health inequalities. However, a person can have identities with conflicting effects, some privileging and others marginalising or even oppressing. The mental health of LGBTI people will ultimately benefit when we understand better how to negotiate these intersecting identities, and when the wider community is educated that the diversity we bring outweighs any fear of difference.
11:20-11:40/ SUPPORT EXPERIENCES AND ATTITUDES OF PARENTS OF GENDER VARIANT CHILDREN

Dr Damien Riggs, Flinders University

Abstract:
Objective. To identify the support experiences of Australian parents of gender variant children and to examine the attitudes of such parents towards gender variance.

Method. 61 Australian parents completed an online survey designed by the author. Items included Likert scale measures of perceived support from partners, family and professionals. Open-ended responses invited comment on support experiences and attitudes towards gender variance.

Results. The most significant predictor of supportive attitudes amongst parents, family members, and schools was a formal diagnosis of gender identity disorder. Male participants rated their female partners as more supportive than did female participants rate male partners. Male parents experienced difficulty in using their child’s preferred gender pronoun. Parents of older children reported both accessing and receiving more support than did parents of younger children.

Conclusions. The findings highlight the important role that professionals can play in supporting both gender variant children and their parents.

11:20 – 11:40 A CIS-GENDERED THERAPISTS’S JOURNEY SUPPORTING CHILDREN AND ADULTS OF DIVERSE SEX OR GENDER

Olivia Donaghy

Abstract:
People of diverse sex or gender face the usual challenges of cis-gendered people in addition to Trans* phobia experienced within their own communities, family and friends. Living in one’s identified gender and/or transitioning brings about many changes in life at any age. In providing psychological interventions and generalist counselling and support to children, adolescents and adults of all ages, Olivia will discuss the enablers and barriers. This presentation will seek to increase the confidence of clinicians/therapists considering or beginning to deliver services to this community with a frank discussion of the what to bring from your existing skill base and what to leave behind from your clinical training!
11:40 - 12:00 SQUARE PEGS IN ROUND HOLES: RECOGNITION OF THE DIVERSITY OF NEEDS FOR TRANSGENDER CHILDREN
Elizabeth Riley, Dr Gomathi Sitharthan, Dr Lindy Clemson, Prof Milton Diamond

Abstract:
Gender variant individuals have often lived traumatic lives due to the attitudes and limited understanding of the people in their environment. Gender variant children have been institutionalised, subjected to aversion therapies and pressured to maintain secrecy and conform to society’s gendered expectations while dealing with bullying and harassment at school. Understanding the needs of gender variant children is a necessary step towards the prevention of suicide and provision of suitable training and interventions for the support of gender variant children.

Method: A qualitative study using the internet was designed to survey the experiences of parents with gender variant children, transgender adults’ perceptions of their childhoods, and professionals understanding of the needs of gender variant children and their parents. Open-ended questions focussing on their experiences, issues and needs allowed participants to expand on their feelings, knowledge and opinions in a variety of settings. Responses were analysed through content and thematic coding to identify the needs of both parents and children.

Results: The primary needs for gender variant children were for acceptance recognition, freedom of expression and validation of their feelings. The dominant parents’ needs were related to information and professional guidelines followed by professional support, parenting strategies and peer support.

12:00 – 12:20 GIRL IN THE KINK’S SHIRT
Hannah Rossiter

Abstract:
As members of the trans community, butch transwomen are marginalised because they do not meet the dominant social and gender norms in regards to their presentation. Thus there is a pressing need to understand how butch transwomen, deal with social inclusion and exclusion with the trans community.
Chair: Alan Brotherton
Ibis 2 / 11:00-12:30

11:00 – 11:20 TALKING IT OUT: MEN'S SOCIAL SUPPORT AND DISCUSSION GROUP
Kristian Reyes, TWENTY10 INCORPORATING GLCS

Abstract:
Dominant discourses of therapeutic interventions and support for gay men posit the mental health professional as the ‘expert’. In light of this, what is the role of a Gay Men’s Social Support group in collectively contributing towards better mental health outcomes for individuals? What does the social process of a support group offer which is unique and beneficial to those attending? How does a social support group qualitatively impact on the mental health of those attending and what are the unintended therapeutic outcomes of such a group?

Talking It Out, a fortnightly social support and discussion group run by volunteer facilitators at Twenty10 incorporating GLCS embodies a platform and exchange where identities, stories and truths are acknowledged, affirmed and validated by a community of peers. A safer space is set up in order for the peer group to contribute to an authentic construction of self, of community and of the relationship between the two. Personal narratives and identities are shared and connected, mitigating social isolation and discrimination through dialogue. Talking It Out provides a model and space where issues related to the mental health of gay men are addressed through conversations with community.

11:20 – 11:40 GBTI MEN AND DEPRESSION: FINDINGS OF THE SHOUT OUT STUDY
Andrew Thorp, beyondblue
Barry Taylor, National LGBTI Health Alliance

Abstract:
Since the release of its Position Statement in 2012 on depression and anxiety amongst LGBTI populations, beyondblue has implemented an integrated strategy in support of Australia’s LGBTI communities, supported with extensive research, to build the evidence base. In 2013, beyondblue commissioned the National LGBTI Health Alliance to provide advice on the most appropriate messages and platforms to reach men across the sexuality, sex and gender diverse continuaums with respect to anxiety and depression. This was conducted through four methods: high level literature review; interviews with key stakeholders; four focus groups conducted in Sydney: the focus groups were conducted among four sub populations: gay men, trans and intersex men, mature age gay men, and gay men from culturally and linguistically diverse backgrounds; online ‘Shout Out’ Survey, attracting 1,224 self-selected respondents, of which 91% identified as male and 82% identified as gay and 8% as bisexual.
The results of the self-selected ‘Shout Out’ Survey identified 73% lifetime experience of depression, predominately described as ‘reoccurring’ episodes by respondents. A similar majority (74%) had a self-described experience of anxiety. The results of the research, in particular the ‘Shout Out’ survey, provide valuable insight into depression and anxiety amongst men across the continuaums, their understanding of anxiety and depression, the importance of social networks, and other help-seeking behaviour. Importantly, the ‘Shout Out’ survey provides an opportunity to highlight differences between sub-cultures within the broader community, which may impact on future health promotion initiatives.

11:40 -12:00 Taking Action before the blues take over
Andrew Thorp, beyondblue

Abstract:
Since the release of its Position Statement in 2012 on depression and anxiety amongst LGBTI populations, beyondblue has implemented a two-pronged strategy in support of Australia’s LGBTI communities, supported with extensive research, to build the evidence base.

In targeting non-LGBTI communities through a range of initiatives, like the Left Hand campaign, beyondblue has aimed to promote cultural change and the ending of discrimination against the rainbow communities, recognising it as a significant causal factor for our communities.

Cultural change takes time, so in the meantime beyondblue encourages members of the LGBTI communities to “take action before the blues take over”. beyondblue recognises that although our communities are broadly aware of anxiety and depression, like many across the broader community, additional information is required, and confidence needs to be built, before an individual takes the next steps.

This presentation will explore the development of the “Take action before the blues take over” campaign, the results of the Shout Out Survey undertaken in collaboration with the National LGBTI Health Alliance and how it fits within the broader strategy being implemented nationally across both LGBTI media and ‘mainstream’ media. The presentation will also touch on the broader initiatives underway and being planned by beyondblue.

12:00 – 12:20 REACHING GBTI MEN IN PSYCHOLOGICAL DISTRESS
Delaney Skerrett, Griffith University; Dr Michelle Mars

Abstract:
GBTI men and LGBTI people have significantly poorer rates of mental health and higher rates of suicidal behaviours than the general Australian population, yet they access help in very low numbers. What are the barriers and gaps in services and what might be done to change the status quo? The stigma related to being a GBTI man and seeking help is still very much an issue, as it is with heterosexual men. Suicide and mental health are critical concerns among LGBTI people in general, as is the provision of culturally competent care. The overall need for mental health promotion and suicide prevention services to be LGBTI-affirming and inclusive is clear as is, unfortunately, the absence of such services. Australia needs to respond to the unique social and institutional barriers experienced by GBTI men in addition to the social barriers that all men face in seeking help. Health services and promotional strategies that assume standard or generic approaches will overcome these barriers are likely to be ineffective in meeting the needs of GBTI men and may reinforce stigma and discrimination. Current initiatives in parts of Australia designed to make mental health services more inclusive of GBTI men require support and emulation across the country.
Panel Discussion

IMPROVING THE MENTAL HEALTH AND WELLBEING OF LGBTI YOUNG PEOPLE – WHAT’S INCLUSIVE PRACTICE GOT TO DO WITH IT?

Lottie Turner, Rainbow Network; Joel Radcliffe, Safe Schools Coalition Victoria; Zoe Birkinshaw, Zoe Belle Gender Centre

Abstract
One of the major factors impacting on the mental health of lesbian, gay, bisexual, trans* and intersex (LGBTI) young people is systemic discrimination. This includes not only more overt forms of homophobic and transphobic abuse but also ignorance on the part of service providers of the lives and needs of this population. This workshop will draw on the practice wisdom of each of the panellists and their respective organisations to discuss the ways in which youth service providers can build safer, more inclusive services for LGBTI young people. The development and implementation of LGBTI-inclusive practice across the mental health and youth sectors, including schools, is vital to providing open and inclusive places in which LGBTI young people are acknowledged and valued. Affirming the lives of LGBTI young people is vital to reducing the burden of mental ill-health among this population and improving their wellbeing. The panellists represent three of the seven partners of the HEY Project, a Victorian Government-funded initiative aimed at reducing youth suicide among young same sex attracted and gender diverse populations.

The panellists will introduce participants to key concepts that support the development of youth services and schools that are inclusive of LGBTI young people by:

1. sharing some of the work being undertaken in Victoria to better meet the needs of LGBTI young people;
2. showcasing Gay & Lesbian Health Victoria’s six LGBTI-inclusive practice standards; and
3. discussing practical measures youth services and schools can take to build safer, more inclusive services in which LGBTI young people are affirmed and valued.
11:00 – 11:20 CONVERSATIONS MATTER WHEN DISCUSSING SUICIDE IN LGBTI COMMUNITIES.
Alexandra Culloden, Hunter Institute of Mental Health; Jaelea Skehan

Abstract:
Suicide is an important issue of community concern. With rates of suicide attempts and self-harm amongst lesbian, gay, bisexual, transgender and intersex (LGBTI) people considerably higher than the general Australian population it is essential that the community are supported in having safe discussions about suicide.

Conversations Matter is a new suite of online resources developed to support these discussions. The resources are the first of their kind internationally and have been developed with the support of academics, service providers, people with lived experience and community members in New South Wales and across Australia including people who identify as LGBTI.

During the initial evidence review and systematic analysis of approaches used by current programs, evidence and programs which focussed on people who identify as LGBTI were specifically searched and reviewed. Only 4.2% of the existing resources were specifically targeting LGBTI people.

As part of an extensive consultation process LGBTI community members and key stakeholders were engaged in focus groups to further ensure the applicability and relevance of the resource. The Hunter Institute partnered with ACON to hold a focus group to identify the types of conversations occurring within the community, key barriers and potential opportunities for developing resources to support conversations about suicide. Evaluation of participant demographics also found a further 29% of the 87 remaining focus group participants identified as LGBTI.

This presentation will further discuss the outcomes of the consultation process and how Conversations Matter is providing practical support for communities and professionals to guide conversations about suicide.

11:20 – 11:40 “NOTHING IS WORTH THAT”: PUBLIC HEALTH APPROACHES TO SUICIDE PREVENTION AND SOCIAL CHANGE
Moira Clunie, Mental Health Foundation of New Zealand

Abstract:
The Mental Health Foundation of New Zealand focuses on wellbeing for all New Zealanders, and has developed a strategic approach to meet the vision of a society where all people flourish. This approach includes challenging and changing the structures that create inequalities.
Evidence clearly indicates that rainbow (1) populations experience significantly poorer mental health and are at much higher risk of suicide than other New Zealanders. Further research links these health disparities with experiences of discrimination and social exclusion.

Given this understanding, a public health approach to preventing suicide in rainbow populations needs to prioritise inclusion and challenge discriminatory policies, practices and attitudes.

Suicide prevention can be a useful meeting point for conversations around social change and reducing discrimination at all levels. Regardless of social attitudes and personal beliefs about sexual and gender diversity, most people can agree that suicide is an undesirable outcome. In the public and Parliamentary debates surrounding New Zealand’s marriage equality legislation in 2013, suicide prevention was cited by public commentators and MPs across political parties as a reason to support the legislation.

This presentation shares the Mental Health Foundation’s learning from leading community discussions about suicide prevention, mental health promotion and reducing discrimination with Government agencies, mental health services and other service providers.

These conversations have led to small but significant achievements in political expectations of inclusive practice, inclusion in criteria for Government contracts and increased funding for community organisations. This work will be discussed within the context of rainbow community history in New Zealand.

(1) “Rainbow” is an umbrella term that describes people who do not identify as heterosexual, or do not fit standard gender norms. This includes a range of sexual and gender identities, and encompasses:
- Sexual orientation other than heterosexual (for example gay, lesbian, bisexual, takatāpui, queer)
- Diverse gender identity (for example trans, transgender, transsexual, takatāpui, whakawahi, tangata ira tane, fa’afafine, genderqueer, fakaleiti, leiti, akava’ine, fiaffine, vakasalewa, FtM, MtF)
- Diversity of reproductive or sexual anatomy (intersex)

11:40 – 12:00 GAY DOSEN’T MAKE IT OKAY! LGBTI SUICIDE THROUGH A HUMAN RIGHTS LENS.
Jade McKenzie, John Hunter Hospital

Abstract:
Across Australia and indeed all over the world, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people face harassment and discrimination at work, school, home and in many other everyday situations (National LGBTI Health Alliance, 2012). These, among other forms of disadvantage and marginalisation, have led to the LGBTI population experiencing an increased incidence of suicide and associated risk factors (Haas et al, 2011). Suicide is the leading cause of death across some age groups in Australia and globally (Mendoza & Rosenberg, 2011), with international studies consistently finding that young LGBTI persons experience suicide rates between two and seven times higher than their heterosexual counterparts (Haas, et al, 2011). In Australia, this number is increased to between three and fourteen times higher (Mendoza & Rosenberg, 2011).

While research states that young LGBTI people are often exposed to heightened levels of emotional and psychological distress through ‘coming out’, homophobia, family rejection, stigma and discrimination (Haas et al, 2011), there are currently very few strategies nationally or internationally specifically aimed at sexual minority groups. Furthermore, LGBTI people report hostile treatment, bad interactions, substandard care and even denial by health care providers, as well as harassment and bullying in educational settings (Suicide Prevention Resource Centre, 2008). People may
claim that by addressing this issue we are pushing for new or ‘special’ rights for this population, but there is certainly nothing new or ‘special’ about the right to live free from discrimination, or the right to life and security of person. These and other rights denied to sexual minorities are universal and enshrined in international law (National LGBTI Health Alliance, 2012). Denial of these fundamental rights based simply on sexual orientation or gender identity display a blatant disregard for the human rights and lives of those in the LGBTI community.

This presentation explores current literature on LGBTI suicide and examines this issue through a human rights lens. It will discuss risk factors, impacts and implications for social work practice, while proposing practical guidelines for practice with the LGBTI community. Furthermore, it will urge professionals and policy makers alike to set the precedent for suicide prevention in Australia and across the globe, because every life counts.

12:00 – 12:30 MINDFRAME NATIONAL MEDIA INITIATIVE: SUPPORTING COURAGEOUS VOICES DISCUSSING SUICIDE AND MENTAL ILLNESS SAFELY AND RESPONSIBLY DEVELOPING RESOURCES TO PROMOTE SAFE REPORTING OF SUICIDE AND MENTAL ILLNESS IN THE LGBTI COMMUNITY
Alexandra Culloden, Hunter Institute of Mental Health; Conrad Browne, Marc Bryant

Abstract:
In Australia, the Mindframe National Media Initiative has provided comprehensive national guidance on responsible, accurate and sensitive portrayals of mental illness and suicide through the news and entertainment media (print, broadcast and online) since 2002.

Funded under the National Suicide Prevention Program, Mindframe has worked nationally in partnership with media and entertainment, mental health and suicide prevention organisations, universities and police to promote responsible and accurate reporting, with its guidelines now embedded in Australian media codes of practice. This approach has also included ‘high risk’ groups (also known as ‘priority populations’) identified by the National Suicide Prevention Strategy, including Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) populations. Rates of mental illness, suicide attempts and self-harm amongst lesbian, gay, bisexual, transgender and intersex (LGBTI) people is considerably higher than the general Australian population. These issues are of significant concern to both the LGBTI and wider community and it is vital that the media have an understanding of the importance of accurate and sensitive reporting.

In 2012, Mindframe made a commitment to increase engagement with LGBTI mental health and suicide prevention organisations as well as LGBTI media organisations to assess the needs of these groups in discussing and reporting suicide and mental illness. Evaluations were carried out to assess the needs of these groups in reporting suicide and mental illness and determine the type of resource/s that may support these discussions. Following this comprehensive consultation period, Mindframe has developed a quick reference card providing information and support for the safe, accurate and sensitive reporting of suicide, mental illness and self-harm within the LGBTI community.

This presentation will discuss how partnerships with the MindOUT! LGBTI Mental Health and Suicide Prevention Project and LGBTI media across Australia are supporting courageous voices to discuss suicide, mental illness and mental health and contributing to the improvement of social and emotional well-being and social isolation issues within this community. This discussion will also summarise some of the challenges and opportunities media face when covering mental illness, suicide and self harm in LGBTI communities and detail the collaboration with JOY 94.9.
Concurrent 5

Chair Ross Jacobs
Cook 2 / 11:00-12:30

PANEL DISCUSSION

11:00 – 12:30 COURAGEOUS VOICES OF HOPE AND TRANSFORMATION: A PANEL OF LGBTI PEOPLE WHO HAVE LIVED EXPERIENCE OF MENTAL ILLNESS.

Panel participants: Jennifer Sims, Lisa O’Brien, Joel Mellish, Sally Goldner

Abstract:
A panel of four people with the lived experience of mental illness and challenging life circumstances will share their stories and what helped them to navigate through these trialling times and to eventually flourish. Each speaker will share some of their story for ten minutes and then there will be a Q&A session facilitated by the session chair with opportunity for questions from the Panel audience.

Jennifer Sims:
The life and times of Jennifer, the mental hurdles faced by a transgendered woman in today’s society. The help, the support and the needs to be the strong confident woman she is today.

Lisa O’Brien
My name is Lisa and I’m a Sistergirl aged 48, I used heroin and worked as a sex worker from the age of 14 till the age of 30, then went to rehab and have had 18 years drug and alcohol free. I’ve worked in community welfare for most of that time .. Today I live my life on the far north coast with my husband and foster daughter on our farm.

Joel Mellish
My personal story of how my repressed GID went from being a tomboy in my early years then went and manifested itself as anorexia in my high school years, and culminated in a suicide attempt at age 20. How trying to please everybody ends up pleasing nobody. How I overcame these symptoms and addressed my underlying condition, to become a straight A model law student at university studying my second degree in my 30s, transitioning to male.

Sally Goldner
Sally Goldner has experienced mental health issues (diagnosed with cyclothymia in 2001). She also sees gender identity, sexual orientation and polyamory as part of a whole spiritual and personal journey. In this presentation we will hear about important milestones in the journey and how this has assisted her both as a spirit/person overall and specifically in relation to her advocacy.
**Plenary 2**

**Chair: Rebecca Reynolds**  
**Ibis / 1:30-2:30**

**1:30 – 2:00 SEE ME, HEAR MY VOICE – THE CHALLENGES FOR TAKATAAPUI YOUTH OF NAVIGATING MULTIPLE COMPLEX IDENTITIES**  
**Keri Lawson-Te Aho**

Dr Keri Lawson-Te Aho is a Māori community activist and social justice advocate from New Zealand. Keri has more than 30 years’ experience in Māori mental health services particularly as a staunch advocate for Māori youth suicide prevention. She also has extensive experience in Māori community development, having worked for a number of tribes to frame mental health responses to the issues confronting Māori communities. Keri was a Research Fellow with the East West Center in Hawai‘i in 1995 and completed research placements in Indigenous Public Health at the Johns Hopkins Medical School, Indian Health Services, Rockville Maryland, and the Native American Research and Training Center at the University of Arizona, Tucson. Her passion for Indigenous self-determination and development, historical trauma and healing and Indigenous and Māori suicide prevention have come at great personal cost over the 30 years of her commitment to this work. Keri wrote the first Indigenous suicide prevention strategy in the world and is a recognised leader in Indigenous suicide prevention. Her PhD is called Whaia te Mauriora: In Pursuit of Healing – theorising the connections between soul healing, tribal self-determination and Māori suicide prevention in Aotearoa/New Zealand. She is currently a member of the international dignity network, Taskforce for Indigenous Psychologists and Society of (American) Indian Psychologists. Keri is currently employed as a Māori Public Health Lecturer and Research Fellow at the University of Otago, Wellington.

**Abstract**

Takataapui is a traditional Maori word meaning ‘intimate companion of the same sex’. It has been adapted to encompass all Maori who are lesbian, gay, bisexual, transgender, intersex and queer LGBTQI). Takataapui youth face multiple challenges navigating often complex identities including sexual orientation and gender identity. Suicide is a major risk for this group.
Dameyon is of Aboriginal and Torres Strait Islander heritage and that of caucasian Australian. His Indigenous heritage hails from the Mangyari people in the Northern Territory and the island of Maubiag in the Torres Strait. He is a double degree undergraduate student of Social Work and Indigenous Cultures. He delivered his first presentation on Indigenous sexuality in 2010 entitled ‘The colonisation of desire’. Dameyon has delivered both nationally and internationally on Indigenous male’s engagement in health and suicide prevention. He recently returned from Canada where he shared his experiences of a colonised learning space within the Social Work academy. Dameyon will be continuing his work on declonising Social Work when he will be running a workshop this year in May at the World’s Indigenous Peoples Conference in Education, Hawaii. He will also be presenting ‘A culturally responsive social work application of Indigenous and western ways of thinking and doing when responding to Indigenous sexual diversity in young Indigenous male’ at the Joint World Conference on Social Work, Education and Social Development in Melbourne later this year. Dameyon lives, works and studies in the remoteness of the Kimberley in Western Australia with his Canadian husband Daryn. Dameyon was married in Vancouver, Canada. Dameyon sits on the Board of Directors of Men’s Outreach Services in Broome and is an advocate of bringing mainstream spaces to Aboriginal and Gay men.

Abstract
The voices of the Indigenous LGBTQI Sistergirl and Brotherboy community are largely absent from both Indigenous and LGBTQI suicide prevention strategies and activities. The narratives collected via an online survey, tweet yarns and a collaborative workshop in this presentation will provide the foundations for rich discussion in this area. It is anticipated that the implications of these narratives will call for the amendment of the current ATSI Suicide Prevention Strategy, influence national LGBTQI Suicide Prevention Strategies, and additionally act as a mechanism to generate ‘new ideas and innovative solutions to improve health’ for diverse sexual orientations as set out in the National Aboriginal and Torres Strait Islander Health Plan 2013-2015. These are the ‘Voices from the Black Rainbow.'
WORKSHOP: WORKING OUTSIDE THE BINARy.
Mani Bruce Mitchell, ITANZ;
Thomas Hamilton

Abstract:
Mani Mitchell is a therapist in private practice. “I am an intersex person, I do not identify as fully male or female but a wonderful blended otherness. I know about gender variance, about the possibilities outside the binary. I know how shame and fear silences.”

Tom Hamilton is a narrative therapist completing a Masters degree in counselling, an artist, an activist, and the recent past Executive Director of NZ Rainbow Youth. “My gender is based in a western framework and that means something to me, but it also is not the only way to incorporate gender into a culture. The most important thing for me is ensuring that all forms of identity are recognised and heard or learned about, especially if the story is not known.”

We both know about the appalling discrimination that Diverse Sex and Gender people often face in our culture. For both of us our work with people who are or are exploring realities outside the binary construction of gender issues remains both challenging and exciting.

It is a place on the edge, a place often without language. Or at least clear language. We have so few clear clinical guidelines to fall back on and inform us. This kind of work requires an exquisite attention to detail, a willingness to learn and make mistakes to be real, to ask lots of questions and check understandings. The need to constantly remind ourselves that we are working alongside a person, a whole person who deserves and is entitled to our fullest respect and the knowledge to do just what it is that we have mutually agreed is the piece or work or our reason for working together.

Our frame of reference, and anchor point is often that of cross-cultural work. where we remind ourselves there are: “things I know and much I do not.” We will lead this workshop in a narrative informed way. Initially we will be holding a conversation between the two of us. We will then invite interaction, reflection and sharing.

When we work in this area we are challenged on so many fronts. It would be my hope that you will leave this workshop, energised, with more tools in the toolbox, a support network, a grasp of the current standards of care and some of the issues in this rapidly changing field. I hope also with some resources and having had an opportunity to discuss current clients and conundrums in a safe and supported environment.
2:30-3:00 MAPPING THE COMPLEX RELATIONSHIPS BETWEEN MENTAL ILL-HEALTH AND ILLICIT DRUG USE AMONG LGB AUSTRALIANS: A CLOSER LOOK AT PRIVATE LIVE 2
Liam Leonard GLHV / ARCSHS

Abstract
This paper offers a preliminary analysis of the links between illicit drug use and increased rates of mental ill-health among LGB Australians. The data come from Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians (2012). Nearly 4,000 LGBT Australians completed the survey with a quarter of lesbian females and 35 per cent of gay males reporting having used at least one illicit drug in the 12 months prior to completing the survey. This difference is accounted for, in part, by gay men’s higher use of ‘party drugs’, including ecstasy, meth/amphetamine, GBH and ketamine. The findings of Private lives 2 are consistent with a growing body of research showing links between illicit drug use and mental ill-health among LGB people. However, the results of Private lives 2 suggest that these links vary according to differences within LGB communities. For example, our data show that recent illicit drug use was a strong predictor of poorer mental health for gay males and lesbian females but not for bisexual males and females. The paper also examines some of the psychosocial and demographic factors that moderate the relationship between drug use and mental health including relationship and socio-economic status, experience of harassment based on sexuality, and engagement with LGB communities. It concludes with a brief consideration of how these findings can inform the development of mental health and drug and alcohol services better able to respond to the different situations and needs of lesbian and bisexual women and gay and bisexual men.

3:00 – 3:30 WHAT’S PLACE GOT TO DO WITH IT? VARIATIONS IN THE MENTAL HEALTH OF LGB AUSTRALIANS ACCORDING TO GEOGRAPHIC LOCATION.
Emily Bariola, GLHV / ARCSHS; Anthony Lyons & William Leonard

Abstract
There is a growing body of research on the relationship between systemic discrimination and increased rates of depression and anxiety among LGBT people. However, there is little Australian data on the relationship between place of residency and mental health among LGBT Australians. This is despite research showing a link between rurality and reduced wellbeing among the Australian population and research showing significant variations in homophobic and transphobic attitudes between metropolitan and rural/regional areas. This paper offers comparative analyses of rates
of psychological distress among LGB people living in rural/regional and metropolitan Australia. The data comes from Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians (2012). Nearly 4,000 LGBT Australians successfully completed the survey questionnaire, with 20 per cent of respondents residing in rural/regional areas and 80 per cent in metropolitan areas. The number of transgender respondents was not large enough to allow for statistically significant analyses of variations in psychological distress within this population linked to their place of residence. The data suggest that place of residence is linked to increased risk of mental ill-health for LGB people, with those in rural and regional Australia self-reporting higher rates of psychological distress than those living in metropolitan areas. However, the risk is not evenly distributed within LGB communities. For example, while lesbian females and gay males show higher rates of psychological distress compared with their respective metropolitan peers, this is not true for bisexual females and males where place of residence is not linked to significant variation in psychological distress. The paper also explores the links between place of residence and other key indicators of LGB Australians’ mental health, including relationship status, experience of heterosexist harassment and LGB and mainstream community connectedness.
Chair: Dr Alex Parker  
Parkview/ 2:30-3:30

2:30 – 2:50 THE SAME DIFFERENCE PANEL SPEAKER TRAINING PROGRAM
Clara Adams, Family Planning NSW

Abstract:
This interactive workshop will model the Same Difference Panel Speaker Training Program which is now available to organisations that work with young people. The Same Difference program trains young people who are LGBTI as speakers, empowering them through a structured story-telling training program and equipping them with the skills to deal with the challenges of public speaking about being LGBTI. These speakers form the backbone of education sessions for high schools students, teachers and other professionals as well as advocacy activities such as community forums and media interviews. The workshop will include examples of activities used in the training, as well as the personal story of a young person who is LGBTI.

2:50 – 3:10 TRAINING FOR CHANGE- IMPROVING THE MENTAL HEALTH OUTCOMES FOR LGTBIQ YOUTH
Olivia Kelly, headspace Wagga Wagga

Abstract:
headspace Wagga Wagga developed the project with the aim being to enhance service access and improve service responsiveness for LGBTI young people. The first component of the project involved surveys and focus groups with young people who identify as LGBTI. The purpose of the consultations with young people is to ensure that the needs of the target group are comprehensively understood and used to inform the project and evaluation activities. Responses to the initial consultations will also feed the development of customised training for clinicians, case managers and relevant community and academic partners. The training will focus on the mental health needs of young people who identify as LGBTI and the requirements associated with providing LGBTI responsive services. The project will also incorporate resource development, including authoring and circulating relevant evidence summaries and factsheets. The project focuses on improving LGBTI friendliness of headspace and partner agencies to reduce the fear of rejection and discrimination that young LGBTI people may experience when attempting to access services. This will be accomplished through the creation of promotional tools such as posters for placement in waiting rooms and through advertising. The promotional materials will be based around strong messages in support of confidential, respectful and discrimination free services. Furthermore, the project will include the development of a LGBTI Service Improvement Framework designed to assess and improve access to services and service responsiveness. The project will empower young people who identify as LGBTI to play a decisive role in service enhancements.
Thursday

3:10 – 3:30 WORKING WITH LGBTIQ YOUNG PEOPLE TO DESIGN MEANINGFUL ONLINE SERVICES
Victoria Blake, ReachOut.com by Inspire Foundation & Alan Brotherton, ACON

Abstract:
In 2013 ReachOut by Inspire Foundation and ACON partnered to identify and develop a new online product aimed at helping LGBTIQ young people be happy and well. Both organisations recognised that the period when young people are questioning and/or aware of their potential non-hetero sexuality but have not yet accepted it, or are concerned with how this will be received by others, is a critical time to intervene in order to reduce anxiety, the risk of suicide and the onset of mental health issues.

After conducting a literature review and audit of existing products aimed at young people who are gender/sexuality questioning and/or concerned about the implications of this we ran two, full day participatory design workshops with 15 young people aged 18-23 so they could help us to create the help they need. The workshops were designed to help us to understand the lived experience of young people who are grappling with sexuality and/or gender issues. Key questions included: What does the journey from questioning/concerned to confident/happier look like? What do young people need and want throughout this journey? How can these needs be met by an online product? How do we make this product useful, engaging and meaningful?

In this presentation we will discuss the methods we used to create a series of fun, creative and generative workshops. We will also share the key findings from the workshops including the journeys young people created, the problems they identified, the solutions they designed and the experience we need to create to deliver meaningful online products.
Chair: Rebecca Reynolds  
Cook 1 / 2:30-3:30  

Workshop: QLIFE - STRENGTH IN NUMBERS  
Ross Jacobs, QLife National LGBTI Health Alliance: Ian Davis, Leanne Renfree  

Abstract:  
While the QLife Australia Project is barely 12 months old, the services that make up the collaborative e-mental health counselling initiative share a decades-long history. This panel discussion will explore the process of negotiation that the six partners have engaged in, as well as how each service’s individual histories have led to the QLife contract with the Department of Health. Beyond this, the panel will be talking about their experience with using peer-based help services as early intervention for LGBTI people, their loved ones and carers.  

How and why anonymity is central to this process and how this core element to service delivery, is a unique element of the historical ‘Gay and Lesbian Counselling Services’ and their longevity within our communities histories. This will be examined in the context of stigma and discrimination and in particular, the relevance of identity disclosure in an increasingly connected and technologically reliant world.
Chair: Ben Tinman  
Cook 2 / 2:30-3:30

Workshop: PUTTING OUR MENTAL HEALTH IN OUR HANDS: LEARNINGS FROM QUEERSPACE MENTAL HEALTH SERVICE.
David Belasic, Drummond Street Services – queerspace; Reima Pryor, Karen Field

Abstract:
The lesbian, gay, bisexual, trans*, intersexed and queer (LGBTIQ) community has been shown to experience mental health problems at higher rates that their heterosexual counterparts. queerspace is Melbourne’s own LGBTIQ specific mental health service that has developed to respond to this continuing need. queerspace is a part of drummond street services and is the culmination its 40+ year history with the LGBTIQ community as individuals, partners and families. Using a public health framework, the service has begun to address the communities mental health needs across the spectrum of promotion, prevention, early intervention, treatment and recovery.

Participants will learn a framework to conceptualise and target queer mental health work, as well as funding streams available to build services across the spectrum of interventions. queerspace demonstrates how advocacy can work hand in hand with partnerships to address community needs. Participants will learn about the social determinants of queer mental health and our research on the risk and protective factors of for LGBTIQ clients, and how this research has in turn informed our clinical and community practice. They will hear about our community and queer service provision capacity building activities, advocacy and social commentary. We will discuss ways to build the capacity of the mainstream services for queer affirmative and inclusive practice. The presentation will also discuss the practice of considering families within a LGBTIQ context, and the benefits of considering mental health from the broader standpoint of public health spectrum of interventions.
2:30 – 2:50 EXPLORING EMOTIONAL GEOGRAPHIES OF LGBTI RESPONSES TO NATURAL DISASTERS: EXAMPLES FROM THE 2011 QUEENSLAND FLOODS
Andrew Gorman-Murray, Queensland AIDS Council; Sally Morris, Jessica Keppel, Scott McKinnon, Dale Dominey-Howes

Abstract:
In early 2011 two-thirds of the state of Queensland was subject to serious flooding following record rainfall, with a ‘state of emergency’ then ‘disaster’ declared. This paper discusses some LGBTI experiences during these events, especially from Brisbane, drawing findings from a community survey conducted by QAHC in the year following the floods and analysed by the University of Western Sydney and the University of Sydney.

Overall, the literature suggests that emotional responses to disasters are important because they elicit material, social and economic vulnerabilities, highlight social exclusions in disaster response and recovery. This research offers valuable information on LGBTI experiences of disaster impact and recovery especially the impacts of fear, stress and anxiety on LGBTI emotional health and wellbeing based on specific vulnerabilities, including apprehension about prejudice from communities and emergency relief services, disruptions to home environments and relations with biological families.

However, alongside adverse mental health outcomes, some individuals and communities develop resilience through positive emotions attached to survival and hope. These insights about emotional geographies of disasters are useful for understanding LGBTI experiences and responses to disasters. Research on LGBTI disaster experiences are a new but expanding field however collectively, this work suggests that the existing inequities and vulnerabilities of LGBTI people are exacerbated in disasters.

These vulnerabilities include anti-LGBTI discrimination and stigmatisation in social and religious rhetoric; heteronormative and binary-gendered assumptions in response and recovery policies; homophobic and transphobic prejudice in emergency shelters; and the loss of ‘safe’ spaces (venues, health services, community centres, homes) through damage and/or post-disaster disruption. These elisions and losses arguably draw an emotional toll. Simultaneously, existing social marginalisation can also aid adaptive capacity. For instance, many LGBTI people rely on friends, families and community groups for support already, rather than heteronormative or mainstream systems and services.
2:50 – 3:10 TRANS-FORMATIVE, PERSONAL STORIES FROM PEOPLE WHO ARE BISEXUAL.

Mary Rawson

Abstract:
I will present a summary of the stories by people who are bisexual, that have been submitted to the bi sexual alliance. I will discuss what helped and hindered them in achieving a sense of worth and happiness as a person identifying as bisexual. I have got consent from four people to present their stories-they were really keen!

I will also (if I have time) discuss how fictional stories presenting positive bisexual characters have a positive impact on how we perceive bisexuality, and how we need to encourage more of this.

3:10 – 3:30 LGBTI MENTAL HEALTH: TRAINING OUTCOMES IN REGIONAL, RURAL REMOTE WESTERN AUSTRALIA

Regan Smith, Living Proud (formerly GLCS WA)

Abstract:
In 2012, Living Proud (formerly Gay and Lesbian Community Services WA) received project funding from the WA Mental Health Commission to deliver a training package to mental health services workers aimed at improving the health literacy of LGBTI people, particularly help seeking behaviour. The Opening Closets Mental Health Training aims to improve access to mental health services by raising awareness of the specific needs of people of diverse sexualities, sex and/or genders. The training focuses on developing staff confidence and capacity to work appropriately with LGBTI clients while promoting inclusive practice and policy development. The free half-day Opening Closets Mental Health Training has been delivered to over 400 mental health workers in Perth since November 2012, with overwhelmingly positive feedback from participants.

In 2013, the Mental Health Commission provided generous additional funding adapt and extend the training across WA with a particular focus on regional, rural and remote areas. The target areas for the training included the Kimberly, Pilbara, Mid-West, Great Southern, and Goldfields-Esperance regions of WA. It was anticipated that this training project would provide opportunities for workers to develop their skills and also provide Living Proud with an opportunity to identify and address the needs of LGBTI mental health consumers and workers in the non-metropolitan regions. The Opening Closets Mental Health Training in regional WA was completed in December 2013 and was successfully delivered to almost 100 mental health workers.
4:00 – 4:20 WORKING WITH SAME SEX ATTRACTED YOUNG PEOPLE: EVIDENCE FOR INCLUSIVE PRACTICE
Alexandra Parker headspace Centre of Excellence, National Youth Mental Health Foundation; Simon Rice

Abstract:
Most same sex attracted (SSA) young people do not experience any mental health difficulties. However, evidence indicates that SSA young people experience higher rates of mental health and substance use disorders than their heterosexual peers. Young SSA people are at an elevated risk of suicide and self-harm; attempted suicide rates are up to six times higher than for heterosexual young people. It is important to note that being SSA is not itself a risk factor for mental health problems — rather, stressors commonly experienced by SSA young people (e.g., stigma, isolation, homophobic bullying, rejection by friends and family) may increase their vulnerability to mental health difficulties and contribute to higher rates of substance use. This presentation will provide a framework for working with SSA young people in mental health settings. We will review clinical approaches to facilitating discussion of SSA issues, supporting identity formation and “coming out”, addressing internalised heterosexism, addressing homophobic bullying, exploring SSA romantic relationships, encouraging parental acceptance, strengthening social supports and ensuring service-level inclusion. Our review of the literature identified that the main barrier faced by SSA/LGBTI young people to accessing and engaging in services is fear of being misunderstood. It is important that clinicians are have knowledge on providing an environment that feels safe, is free from discrimination and judgement, accepting of diversity, and respectful of confidentiality.

4:20 – 4:40 CORRELATES OF MENTAL HEALTH AND SUBSTANCE USE PROBLEMS IN SAME-SEX ATTRACTED YOUNG PEOPLE
Toby Lea, University of New South Wales

Abstract:
Same-sex attracted young people have been shown to be at a higher risk of mental health and substance use problems compared to their heterosexual peers. Homophobic prejudice and stigma are often thought to underlie these disparities. In this study, the relationship between such experiences of social derogation and mental health and substance use was examined using Meyer’s minority stress theory. An online survey recruited 254 young women and 318 young men who identified as same-sex attracted, were aged 18-25 years, and lived in Sydney. Internalized homophobia, perceived stigma, and experienced homophobic physical abuse were associated with higher levels of psychological distress and self-reported suicidal thoughts in the previous month. Furthermore, perceived stigma and homophobic physical abuse were associated with
reporting a lifetime suicide attempt. The association between minority stress and substance use was inconsistent. While, as expected, higher levels of perceived stigma were associated with club drug dependence, there was an inverse association between internalized homophobia and club drug use, and between perceived stigma and hazardous alcohol use. The findings of this study provide support for the minority stress theory proposition that chronic social stress due to sexual orientation is associated with poorer mental health. The high rates of mental health and substance use problems in the current study suggest that same-sex attracted young people should continue to be a priority population for mental health and substance use intervention and prevention.

4:40 – 5:20 YOUTH RUN YOUTH LED IN AN GLBTI ENVIRONMENT.
Duncan Matthews, Rainbow Youth, Aych McArdle

Abstract:
Rainbow Youth is a charitable organisation run by young people, for young people. With a governance board made up of 10 people under the age of 28 and their key social support services running under a volunteer peer support model, Rainbow Youth have been successfully supporting Queer and Trans* young people in New Zealand Aotearoa for 25 years. With 5 part time staff, a drop-in centre utilised 6 days per week, peer support groups servicing 40% of the country’s population and an education programme delivered to 1,000+ high school students each year, Rainbow Youth delivers a wide variety of upstream intervention services targeted at improving the mental health and wellbeing of Queer and Trans* young people. By working in the community, with mainstream mental health providers, government departments and politicians, Rainbow Youth has also helped to effect social change towards sexuality and gender diverse people within New Zealand. Join past and present facilitators, Board Members, Chairperson, staff and General Manager as they share stories about their involvement with the organisation; discuss what has and hasn’t worked; and examine the unique advantages and challenges that a youth run youth led organisation has.
Chair: Sally Goldner
Ibis 2/ 4:00-5:30

4:00 – 4:20 WORKING WITH SURVIVORS OF CISGENDERISM AND COMPLEX TRAUMA: GUIDELINES FOR CLINICAL ASSESSMENT AND THERAPEUTIC RESPONSE FOR THE HELPFUL HELPER
Gàvi Ansara, National LGBTI Health Alliance

Abstract:
In the cisgenderism framework, the term cisgenderism (pronounced “siss-gender-ism”) describes the system of ideas and practices that delegitimise people’s own understanding of their genders and bodies. Cisgenderism can affect a wide variety of people, including but not limited to those who are typically described as intersex, trans and gender diverse people. Cisgenderism often manifests as a form of complex trauma that can have important clinical implications for the assessment and therapeutic response to other complex traumas. Many survivors of cisgenderism and other complex traumas, such as recurrent childhood sexual abuse, have reported being further traumatised by therapists whom they experience as ‘unhelpful helpers’. Some therapists view trauma survivors’ requests for support with social, medical and administrative gender affirmation merely as symptoms of past trauma. Many intersex people have reported responses consistent with complex trauma due to abuse by medical and mental health professionals. Using insights from both his professional experiences with survivors of complex traumas and his research on cisgenderism, Gàvi will discuss how cisgenderism can intersect with and affect the expression of other forms of complex trauma, how to identify the myths and pitfalls of the ‘unhelpful helper’, and how to provide respectful and helpful assessment and therapeutic responses to survivors of complex trauma who have experienced cisgenderism.

4:20 – 4:40 THERAPEUTIC RITUALS FOR GENDER AFFIRMATION: DEALING WITH GRIEF, LOSS AND NEW BEGINNINGS
Gàvi Ansara, National LGBTI Health Alliance

Abstract:
People who go through social, medical and/or administrative processes to affirm their gender have typically been required to prove to mental health professionals that they have ‘no regrets’ about their decisions to begin living as the gender with which they identify. Many people who seek professional support during gender affirmation have reported being unable to express their sense of loss over some aspects of their past life, including some of their physical characteristics, interpersonal relationships and access to gendered social spaces. Although there are rituals to mark many major life rites of passage (e.g., weddings, graduation ceremonies, baby showers, etc.), there is limited familiarity among most therapists of existing rites to mark the complex emotional journey of gender affirmation. This presentation will introduce a variety of past and contemporary gender affirmation rituals from around the world, suggest ways that mental health professionals can collaborate with people affirming their genders in the
construction of therapeutic rituals for gender affirmation, and provide insights from Gávi’s personal and professional experiences about meaningful ways to simultaneously validate the grief and loss that can accompany gender affirmation processes and celebrate the joy and excitement of new beginnings.

**4:40 - 5:00 GENDER-RELATED VICTIMISATION, PERCEIVED SOCIAL SUPPORT AND PREDICTORS OF DEPRESSION AMONG TRANSGENDER AUSTRALIANS**

Crystal Boza; Kathryn Nicholson Perry

Abstract:
This study examined mental health outcomes, gender-related victimisation, perceived social support, and predictors of depression among 243 transgender Australians who participated in an online survey (n = 83 assigned female at birth; n = 160 assigned male at birth). Overall, 69% reported at least one instance of victimisation, 59% endorsed symptoms consistent with depression and 44% reported having previously attempted suicide. While mean levels of perceived social support were significantly lower than broader population norms, social support emerged as the most significant predictor of depressive symptoms. Specially, persons endorsing higher levels of overall perceived social support tended to endorse lower levels of depressive symptoms. Second to social support, persons who endorsed having had some form of gender affirmative surgery were significantly more likely to present with lower symptoms of depression. While victimisation just missed reaching significance as an independent risk factor of depression (p = .053), it’s pervasiveness, along with that of depression and attempted suicide, represents a major health concern and highlights the need to facilitate culturally sensitive health care provision and effective evidence-based strategies and services to reduce their persistence. In particular, interventions that promote social support may play a crucial role in the prevention and treatment of depression among transgender Australians. Further, steps are required to promote access to quality health care and prompt government and health insurance companies to increase their coverage of costs associated with medically necessary hormone and surgical treatment for those wishing to physically transition to their preferred gender identity.

**5:00 – 5:20 APPLYING THE SCIENCE OF SADNESS: ENDOCRINE-RELATED ANXIETY AND DEPRESSION IN INTERSEX AND TRANS PEOPLE**

Gàvi Ansara, National LGBTI Health Alliance

Abstract:
Many intersex people have reported experiencing anxiety and depression due to endocrine system issues, such as cortisol deficiency in intersex people with congenital adrenal hyperplasia (CAH). People of trans experience have reported a wide range of mood effects based on the diversity of amount, frequency and type of hormone administration; many people of trans experience have reported mood swings, anxiety and symptoms associated with depression during medical gender affirmation. Some medical professionals have reported that hormone administration alone can dramatically reduce or even eliminate anxiety and depression in people of trans experience who seek medical gender affirmation. Healthcare professionals who work with intersex and trans people, including those who are themselves intersex or of trans experience, often have limited knowledge of the biomedical considerations that apply to clinical work with anxiety and depression in intersex and trans people. This presentation will introduce key concepts from peer-reviewed medical literature and emerging knowledge about endocrine-related anxiety and depression in intersex and trans people. We will also discuss guidelines for endocrine-aware, intersex and trans-inclusive clinical screening, assessment and therapeutic response to anxiety and depression.
PANEL DISCUSSION GASP: A HOLISTIC AND LONG TERM APPROACH TO IMPROVING THE MENTAL HEALTH AND WELLBEING LGBTI YOUNG PEOPLE

Susanne Prosser, City of Greater Geelong; Jami Jones, Tracy Whitmore

Abstract:
For the past 18 years the GASP project has been working across the Geelong community to encourage inclusive service provision and institute systemic and sustainable change in the education, community and service sectors. The first part of this workshop will describe the work of the GASP Project in strengthening the capacity of mainstream service providers and the education sector through the fostering of partnerships and collaborations and the development of Stand Out groups in schools. There will be some discussion about a first of its kind initiative to create an integrated health care pathway for intersex, trans* and gender diverse (ITGD) young people in the Geelong region.

The second part of the workshop will give participants opportunity to work through case studies which will include a transgender young person, a same sex attracted young person and a family scenario. In small groups participants will to explore how they might best address the presenting concerns and this will be followed by a larger group discussion and a chance to share ideas for best practice.

This workshop will create an opportunity for everyone involved to share and develop skills and knowledge around improving the mental health and wellbeing LGBTI young people.
Abstract:
The purpose of this study was to examine the mental health in lesbian and bisexual women in Australia. The aim was to explore age cohort effects as well as predictors of depression, anxiety and stress, particularly drugs and alcohol and internalised homophobia. A total of 327 lesbian and bisexual women participated in the research, which utilised the Internalised Homophobia Scale, Depression Anxiety Stress Scale 42, Alcohol Use Disorder Identification Test, and the Drug Abuse Screening Test. A MANOVA, was conducted with age as an independent variable, and depression, anxiety, and stress as dependent variables. The results revealed a significant negative difference in younger and older lesbians/bisexual women’s mental health with younger lesbians and bisexual women having greater levels of depression, anxiety and stress. Multiple Hierarchical Regressions for depression, anxiety, and stress were conducted to predict the influence of education, employment status, relationship status, alcohol and drug use, and internalised homophobia. Higher rates of drug use were predictive of higher rates of depression, anxiety and stress, and results indicated that the addition of internalised homophobia was statistically significant in improving the prediction of levels of depression, anxiety and stress. Caution is required when interpreting these findings as the study relied on a convenience Internet based sample. However, the findings contribute to understanding the predictors influencing mental health in lesbian and bisexual women, and demonstrate the utility of the minority stress model within an Australian context.

4:20 – 4:40 THE MISSING MIDDLE: MINORITY STRESS AND MIDDLE AGED GAY MEN
Michael Stevens, Affinity Services

Abstract:
Minority Stress (Meyer, 1995) arising from stigmatisation is a core social determinant of health for the Rainbow Communities. In spite of widespread legislative progress in the Developed World regarding LGBTTI rights, stigma arising from both internalised and societal disapprobation continue to exert a negative effect on our population. Paradoxically, while on one level it appears that things have never been better for our communities, on another there appears to be a crisis in the group that can be viewed as the most privileged beneficiaries of these advances, i.e. middle-aged gay men. This paper aims to explore the evidence underlying these assumptions and to consider how well the lens of Minority Stress works to enable us to understand it.

4:40 – 5:00 THE AUSTRALIAN CORPORATE CLOSET: WHY ITS STILL SO FULL?
Ian Smith, Sydney Business School, The University of Wollongong
Abstract:
Abstract Background: Extant international studies indicate positive relationships between heterosexism and workplace distress due to ‘outness’, with some studies indicating up to 65% of participants experiencing workplace heterosexism. Largely unexamined is the attempt to understand the decision to reveal one’s sexual orientation in the Australian workplace and the sexual identity management strategies involved in this process. No Australian empirically studies have compared the variable of outness, its effect on workplace heterosexism and the psychological well-being of GLBT employees.

Aim: To investigate the relationship between sexual orientation/sexual identity with specific regard to gay men, lesbians, bisexual and transgendered employees’ disclosure and concealment, and their perceived heterosexism, and how these affect their well-being in the Australian labour market.

Design and Methodology: A cross sectional design using an online questionnaire and convenience sampling was used (N = 380, with 79.6% completion rate). A conceptual model using latent variable structural equation modelling (LVSEM) was used to examine the questions posed. The function of LVSEM was to identify a parsimonious, substantively meaningful model, which fits the observed data adequately well to support the hypotheses. Both hypotheses and models were informed by previous research and based upon a solid understanding of the issues surrounding the variables under study.

Conclusion and Implications: It is hypothesized that greater reported disclosure of sexual orientation will be associated with positive direct heterosexism, reduced psychological health and well-being and lower satisfaction with life. Respondents who conceal their sexual orientation would be least likely to experience sexual orientation discrimination but would have high levels of life dissatisfaction and reduced psychological health and well-being outcomes. GLBT employees will prefer organisations which they feel are more supportive of their sexual orientation/identity. Implications are that there are costs to organisations which exhibit heterosexist environments which result in heightened identity management strategies for GLBT employees and poor job satisfaction.

5:00 – 5:20 ADDRESSING THE SOCIAL DETERMINANTS OF SUICIDAL BEHAVIORS AND POOR MENTAL HEALTH IN LGBTI POPULATIONS IN AUSTRALIA
Delaney Skerrett, Griffith University; Dr Michelle Mars

Abstract:
The purpose of this paper is to describe and assess—as well as identify and rectify gaps in—intervention and prevention initiatives that specifically address poor mental health outcomes and suicidal behaviours in LGBTI populations in Australia. This paper begins with an overview of the evidence base for heightened vulnerability to suicidal behaviours among LGBTI people in Australia. It then provides a discussion on the public health implications for LGBTI-targeted mental health initiatives and the prevention of and timely intervention in LGBTI suicidal behaviours. Results indicate that there is evidence in the literature for an increased risk for poorer mental health outcomes and suicidal behaviours in LGBTI populations in the Australian context. Psychological distress and suicidal behaviours in LGBTI people in Australia have social determinants that can and have been addressed through the provision of interventions with a strong evidence base in reducing these outcomes, implemented at a nationwide level, including training of health professionals and gatekeepers to mental health services and the general public. The current Australian focus appears to address many of the social determinants of suicidal behaviours and poor mental health in LGBTI people but requires sustained and uniform Government support if it is to continue and to produce measurable results.
Chair John Mikelsons  
Cook 2 / 4:00-5:30

**4:00 – 4:20 WHAT DOES BETTER LOOK LIKE? LGBTI PEOPLE PARTICIPATING IN MENTAL HEALTH**  
Sally Morris, Queensland AIDS Council

**Abstract:**  
The Queensland AIDS Council has been liaising with the newly formed Queensland Mental Health Commission to support the inclusion of LGBTI people and communities in their strategic plan and goals to improve mental health and minimising the impact of substance misuse in Queensland.  
There has been a lot of discussion in Queensland as elsewhere about a “better mental health system”, and the Commission is looking for a collective view of what that better system looks like and so QuAC has been critical to facilitating engagement with the LGBTI community.  
This relationship has seen QuAC writing an LGBTI Mental Health Issues Paper on the behalf of the commission alongside facilitating LGBTI stakeholder consultation forums to inform their strategic plan and ensure that their goals and activities reflect the needs of minority groups who are impacted by mental health, including LGBTI people.  

With a focus on engaging all Queenslanders through consultation and engagement activities, LGBTI people and mental health services who actively support LGBTI people had the opportunity to contribute to the strategic planning process through community forums held by the Queensland AIDS Council, who currently facilitates the MindOUT! National LGBTI mental health and suicide prevention project.

This presentation will report on what LGBTI people had to say about:

- What would better engagement look like?
- What would better accountability look like?
- What would better resourcing look like?
- What would better services look like?

**4:20 – 4:40 TASMANIAN LGBTI COMMUNITY ACTION PLAN RE: SUICIDE PREVENTION**  
‘A COLLABORATIVE APPROACH TO SUICIDE PREVENTION’  
Virginia Bashford, Relationships Australia (Tasmania) and Sharon Jones

**Abstract:**  
As the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Project Officer for Relationships Australia, Tasmania (RA TAS), my role was to develop the LGBTI Suicide Prevention Community Action Plan. We now have an LGBTI project officer up north as well and it is our role to implement the recommendations made on the community action plan.
The LGBTI CAP was developed to guide suicide prevention activities for LGBTI people in Tasmania and is an action under the Tasmanian Suicide Prevention Strategy 2010-2014. It is a fluid document that will be updated regularly as activities are completed and new actions agreed. State-wide consultations with LGBTI community members formed the development of the LGBTI Community Action Plan and three regionally based working groups were formed. Through the working group, new partnerships were formed between RA TAS stakeholders and the police, health, justice, children and youth, mental health, non-government organisations, education and local LGBTI organisations.

Six key action areas are highlighted in the LGBTI Community Action Plan including: Challenging discrimination and prejudice; Improving education and training; Better access to services and information; Improving health services; Improving crisis and emergency response; and Reducing isolation. This project was met with many challenges and barriers. Some of those included: working state-wide with many organisations and community members; the political arena of the LGBTI organisations; communication breakdowns between organisations; the conservative nature of some organisations and suspicions from others of what exactly we were doing. There are, however, many more organisations that are very supportive. Change is slowly occurring and there is certainly willingness of those currently involved to make changes in their own organisations and in their sectors. Work has now commenced on implementing the recommendations and actions in the Plan. Over the next 12 months we will be closely monitoring and evaluating our progress to ensure that we can measure what has actually occurred and where there may still be gaps moving forward.

**Abstract:**

Same-gender attracted Australians are estimated to experience up to 14 time higher rates of attempted suicide than their heterosexual peers. A recent research report titled “Growing Up Queer” by the Young and Well Co-Operative Research Centre, however, has found that of those young respondents to survey research 41% had thought about suicide and 16% had attempted suicide. The recent research findings build on earlier findings from the 2005 Private Lives Survey in Australia which reported 16% of all respondents – LGBTIQ Australians - indicated suicidal ideation (thoughts) in the two weeks prior to completing the survey.

Lifeline is aware of the issues surrounding gender identity and sexual orientation for some callers to its telephone crisis line. During 2012, 2,536 calls were from people who self-identified as transgender. Detailed analysis of 2010 service data found that 2% of calls from males to Lifeline 13 11 14 were about sexuality.

Crisis lines potentially offer LGBTI individuals a private and accessible service that is well equipped to respond to issues around suicidality and distress.

Yet, generalist helplines like Lifeline 13 11 14 do not always respond appropriately or effectively to their LGBTIQ callers. This session will examine this, and consider ways for service improvement for crisis lines. The session will be conducted to seek comment and participation from the conference delegates.
Abstract:
In 2008 Relationships Australia Qld (RAQ) began a process of broad consultation with LGBTIQ communities and the services that support them. The result was the inception of the Rainbow Service, a suite of provisions aimed at addressing the current gaps in the support of LGBTIQ Queenslanders, as well as helping to educate our own staff and those sector wide about the specific cultural needs of this vulnerable target group.
Six years on the Rainbow Service comprises a daily face-to-face counselling service, a transgender support group and a variety of training packages being delivered across the organisation and to external agencies. The Rainbow Service stands as a model to demonstrate how embracing the challenges of integrating an LGBTIQ support provision into a mainstream organisational culture can be a process of enrichment for both parties. Coordinator, Chris Pye will talk about how it all happened and share some of the valuable lessons along the way.
4:00 – 4:20 OUTING DISABILITY: INCLUSION AND LGBTI PEOPLE WITH DISABILITY
Rosalie Power, Family Planning NSW; Rob Hardy

Abstract:
Lesbian, gay, bisexual, transgender and intersex (LGBTI) people with disability face multilayered discrimination often resulting in exclusion from both the disability and LGBTI communities and inhibiting their experience of sexuality, sex and gender as positive aspects of their lives.

LGBTI people with disability face exposure to risk factors and report health patterns common to both LGBTI people and people with disability. Key social determinants of health including marginalisation, social isolation, and exclusion are major factors causing disproportionately poor health and significant risk of mental illness including depression and suicidal ideation for LGBTI people with disability.

To address the invisibility, isolation and exclusion experienced by this group Family Planning NSW developed an initiative, Outing Disability. The project used a participatory approach ensuring people with disability were valued participants in all components including:

1. A working group of LGBTI people with intellectual disability to inform development of the project
2. A photographic exhibition including 19 captivating portraits of LGBTI people with disability. Launched as part of the Sydney Mardi Gras Festival the exhibition raised awareness of disability within the LGBTI community.
3. A short film exploring stories of LGBTI people with disability including their struggles and triumphs of coming out, discovering love, exploring relationships, and finding identity and pride.
4. A social event providing a rare opportunity for LGBTI people with disability to make social connections with other LGBTI people with disability.

This ‘snapshot’ presentation will provide an overview of the project and include an excerpt from the Outing Disability short film.

4:20 – 4:40 NARRATIVES OF RESISTANCE, QUEERNESS AND DISABILITY: PRELIMINARY FINDINGS FROM AN AUSTRALIAN QUALITATIVE STUDY
Christopher Brophy, University of Tasmania

Abstract:
What does it mean to have a disability and be Lesbian, Gay, Bisexual, Trans*, Intersex (LGBTI) or Queer? People with a psychiatric, cognitive, physiological or sensory disability continue to be marginalised in terms of the social, cultural and political
acknowledgment of their sexual and gendered identities. For people with a disability who also identify as LGBTI or Queer, this exclusion can be doubly experienced and the mental health consequences are significant. This presentation highlights initial findings from a qualitative study that explores how LGBTI and Queer people with a disability challenge such exclusion. Critical observations about the ways individuals’ apprehend, negotiate and resist cultural ideals of heterosexuality and ability are discussed. Finally, this presentation considers how foregrounding these lived experiences might unsettle taken-for-granted understandings of sexuality, gender and ability; potentially opening up new spaces for social transformation.

4:40 – 5:00 CRUISING DISABILITY: THE MYRIAD INTERSECTIONS OF DISABILITY AND QUEERNESS
Christopher Brophy, University of Tasmania

Abstract:
What desires, practices and modes of being does the intersection of disability, LGBTI identity and queerness make possible? People with a psychiatric, physical, cognitive, sensory or social disability often occupy sites of cultural anxiety about their sexuality and gender identity. These anxieties are reproduced by a range of practices, norms and institutions that privilege and maintain normative ideas about ability, gender and sexuality. Heteronormativity - the ways in which heterosexual identity is assumed reinforced as natural, normal and preferred in a given society – is one such discourse. Ableist discourses operate in a similar way; certain social institutions, structures and practices privilege reproduce an idea of an able body and mind as a describable, coherent and natural norm against which the disabled body is fractured. The queerly disabled body is often the subject these machinations, but it can also be seen as a critical site of resistance to them. This presentation explores some of the theoretical and practical points of intersection between disability and queerness, and highlights what is made possible by thinking queerness and disability together.

CHARLIE VS THE BIG SECRET

headspace provides health information support and services to young people aged 12-25 years and their families. Visit headspace.org.au to find your nearest headspace centre or for online and telephone mental health support.
If you are under 26 and identify as transgender, gender diverse or gender-queer or are exploring what gender means for you, Twenty10 can help you access the support and information you may need.

Support line: (02) 8594 9555 | Regional freecall: 1800 65 2010 | www.twenty10.org.au
WHO EVER WHERE EVER WHAT EVER
TALK IT OUT

QLife is Australia’s first nation-wide counselling and referral service for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people.

PHONE & CHAT
1800 184 527
QLIFE.ORG.AU

WWW.QLIFE.ORG.AU
Margaret Mayman moved to Sydney in December 2013 to become minister at Pitt Street Uniting Church. She has a PhD in Christian Social Ethics from Union Theological Seminary. In her previous parish in Wellington, New Zealand, Margaret led the congregation through a change process in which they consciously identified as a progressive congregation with a mission to ‘seek the welfare of the city’. They practiced a ministry of inclusive hospitality and sought to participate in the public square of New Zealand’s capital city.

Margaret has been involved in a number of social justice campaigns presenting a progressive religious voice on issues such as Marriage Equality and the Living Wage. As chair of the St Andrew’s Trust for the Study of Religion and Society, she has developed programmes that bring religious and ethical insights into dialogue with the issues of the secular city.

In 2010 she was awarded an international fellowship to the Kettering Foundation in Ohio where she researched faith communities’ engagement in community politics. Margaret has presented at the Common Dreams progressive Christian conferences in Australia and she did a Common Dreams on the Road lecture series in four Australian cities in 2011.

Margaret’s interests include queer spirituality, human rights advocacy, refugee issues, peace, and economic and sexual justice. She lives with her partner Clare, who also a minister, and her adult son Andrew, a unique and wonderful person with autism.
Morgan Carpenter was elected to the role of President on 1 September 2013. Morgan migrated permanently to Australia in 2005 and has been active with OII Australia since 2009. A founding board member, Morgan was previously secretary. Morgan works as an analyst for an IT company and has a social and economic policy research background. Morgan played a key role in OII Australia’s contributions to Senate Inquiries on anti-discrimination legislation, and involuntary or coerced sterilisation. Morgan is a member of the National LGBTI Health Alliance’s Intersex, Trans and Gender Diversity Working Group, and Mental Health Working Group.

A third speaker, presenting a cultural perspective, to be confirmed.

10:30 – 10:35 LAUNCH: ACON MENTAL HEALTH AND WELLBEING HEALTH OUTCOME STRATEGY.

Alan Brotherton
Workshop:

**MICRO MOMENTS: PART ADVENTURE, PART RECYCLING, PART INTERVENTION – ALL ART**
Lex Randolph

**Abstract:**
Micro Moments is an exploration into interventionist arts practices that takes participants through a creative process. Using discarded suburban treasure, micro installations will be created and recreated through a lense of mindfulness. Discover new ways to practice self-care, and how the arts can be used as a tool for keeping mentally healthy.

This workshop aims to give participants a hands-on experience of how the arts can elicit personal, as well as community or political change, for positive mental health. Using basic found objects and materials, the group will be led through a range of possible interventions by creating small installation art works. The skill and concepts learned are transferable to other communities and individuals, and will open up discussion about empowering people to lead their own prevention, recovery and advocacy journeys.

Lex will also share some of his own story of mental illness, gender transition, and how the arts shaped his journey.
WORKSHOP: LGBTI CHAMPIONS IN MENTAL HEALTH AND SUICIDE PREVENTION ORGANISATIONS

Sally Morris, Queensland AIDS Council (QuAC); Dr. Michelle Mars

Abstract:
Many LGBTI people experience barriers to accessing mental health services due to fear of real or perceived discrimination, prejudice and heterosexism. In addition, often the knowledge or competencies of clinical or support staff in working with LGBTI people is limited and this can also impact significantly on the quality of support LGBTI people receive. Reduced access to inclusive support contributes to the poor mental health statistics of LGBTI people.

As a strategy to work towards inclusive and accessible mental health organisations, The National LGBTI Alliance and the Queensland AIDS Council, through the MindOUT! National LGBTI mental health and suicide prevention project, have been piloting LGBTI champions project in mental health and suicide prevention organisations across Australia.

This project worked with key mental health organisations in Qld and across Australia who were committed to improving their accessibility to LGBTI people and the inclusiveness of their services to LGBTI people. In each organisation, a staff member was appointed as an LGBTI champion who was tasked with assisting the Organisation to optimise its service delivery to LGBTI people. They did this by auditing the organisations policies and practices to identify opportunities for improvement, and then developed and implemented strategies to improve the responsiveness of their services to LGBTI people.

Without funding or governmental obligations, these organisations are successfully moving towards LGBTI inclusive practice. This workshop will take you through the learnings from this project and key strategies on how to implement an LGBTI Champion program in your organisation.
Chair: Tim Roberts  
Parkview / 11:00 - 12:30

11:00 – 11:20 LAUNCH OF SAFE SCHOOLS COALITION AUSTRALIA  
Stephanie Amir, Foundation for Young Australians

Abstract:  
Launched on 13 June 2014, Safe Schools Coalition Australia is the first national coalition dedicated to creating safe and inclusive schools for same sex attracted, intersex and gender diverse young people. Building on the highly successful Safe Schools Coalition Victoria model, the national program provides services and supports to all members of the school community to tackle homophobia and transphobia through both top-down and bottom-up approaches. The program is supported nationally by the Foundation for Young Australians and will be delivered by state and territory partners to provide a locally responsive approach across the country. This presentation will outline how the program contributes to improving mental health outcomes for same sex attracted, intersex and gender diverse students, and how they are linked to improved academic and social outcomes and positive effects on the whole school community. It will also include early learnings from the program, how Safe Schools Coalition Australia and the Foundation for Young Australians use innovative and strategic approaches to connect with young people, and how people can get involved.

11:20 – 11:40 WHAT MAKES AN ALLY?  
A YOUTH TRANS ALLY PROJECT  
Jeremy Wiggins, Transgender Victoria & Ygender, Canon O’Saurus

Abstract:  
This presentation will discuss some of the positive and negative experiences that trans and gender diverse young people encounter socially as a result of stigma and discrimination. It will unpack some of the key barriers that exist, which restrict positive relationship building between trans and gender diverse young people and non trans people (cisgender). The presenters will explore some successful models of peer support and direct action, which have resulted in improving the health and well being of trans and gender diverse young people. One project in snapshot will be What Makes an Ally? As a part of the HEY Grant program, Transgender Victoria in partnership with Y Gender (Victoria’s trans and gender diverse social action group) obtained a $40,000 grant to design, build and deliver a project which builds positive relationships between trans and gender diverse young people and their non trans allies.

What Makes an Ally? is a community development project that will develop a print and web-based campaign promoting supportive relationships between young trans* people and their non-trans* (Cis) allies and communities. The project aims to develop emotional resilience in young trans* people through increased visibility and social inclusion – key protective factors against the high risk of self-harm and suicide amongst trans* people. The themes and messages for the campaign will be developed via four workshops (one in a regional venue) of young trans* people and trans* Cis allies,
exploring: how to identify existing and potential allies; creative ways to seek, maintain and strengthen healthy ally relationships; understanding the impact of mental health on relationships.

**11:40 – 12:00 BUILDING COMMUNITY CONNECTIONS IN ALBURY WODONGA: WORKING ALONGSIDE TRANSGENDER AND GENDER DIVERSE YOUNG PEOPLE**
Sarah Roberts, Gateway Community Health; Kerry-Lee Power

Abstract:
The WayOut Wodonga project commenced in May 2013 with the overarching goal of working with the community to provide safe environments and improve the health and wellbeing of same sex attracted, intersex, transgender and gender diverse (SSAITGD) young people. This presentation provides reflections and learning’s from the past 12 months around the activities that have contributed towards beginning to foster community connections for transgender and gender diverse young people. Key messages include the importance of gaining an insight into the needs of your particular community at a range of levels including service provision, the school system and the wider community. Through engaging with multiple stakeholders in Albury Wodonga, it was identified that there was limited local information or training around transgender and gender diverse youth. The project worker also met with older transgender community members, young people and parents of gender diverse children to gain an insight into local perspectives on the gaps that need to be addressed and to begin prioritising activities. The importance of partnerships with both local and state-wide organisations will be highlighted with a particular focus on the value of sharing ideas and information between diversity projects based throughout Victoria. This sharing enabled the WayOut Wodonga project to hit the ground running and employ community engagement methods that have been successful in other areas. The presentation will also touch on key activities undertaken thus far including 3 training workshops with a focus on transgender and gender diverse communities, establishing a youth diversity group and Albury Wodonga’s first PFLAG. *WayOut is funded by the Victorian Government Department of Health as part of the Healthy Equal Youth (HEY) Project.

**12:00 – 12:20 “WHAT TO DO WITH A RISKY RAINBOW”- A SUICIDE RISK IDENTIFICATION AND MITIGATION TOOL FOR CLINICIANS WORKING WITH LGBT YOUNG PEOPLE**
Clinton Voss, NSW Health

Abstract:
It is a well known phenomenon that LGBT people are over represented in suicide death statistics in many countries. It is particularly concerning to note that young people feature strongly within these numbers. ‘Flesh and blood’ examples of the aforementioned are seen by clinicians all too often in Australia, and some feel at a loss as to how to prevent it. It is particularly relevant for clinicians who work with young people and who are unaware of specific LGBT factors in preventing suicide deaths. Moreover, those who have awareness are often left asking themselves “What do I do now?”. In an effort to go beyond the standard operating practice of checking current suicidal ideation, plan and intent, a tool for risk identification and mitigation has been developed. The tool has two aims, firstly, to identify LGBT specific and general suicide risk factors. Secondly, it aims to assist in the generation of risk mitigation strategies and care planning attuned to geographical locations. It is planned to have the tool used by health services throughout Australia, and to assess its efficacy. The time to bring the emerging wealth of information regarding LGBT people to the forefront of health practice is now. Health services appear to acknowledge educating clinicians is a priority, however, some will struggle with personal values and lack appropriate knowledge. This tool could assist clinicians to navigate the complexity of the LGBT world in an effort to keep more young people alive.
Concurrent 21

Chair: Shaun Staunton
Cook 1 / 11:00-12:30

Workshop

11:00 – 12:30 SHARING CLINICAL WISDOM: THERAPEUTIC WORK WITH LGBTI INDIVIDUALS & COMMUNITIES
Vikki Sinnott, Mani Bruce Mitchell, Vanessa Watson, Daniel Parker, & others from the LGBTI Alliance’s Practice Wisdom Working Group

Abstract:
A panel of experienced therapists will share their reflections on the nature of therapeutic work with LGBTI individuals and communities. In this confidential space, each panel member will present a brief example illustrating some of the opportunities, challenges and at times complexities faced in therapeutic work – and how that has impacted on them as practitioners and as members of the LGBTI communities.

Discussion will include theoretical frameworks, therapeutic approaches, the importance of supervision, managing dual relationships and other strategies that are important for maintaining effective therapeutic work.

There will be ample time for workshop participants to share experiences, raise questions and discuss issues.
Concurrent 22

Chair: Dameyon Bonson
Cook 2 / 11:00-12:30

11:00 – 12:30 Workshop: ABORIGINAL BROTHER BOYS - SPEAKING OUT, YARNING UP
Dean Gilbert, Aboriginal Sister Girl and Brother Boys support group, Jay Delaney & Kai Clancy

Abstract:
“Brother Boy” is an Aboriginal English word that is broadly similar in meaning to FTM (Female to Male) transgender and transsexual individuals.

We have existed in our Indigenous communities across Australia for a very long time however it is only recently more and more FTM are looking at supports in relation to their transition into manhood – A physical, psychological and a cultural connection. There are issues that need to be addressed such as access to essential medical supports and the need for government (Medicare) to fund surgery for Brother Boys as an essential medical requirement.

There is also a need to understand the cultural significance (ceremonies and ancestral dream time stories from womanhood to manhood) and of moving from one gender to another and embracing what is rightfully ours.

To date our only means of communication has been through the Sister girl Brother Boy support group. Aboriginal Brother Boys are spread out throughout Australia at various stages of transition.

There is a strong need to come together for a sit and meet and have a yarn with each other and develop Brother Boy’s resources to assist service providers and the general community.

We request that we are given the opportunity to present a workshop where we can stand proud and tell our stories at National and International level.
2:00 – 2:30 “CEREKI NA DINA” (UNVEILING THE TRUTH): MENTAL HEALTH AND SUICIDE IN LGBTI YOUNG PEOPLE IN FIJI
Lionel Rogers, Youth Champs 4 Mental Health

Abstract:
Fiji, “the way the world should be” and the “hidden paradise” - two commonly used descriptors of the land of my birth. In my presentation, I will share with you some other descriptors of my country, which might not make it seem as utopian as it claims. Youth Champs 4 Mental Health uses creative and expressive methods of advocating and creating awareness around these issues. It is currently the only organization that facilitates Lesbian, Gay, Bi-sexual, Trans* and Intersex support group sessions with the hope of creating safe spaces for dialogue around coping, suicide prevention and human rights. Youth Champs 4 Mental Health uses creative and expressive methods of advocating and creating awareness around these issues. It is currently the only organization that facilitates Lesbian, Gay, Bi-sexual, Trans* and Intersex support group sessions with the hope of creating safe spaces for dialogue around coping, suicide prevention and human rights.

2:30 – 3:00 SISTERS AND BROTHERS NT: SEXUALITY AND GENDER DIVERSITY IN REMOTE INDIGENOUS COMMUNITIES
Starlady, Sisters & Brothers NT: Crystal Johnson, Brie Curtis, Prominent Sistergirl From Alice Springs, Peter Quested - Indigenous gay man from Alice Springs

Abstract:
Our organisation finds that there is a lack of awareness around Indigenous Sistergirl, Brotherboy and GLBTI people living in remote Indigenous communities or regional areas. In the NT there is virtually no service delivery or education occurring in communities to address the mental health issues and well being of our community. There is a stigma and fear from health and social services that the issue is too taboo on remote Indigenous communities to be addressed. Our visibility appears low so some people believe we aren’t here or are too confronted if elders tell these services that they have no GLBTISB people in their communities. We would like the opportunity to discuss the following:
1. Identity of Indigenous Sistergirl, Brotherboy, Indigenous GLBTI on remote Indigenous communities and regional areas.
2. Issues affecting our community including mental health, suicide, alcohol and other drugs, and traditional culture (both from the Top End and Central Australia which are significantly different)
3. Lack of services
4. How to deliver services in an culturally appropriate way
5. Solutions
We are experts and leaders on Indigenous GLBTISB issues in our region and believe that our knowledge is vital in creating positive empowerment for our community. We believe that through forming partnerships with health professionals and other leading GLBTI advocates and organisations we can develop working solutions and plans to address the mental health needs of our communities.
Room: Ibis 2
2:00 - 2:20 TOWARDS EQUITABLE MENTAL HEALTH NURSING SERVICES FOR LGBT PEOPLE
Trish Kench, University of Canberra

Abstract:
In Australia, LGBT identified people with mental health issues may not be receiving optimal evidence-based, recovery-oriented mental health care. People who identify as LGBT experience greater rates of some mental health problems than the general population, including depression, stress and anxiety disorders, and issues related to substance abuse. Identification as LGBT has been correlated with psychosocial health determinants such as marginalised social status, poor social support and abuse. People who identify as LGBT report experiencing marginalisation in mental health settings too, and this ranges from the experience of cultural insensitivity to discrimination and victimisation. What might be going on here and what can mental health professionals and LGBT people do about it? This presentation focuses on the results of a PhD research project into improving the nursing care experience and mental health outcomes of LGBT people.

2:20 - 2:40 DOES INCLUSIVE PRACTICE AND STAFF TRAINING ACTUALLY MAKE A DIFFERENCE? TACKLING AWARENESS OF HETEROSEXISM WITHIN A SIGNIFICANT PROVIDER OF COMMUNITY MENTAL HEALTH SERVICES.
Heath Reed, Mental Illness Fellowship South Australia; Megan Nayda & Lesley Currie

Abstract:
At the Mental Illness Fellowship South Australia (MIFSA) we are opening doors to the queer community! Consultations with young queer people, and youth service providers, made it apparent that one of the most prevalent themes from the queer community is around mental health and lack of queer friendly services. So why then is it common knowledge that queer people either don’t seek or delay seeking services, particularly when it comes to mental health?
Queer people face the fear of double barrelled stigma and the repetitive hassle of having to educate heterosexual workers from whom they are seeking support. How does a service provider reach queer people who would benefit from services provided by community mental health services? At MIFSA we have developed and implemented compulsory training for all staff in Queer Cultural Awareness. We don’t ask people to change their personal beliefs or opinions, instead we educate on queer issues and how to behave and engage the queer community in a professional, non-judgmental and inclusive way. The training breaks down gender roles and identity and explores how heteronormativity impacts on one’s sense of self. Most importantly, the shared lived experience stories of staff within the organisation give a strong and relevant take home message about heterosexism in service provision.
Since implementing this training, staff are now evaluating and discussing their individual roles and how, as a service provider, we can be actively affirming and welcoming.
Come and find out how this approach has made a difference to staff and their understanding of the needs related to the queer community.

2:40 – 3:00 ‘DON’T YOU HAVE A QUEER BOOK CLUB IN CLONCURRY? – ‘LOCAL’ GAY ‘COMMUNITIES’ IN RURAL QUEENSLAND
Ian Davis, GLWA/QLife

Abstract:
I answered a call at the counselling service. A young man had recently come out and was looking for ways to meet people like himself in his community. I rattled through the well-worn spiel, I was telling him about the Queer Book Club that met monthly at the local library. ‘Really – does that really exist?’ he asked me, smugly replied of course, ‘But I live in Cloncurry’ he said. Being new to Australia and to Queensland I hurriedly looked up C-L-O-N-C-U-R-R-Y. Google informed me that Cloncurry was 18hrs and 25mins drive or 1,700km from Brisbane in a north-westerly direction. The words I had been using ‘local’, ‘community’ began to reverberate differently to me. Six months later we began the Regional Volunteer Scheme at GLWA/QLife, this is the story of that scheme.

The GLWA Regional Volunteer Service has been running for six months and much has been learnt. This presentation details how the Regional Volunteer scheme began, what has been learnt, and how we hope the scheme will be expanded.

The Regional Volunteer Role (RV) promotes goodwill towards in their local communities by increasing the awareness of GLWA/QLife in regional centres. Having direct access to local knowledge RVs create local LGBTIQ profiles that are used by GLWA and QLife to understand the region, expand our database to include regional gay friendly services and identify local allies. Although we have developed a basic model there is much still to learn. There really should be a Queer Book Club in Cloncurry.
2:00 – 2:20 THE HEALTH AND WELL BEING OF TRANSGENDER HIGH SCHOOL STUDENTS IN NEW ZEALAND: WHERE TO FROM HERE?

Dr Mathijs Lucassen, University of Auckland; Dr Theresa Fleming, Dr Terryann Clark and other members of the Adolescent Health Research Group, University of Auckland

Abstract:
Purpose:
To report the prevalence of students according to four gender groups (i.e., those who reported being non-transgender, transgender, or not sure about their gender, and those who did not understand the transgender question), and to describe their health and well being.

Methods:
A cross-sectional nationally representative high school health and well being survey was undertaken in 2012. Logistic regressions were used to examine the associations between gender groups and selected outcomes based on the survey results.

Results:
Of the students (n=8,166), 94.7% reported being non-transgender, 1.2% reported being transgender, 2.5% reported being not sure about their gender, and 1.7% did not understand the question. Students who reported being transgender or not sure about their gender or did not understand the question had compromised health and well-being relative to their non-transgender peers.

Conclusions:
This is the first nationally representative survey to report the health and well-being of students who report being transgender. We found that transgender students and those reporting not being sure are a numerically small but important group. Transgender students are diverse and are represented across demographic variables, including their sexual attractions. Transgender youth face considerable health and well-being disparities. In this presentation strategies for addressing the challenging environments these students face will be discussed.

2:20 – 2:40 YOU STILL HAVE A PENIS DON’T YOU? - RENEGADE SERVICE PROVIDERS, SITUATIONALLY STEALTHY INTERVENTIONS AND COMPLEX CASE WORK, WITHIN SYSTEMATICALLY TRANSPHOBIC ENVIRONMENTS

Jagur McEwan, Twenty10

Abstract:
This presentation deals with issues pertaining to systematic transphobia that young gender diverse (GDP) people face when accessing mental health / primary health support services, specifically trans female/ feminine spectrum young people. The title of this piece is provocative in its statement, but is taken directly from the mouth of a school principal in his attempt to discourage a 14 year old transgender woman from
wearing a school uniform more in line with her gender identity. These issues correlate with The Growing up Queer report released by The Young and Well Cooperative Research Centre, which highlights the alarming statistics linking transphobic acts, both incidental and intentional, by service providers with a young person’s decreased self-esteem, isolation and/or self-harm and life-threatening behaviour.

Twenty10 has seen an increase in GDP accessing the service over the last several years, reflected in anecdotal evidence and our own statistics. Modicums of change in work practice and intake processes have contributed to a GDP’s sense of safety and self-agency. Simple but powerful things can easily be implemented in any workspace, that over time become really positive shifts in the overall culture of that workspace. This session will unpack these changes by looking at Twenty10’s intake processes, the myriad ways that gender inclusivity plays out in both the physical space and reflexive work practices; a poster campaign (which included the input of GDP people and their stories); inclusive language; capacity building, and fostering strong partnerships, where knowledge is exchanged to strengthen these practices.

2:40 – 3:00 FINALLY FEELING COMFORTABLE: GENDER DIVERSE AND TRANSGENDER YOUNG PEOPLE’S EXPERIENCES WITH MENTAL HEALTH PROFESSIONALS
Elizabeth Smith, La Trobe University; Roz Ward, La Trobe University; Other authors: Associate Professor Lynne Hillier, Professor Anne Mitchell, and Dr Tiffany Jones

Abstract:
International research highlights the comparatively poor mental health outcomes for transgender, gender diverse and intersex young people. This presentation reports on the ground breaking preliminary findings from the first research project in Australia to investigate these issues. From blues to rainbows: Mental health needs and protective factors of gender diverse, trans*, and intersex young people in Australia was funded by beyond blue in 2012 and collected data from 189 young people (aged 14-25) in late 2013. Focusing specifically on their experiences with mental health professionals, we will draw on quantitative and qualitative data to identify the key elements of inclusive service provision. The data show a clear disparity between young people who feel that they have mental health issues, and those who seek professional help. Many participants also indicated that they had had positive experiences with mental health practitioners. Given the higher than average rates of self-harm and suicide amongst these young people, feeling able to seek professional mental health support is crucial to improving outcomes.

3:00 – 3:20 FABULOUSLY PERFECT: WORKING ALONGSIDE YOUNG PEOPLE IN A GENDER DIVERSE TRANSITIONING WORLD.
Max MacKenzie, headspace Hervey Bay

Abstract:
Themes and tips for social workers, counsellors and lay people about engaging with young people who present as gender diverse or transgender in a social service setting.

A light hearted yet focussed look at a growing area of presentation for young people in our community.

A recognition that transition is many things but something that all people experience and a way to find the shared connections rather than staying in the fear of the “other”
Concurrent 26

Chair: Robert Ford
Cook 1 / 2:00 - 3:30

Workshop:

USING EMOTION-FOCUSED THERAPY WITH GAY MEN
Kieran O’Loughlin, Victorian AIDS Council/ Gay Men’s Health Centre

Abstract:
Gay men face many emotional challenges in living out their often socially stigmatised sexuality. This workshop will present a case study of a gay male client who responded successfully to emotion-focused therapy (EFT). This is an empirically validated approach that integrates elements of Person-Centred and Gestalt practice with modern emotion theory. The session will begin with an overview of the emotional difficulties that gay men may encounter within and beyond their family of origin as they struggle to come to terms with their emerging sexual identity, and of the relevance of EFT for working through these issues. A detailed analysis of six therapy sessions conducted by the therapist with the client in the EFT mode will then be presented. EFT distinguishes between different kinds of emotions: primary adaptive (appropriate and helpful), primary maladaptive (habitual and dysfunctional) and secondary (obscuring and defending against painful primary emotions). The analysis revealed that the client’s processing of shame and anger in his relationships with both his mother and partner had been persistently blocked by both the maladaptive, more self-directed forms of these two emotions as well as by secondary anxiety and depression. Through the therapeutic process the client was able to access and experience his maladaptive shame and anger, transform them into their adaptive, more outwardly-directed forms and thus achieve more healthy emotional functioning. The workshop will allow an extended discussion of the implications of this case study for using EFT with gay men in particular.
Chair: Gavi Ansara  
Cook 2 / 2:00 - 3:30

Workshop: BEING TRUE TO OURSELVES – PERSONAL STORYTELLING THROUGH FILM BY CANBERRA’S TRANSGENDER COMMUNITY  
Jenni Savigny, A Gender Agenda; Samuel Rutherford, Daniel George

Abstract:  
The project Being True to Ourselves resulted in seven digital stories and a national award for mental health promotion at the Mental Health Services Conference 2013. This workshop will screen a selection of the stories, followed by an interactive discussion with the Creative Director and one of the filmmakers. Being True to Ourselves was developed in the context of international principles for the promotion of mental health. The stories aim to reduce the exceptionally high levels of stigma and discrimination experienced by the transgender and gender diverse community. The creative process of the project reflected best possible practice in community development. People were professionally supported to become directors of their own short film and so were able to find their voice. An evaluation showed the process had a positive effect on participants’ mental health. Further evaluation shows the project has been highly successful as an educational resource.
3.30 – 4:00 HAS ANYTHING CHANGED SINCE 1998?
SUICIDALITY AMONG SEXUALITY AND
GENDER DIVERSE YOUNG PEOPLE
Dr John Howard

John Howard, Clinical Psychologist, was a Senior Lecturer at the National Cannabis Prevention and Information Centre (NCPIC), NDARC, Faculty of Medicine, UNSW and has worked in schools, juvenile justice, adolescent psychiatry, substance use treatment, and universities. He consults to WHO, UNICEF, UNODC, UNESCAP and NGOs with field-work in India, Philippines, South Africa, Egypt, Nepal, Lao PDR, Viet Nam, China, Thailand, Myanmar, Bhutan, Malaysia and Indonesia on capacity-building for community treatment of young drug users and increasing access to harm reduction services for young injecting drug users, and cannabis. John has been developing youth specific prevention, youth sector, pharmacy and Indigenous community resources and capacity building activities with NCPIC. His major clinical, teaching and research areas are: adolescent substance use, ‘street youth’, comorbidity, depression and suicide in young people, working with marginalised youth, adolescent psychotherapy, same-sex attracted youth, HIV infection in adolescents, resilience, youth friendly harm reduction and treatment capacity-building. John was a co-author of a seminal research paper on suicidal behaviour in LGBTI youth in Australia.

Abstract
The 1998 report, ‘Better to be dead than gay?’, found that the prevalence of suicide attempts by young same-sex attracted males aged 18-24, to be four times those of non-same-sex attracted males. The scope of research in this area since 1998 has broadened to include sexuality and gender diverse young people. In 2014, the ‘Growing Up Queer’ research conducted with sexuality and gender diverse young people indicated that these young people are six times more likely to attempt to take their own lives then those young people who identify as heterosexual. However, of significance, research indicates that some communities of young people may bear a greater level of morbidity, such as those identifying as transgender, gender diverse, and/or intersex, or those identifying as queer, bisexual and questioning their gender and/or sexuality identity. The causal mechanisms underpinning suicidal behaviours among sexuality and gender diverse young people are not fully understood, however experiences of marginalisation, discrimination and harassment, based largely on homo/transphobia, significantly contribute to risk. Other aspects of young people’s identities (such as rurality, cultural background, religion) and the ‘spaces’ within which sexuality and gender diverse young people live, learn, work, and socialise also play a role. The development of safe environments, both interpersonal and structural, that support and affirm sexual and gender diversity, that promote autonomy and self-determination are key. The inclusion of young people’s voices and perspectives are critical in aiding a less distressing journey for sexuality and gender diverse young people.
Barry is the Senior Project Officer – Capacity Development for MindOUT!: LGBTI Mental Health and Suicide Prevention Project. He has worked in mental health promotion and suicide prevention for 25 years at the local, national and international levels. His extensive experience includes sitting on State and Commonwealth government advisory committees; designing, implementing and evaluating suicide prevention programmes; writing suicide prevention guidelines, training packages and community resources; providing technical advice to community based and national mental health promotion and suicide prevention programmes.

Barry is an internationally sought after presenter and trainer on his specialist subject areas of mental health promotion, suicide prevention, loss and grief, spirituality and men’s well-being. He has a particular interest in suicide and depression in men as well as sexuality related suicide.

Barry brings a sociological analysis and a public health framework to his work as well as his lived experience of depression. He has a keen interest in the social and cultural determinants of health and well-being and is an advocate for evidence based practice; the use of outcomes based logic in both programme development and evaluation measures for complex social health programmes.

4:15 – 4:30 Closing Comments
Barry Taylor
Conference delegates are to enter the hotel's car park via Frances Street, take a ticket and park their car.

When the delegates are leaving the hotel they will need to have their ticket validated at Front Desk then proceed to the car park via the lifts in the lobby.

Self-parking for conference guests - $25.00 per day
Valet parking for conference guests - $35.00 per day
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When something seems wrong and you feel like the blues are taking over your world, you may be experiencing depression. Losing your sense of joy, feeling run down and undertaking risky behaviours are all signs the blues may be taking hold of your life.

Offering professional advice, beyondblue is here to support and help restore balance. Call 1300 22 4636 or visit beyondblue.org.au/pride to develop an effective action plan today.
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Full program available on pages 13-17 of this handbook