Suicide prevention and the rainbow population

A submission on:

A Strategy to Prevent Suicide in New Zealand 2017: Draft for public consultation

This submission shares the collective view of diverse organisations, groups, researchers and individuals who work to support the wellbeing and mental health of rainbow people and communities in New Zealand. We share a commitment to work together to prevent suicide. Our names and organisations are listed at the end of this document.

We are writing to express a collective view that the draft Suicide Prevention Strategy does not effectively address suicide prevention for sexuality, sex and gender diverse (rainbow) people living in New Zealand. Local and international evidence, and our own experiences working with rainbow communities in New Zealand, strongly suggest that this population should be a priority for our national response to suicide prevention.

The rainbow population is at significantly higher risk of suicide compared with other people living in New Zealand, due to experiences of social exclusion and discrimination. Initiatives that aim to prevent suicide across the whole community are not likely to address these specific risk factors. Issues specific to rainbow communities are not currently reflected in the draft Strategy.

We have provided guidance on where the Strategy needs strengthening for the rainbow population, and would welcome further discussion with the Ministry of Health on each of these points. Many of us will also provide individual submissions with more detail on our positions.

New Zealand's rainbow population: a definition

We are using *rainbow* as an umbrella term to describe people who do not identify as heterosexual, do not fit typical gender norms, and/or were born with bodies that do not match common biological definitions of male or female. This includes a range of identities and experiences, and encompasses:

- *Sexual orientation* other than heterosexual (for example gay, lesbian, bisexual, takatāpui[i], queer, pansexual)
- Diverse *gender identity* (for example trans, transgender, transsexual, takatāpui, whakawahine, tangata ira tane, fa'afafine, fa'afatama, genderqueer, fakaleiti, leiti, akava'ine, fakafifine, vakasalewa, FtM, MtF, non-binary)
- Diversity of *sex characteristics* including genitals, gonads or chromosome patterns (intersex)

Some of these identity terms can encompass diversity of gender, sex characteristics and sexuality in a holistic way that describes more than one aspect of a person's sense of self (for example takatāpui and queer).

The rainbow population also includes people who do not use a specific identity label, people whose identity changes over time, and people who are in the process of understanding their own identity, and may not have 'come out' to themselves or others.

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The Strategy needs to prioritise the rainbow population

The Strategy must specifically recognise the rainbow population as a priority group which requires specific resourcing and attention.

The statements in the draft Strategy that references the need for "further work needed to better understand… whether LGBTI populations are at higher risk of suicidal behaviour" is inappropriately conservative. It suggests that the priority in preventing rainbow suicide over the next 10 years is research, rather than action to directly support communities.

The statement fails to take account of the significant amount of research that has already been undertaken to understand the rainbow populations' suicide risk. In particular, two specific activities supported by the last Suicide Prevention Strategy were a Needs Assessment Report[ii] and an exploration of how the Suicide Prevention Outcome Framework[iii] might be applied to rainbow populations. Both of these pieces of work reviewed the evidence for the Ministry of Health and noted that the rainbow population has a higher risk of suicide than other people in New Zealand. In 2013, a group of rainbow community organisations and individuals presented a review of local and international research[iv] to the Ministry of Health and had direct discussions about ways to address these issues.

The need to consider suicide prevention issues specific to the rainbow population was noted in both the New Zealand Suicide Prevention Strategy 2006-2016[v] and the previous Action Plan 2008-2012[vi]. Mental health problems among gay and lesbian young people were acknowledged in 2012 in the Prime Minister's statement on youth mental health[vii], and rainbow suicide issues were cited by five MPs from the National, Labour, Green and Māori Parties in Parliamentary speeches at the time the Marriage (Definition of Marriage) Amendment Bill was being debated. The Suicide Prevention Outcome Framework, developed under the Action Plan 2013-2016, noted the Rainbow population as a target population with a "significantly higher rate of suicide than the general New Zealand population"[viii]. The Ministry of Youth Development's Supporting LGBTI Young People in New Zealand response noted that "the wider LGBTI community has already been identified as a potential focus for the new [Suicide Prevention] Strategy"[ix].

While more research would be useful, it is inappropriate to suggest this is needed before any action can be taken. Enough is known about risk and protective factors for rainbow communities to highlight the need to act, and to support effective action to prevent suicide.

A brief review of existing research

The rainbow population makes up a significant part of New Zealand society that is at higher risk of suicide compared with other New Zealanders. This elevated risk of suicide is caused by discrimination and social exclusion. Targeted approaches are needed to address these risk factors – whole-population approaches will not reduce the rainbow population's disproportionate risk of suicide.

Rainbow people make up a significant proportion of New Zealand's population

There is little population data identifying the size of the rainbow population in New Zealand, however indications are that it comprises between 6 and 15% of the population.

- The Census does not include direct questions about sexual orientation, gender identity or intersex status[x]. In the 2006[xi] and 2013[xii] Census results, about 1% of cohabiting couples were in same-sex relationships.

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- In a nationally-representative sample of New Zealand adults, 5.8% self-identified with a non-heterosexual orientation[xiii]. Researchers identified this number as an underestimate of those who are attracted to the same gender or engage in same-gender sexual behaviour but do not use a non-heterosexual identity label.

- For comparison, in Australia, 9% of adult men and 15% of women report same-sex attraction or having had sexual contact with someone of the same sex, although only approximately 2% identify as lesbian, gay or bisexual.[xiv]

- In a 2012 study of secondary school students across New Zealand, 4% of students reported that they were attracted to the same sex or both sexes and an additional 4% indicated they were unsure/attracted to neither. 1.2% of students reported that they were transgender, and 2.5% that they were not sure of their gender [xv]

- Estimates of the numbers of intersex people vary from 1 in every 300 people to 1 in 2000.[xvi] Reviewing the range of estimates, the Organisation Intersex International Australia (2013) concludes that a reasonable population estimate is 1.7%[xvii].

Disparities in health, mental health and suicide risk experienced by the rainbow population affect not only these individuals, but their friends, family, whānau and communities.

Rainbow people are at much higher risk of suicide compared with others

An overwhelming body of evidence shows that the rainbow population has significantly poorer mental health and is at much higher risk of suicide than other people living in New Zealand. For example:

- A report commissioned and published as part of the Ministry of Health's suicide prevention research fund (one of the actions supported by the last New Zealand Suicide Prevention Strategy) found that gay, lesbian, bisexual, transgender and intersex people have higher lifetime risk for mental health problems including depression, anxiety, suicide and self-harm, substance misuse and eating disorders[xviii].

- The Suicide Mortality Review Committee's 2016 review of rangatahi Māori suicide deaths found that issues surrounding sexuality were significant in 7.2% of all deaths by suicide of rangatahi Māori (aged 15–24 years) between 2007 and 2011[xix].

- Youth'12, a study of New Zealand secondary school students, showed that 20% of same/both-sex attracted secondary school students had attempted suicide in the past year compared with 4% of their opposite-sex attracted peers[xx]. The same study found that one in five transgender students had attempted suicide in the previous year[xxi]. Rainbow students had the highest rates of suicidality of any demographic population identified in this study.

- A 2015 review of New Zealand's support sector for rainbow young people across New Zealand found that 76% of rainbow support groups were working with young people who were suicidal, 65% with young people who had lost friends to suicide, and nearly half had worked with a young person who had later died by suicide[xxii].

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

- The Tranznation study looked at health and wellbeing issues for transgender people in Australia and New Zealand. One in four respondents to this study reported having suicidal

thoughts in the last two weeks[xxiv]. Similarly, the First Australian National Trans Mental Health Study[xxv] found 20.9% of participants reported suicidal ideation or thoughts of self-harm on at least half of the days in the last 2 weeks. This compared with a 12-month prevalence of suicidal ideation (excluding self-harm) in the general Australian population of 2.3%.

- A larger US study in 2011 found that 41% of transgender adults reported that they had attempted suicide, compared with 1.6% of the general population[xxvi]. A 2012 Scottish study of transgender health, the largest of its kind in Europe, found that 84% of participants had considered suicide - 27% of these within the past week. Lifetime prevalence of suicide attempt was 48%. Suicidality reduced significantly after transition[xxvii].
- An Australian study of intersex people found 60% of the participants had considered suicide, and 19% had attempted, "on the basis of issues related their intersex status"[xxviii].
- A major international literature review published in 2011 concluded that research strongly indicates elevated risk of suicidal behaviour in LGBT people internationally[xxix] (the paper did not review evidence on intersex people).

The rainbow population is diverse, and some groups are at higher risk of suicidal behaviour than others.

Elevated risk of suicide is caused by discrimination and social exclusion

Sexual orientation, gender identity and intersex status are not the cause of the elevated risk of mental health problems and suicidality among the rainbow population. Rather, the increased risk is due to discrimination and exclusion[xxx]. The cumulative effects of discrimination are often described in research as "minority stress"[xxxi]. Stevens (2013) argues that minority stress "should be viewed in the same light as other social determinants of health"[xxxii].

Discrimination and exclusion are wide-ranging, and can include[xxxiii]:
- direct violence or bullying
- alienation or social rejection
- homophobia, biphobia or transphobia in families, whānau, communities, education and work settings
- heterosexist and gender-normative discrimination – built-in assumptions in society and in law that favour people who are not part of the rainbow population
- insults, threats and verbal abuse
- sexual assault
- secrecy and shame associated with intersex status, body diversity, and the medical procedures that have been, and often still are, associated with these
- internalised homophobia, biphobia or transphobia, or a lack of positive self-concept due to growing up in an environment that does not accept or validate an individual's identity
- invisibility through normative assumptions that everyone is heterosexual, cisgender and not intersex, including within education, community and faith-based settings, or in services like primary health or mental health
- lack of access to safe, effective health and mental health care due to policies, funding and limited practitioner understanding[xxxiv]

Parts of the rainbow population experience intersecting and multi-layered minority stress related to other aspects of their identity. For example, Takatāpui may experience minority stress related to

being Māori, as well as related to their sexuality, sex or gender[xxxv]. Similarly, disabled rainbow people may experience discrimination related to their disability as well as their rainbow identity.

Discrimination has direct negative effects on health outcomes. For example, the Youth'12 study found that the health and wellbeing of many same or both-sex-attracted and transgender students was negatively affected by their social environment:

- more than half were afraid someone at school would hurt or bother them, and around 20% [xxxvi], [xxxvii] reported being bullied at school on a weekly or more frequent basis. 46.1% of those same and both-sex attracted students who were bullied reported that they were targeted because they were gay or because people thought that they were gay.
- rainbow young people were less likely to report having at least one parent who cared about them a lot[xxxviii], [xxxix], and only 14.4% of same or both-sex attracted young people could easily talk to their family about their sexuality.
- twice as many same or both sex-attracted as opposite-sex-attracted students had run away from home overnight[xl].

Commenting on suicide deaths of Takatāpui young people between 2007 and 2011, the Suicide Mortality Review Committee (2016) noted that "the stigma associated with homosexuality appeared to be particularly significant for the males in this population [i.e. rangatahi Māori], who were bullied about their sexual orientation."[xli].

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

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

Targeted approaches are needed to reduce suicide risk for the rainbow population
The draft Strategy outlines the need for universal, targeted and indicated activities to prevent suicide. Targeted activities "try to change specific protective or risk factors that affect those groups of people at higher risk of suicidal behaviour".

Targeted approaches are needed for the rainbow population. Elevated suicide risk is linked to the specific types of discrimination and exclusion that this population faces. Addressing this elevated risk requires specific approaches to change social attitudes and behaviours. Examples of specific approaches include:

- interventions such as public awareness campaigns designed to counter discrimination against sexuality, sex and gender minorities and reduce inequalities
- mental health promotion focused on the rainbow population, and rainbow visibility within whole-population mental health promotion programmes
- diversity education in schools
- health and mental health services provided in a safe and appropriate way
- ceasing the provision of unnecessary medical and surgical practices on intersex children
- rainbow-specific support services that can help an individual through specific life stages including 'coming out' or gender transition

- community development to build capacity and capability for rainbow communities to prevent suicide, including building and resourcing community leadership
- specific research for and with rainbow communities to understand risk and protective factors and effective points of intervention

In general, suicide rates in New Zealand have decreased since the 1990s, but stayed stable in the last decade. The 2010 suicide rate was 23.6% below the peak rate in 1998, and the youth suicide rate has declined by 38.3% since the peak rate in 1995[xliv].

However, the very limited data we have suggests that suicidal behaviours have not decreased for the rainbow population. The Youth 2000 research series saw an increase in opposite-sex attracted students who felt happy or satisfied with life and a decrease in suicide attempts between 2001 and 2007. The same improvements were not seen for same or both-sex attracted students[xlv]. In the 2012 survey, the percentage of same/both-sex attracted students with depressive symptoms had increased from 27.0% in 2001 to 41.3% in 2012, while the percentage of opposite-sex attracted students with depressive symptoms remained stable (around 10%)[xlvi]. In this research series, data for transgender students has only been collected since 2012.

A collective vision is needed, for a more supportive New Zealand

The draft Strategy's current vision: *"Ka kitea te pae tawhiti. Kia mau ki te ora. See the broad horizon. Hold on to life."* can be read as an instruction to individuals who are coping with their own suicidal ideation, encouraging them to be stronger and more hopeful. This has the potential to suggest that all the responsibility for recovery and resilience belongs with the person who is struggling.

This vision does not effectively address the role of the whole community in preventing suicide. For rainbow populations, the community can prevent suicide both by changing its discriminatory behaviour (and therefore reducing the level of minority stress that rainbow individuals face), and by providing support to friends, whānau and others individuals who are coping with suicidality.

The current vision echoes the US-based "It Gets Better" campaign, which encourages rainbow young people to look forward to a time when their lives will not be affected by school-based bullying. Some individuals have found aspects of the campaign helpful, including those that have highlighted recovery stories and support messages of survivors and allies. However, the campaign has been criticised for "putting the onus on the victim" – for example researcher Russell Toomey noted that "asking youth to accept negative experiences as the only coping strategy potentially exacerbates stress."[xlvii] The directive to "hold on to life" could do exactly the same.

A suggested way of reframing the Strategy's vision would be to more explicitly speak to all people living in New Zealand, to help them imagine how they can be a part of reducing the rate of suicide.

We suggest that the vision should be based in the concept of: ***"communities where everyone has a sense of belonging, purpose and hope, and can manage suicidal thinking safely"***.

As well as resonating with our experiences of what is needed to prevent suicide, the concepts of safety, belonging, purpose and hope are drawn from Thomas Joiner's Interpersonal-Psychological Theory of Suicide[xlviii] and associated academic work.

Each action area needs to reflect the rainbow population's needs

The action areas within the draft Strategy generally reflect universal (whole-population) rather than targeted approaches to suicide prevention, and generally emphasise support for individuals at risk rather than addressing causes of suicidality. Specific actions are needed to address rainbow suicide risk. We strongly recommend that the Ministry of Health consults with rainbow communities in its development of the Action Plan that will support the Suicide Prevention Strategy.

General recommendations related to the draft Strategy's action areas are provided below.

1. Support positive wellbeing throughout people's lives

As currently written, this action area emphasises the need to equip individual people with wellbeing and resilience skills. While this is important, this action area also needs to take a broader public health approach to promoting wellbeing by addressing policies, working with communities and service settings, and reducing systemic barriers to wellbeing. A range of actions and activities are needed that address social determinants of health and create a more accepting and equal community, promote resilience and positive mental health for communities and people, and increase safety and reduce access to suicide means.

This includes addressing exclusion, discrimination and minority stress as social determinants of health. Discrimination is many-faceted, as described earlier in this submission. Some specific ideas linked to reducing risk of suicidal behaviour include:

- recognising and addressing bias-motivated crimes such as hate speech and homophobic, biphobic or transphobic violence.
- public awareness campaigns designed to counter discrimination against sexuality, sex and gender minorities and increase acceptance and inclusion. Two examples of public awareness campaigns are the Day of Silence which "calls attention to the silencing effect of homophobic, biphobic and transphobic bullying, name-calling and harassment in schools"[xlix] and 100% OK/TINO PAI which encouraged Auckland-based "people, businesses and associations to simply say I am 100% OK with the Rainbow community"[l].
- amending section 21 of the Human Rights Act to include "gender identity, gender expression and sex characteristics" as grounds of non-discrimination. This would explicitly clarify that discriminating against transgender, gender-diverse or intersex people in employment, education and other settings is illegal.
- working with employers to develop safe and accepting work places, for example through workplace safety and wellbeing training, diversity and inclusion initiatives (for example, the Rainbow Tick programme[li]), and rainbow employee networks (for example, the New Zealand Council of Trade Unions, Te Kauae Kaimahi's Out@Work network[lii]). Research undertaken by Westpac and Nielsen in 2015 indicated that rainbow community members were twice as likely to have felt bias at work due to their identity. Nearly one in three have been made to feel uncomfortable at work (compared with 11% of their peers) and 27% have experienced discrimination because of their identity (compared with 7% of their peers)[liii].
- resourcing rainbow community support groups and organisations to provide structures for peer support and create opportunities for positive connection with other rainbow people. Two examples are RainbowYOUTH's I'm Local project[liv] (which builds capacity in rural and isolated communities by providing free resources about gender and sexuality to high schools, medical centres, hospitals, libraries, marae and community centres in more rural or isolated area of Aotearoa) and InsideOUT's national Shift hui[lv] (which brings together young

people of minority sexes, sexualities and gender to make connections and learn. From the evaluation of the most recent Shift hui, 85% of attendees identified that they felt like they would be more likely to overcome difficulties in their life as a result of attending, and 100% felt like Shift gave them a sense of belonging to a community)[lvi].

5-6. Support and partner with communities and strengthen support systems

Reviews of rainbow community needs in New Zealand[lvii] consistently point to the need to support leadership and develop sustainable resourcing for the rainbow support sector. Significant work to prevent rainbow suicide is being done through community education and face-to-face support by minimally-funded community organisations, volunteer-run groups, and motivated individuals within mainstream services.

The Strategy has the opportunity to harness this collective energy and knowledge by supporting and partnering with rainbow communities. This will require different approaches compared with sectors and communities where there are significant paid workforces and established health or wellbeing strategies in place.

We strongly recommend that an action in this area is to resource a community-led response to rainbow suicide prevention, learning from the Ministry's recent experiences with supporting the Waka Hourua community-led responses for Māori and Pacific communities.

4, 5, 6, 7, 8 and 9. Supporting community understanding and sector responsiveness

Across each of these action areas and settings, work is needed to build cultural competence in rainbow issues, and ensuring safe, inclusive practice. All of these settings and initiatives need to be welcoming, safe and respectful for rainbow people to ensure that their suicide prevention activities are effective for rainbow people and do not cause alienation, distress or trauma.

For example:
* families and whānau need to be accepting and inclusive of diversity so that they can safely and adequately support members and avoid contributing to their suicidality. Resources and supports should be developed to equip families to understand diversity.
* in the justice setting, prison policies and guidance related to transgender and intersex people need to be regularly reviewed and updated to reflect international best practice about placement, care, management and access to healthcare, education and rehabilitation services for trans and intersex prisoners. Diversity education should be provided to Police and to all court, probation and prison staff.
* social services addressing homelessness and "youth not in education, employment or training" need to be aware of issues related to family rejection for rainbow young people. For example, "it is difficult [for rainbow young people living outside of their families] to access 'independent youth' benefits as families often misrepresent the issues as behavioural and a matter of choice for the young person"[lviii]. A community project in Auckland is exploring this issue in a partnership between Lifewise and RainbowYOUTH[lix].
* in aged care settings, staff training is needed to ensure older rainbow people experience safe and inclusive care. One example of a successful initiative in this area is the Silver Rainbow resource kit and training programme[lx].
* other social services which interface with rainbow populations include parenting services, youth services such as Youth One Stop Shops, faith-based settings, family violence and sexual abuse support services, Whānau Ora, Māori and Pacific social services, refugee resettlement services, employment supports, Oranga Tamariki and child welfare services.

> Policies and practices in all of these settings require review, and training needs to be provided for staff to ensure welcoming, safe and respectful practice.

All professions that deal with people (including medical, education and social work) need components in their professional degree or diploma programmes and ongoing professional development that address gender identity, sexuality and sex diversity.

Successful examples of education and training exist, and can be built on. For example, papers within tertiary courses such as the University of Auckland's Medical School, and community mental health service training for Auckland DHB undertaken by Affinity Services[lxi]. To Be Yourself[lxii] is a series of workshops about diversity and mental health for youth health, mental health, allied professionals and Youth One Stop Shops, developed by the Intersex Trust of Aotearoa New Zealand and currently supported through the Like Minds, Like Mine campaign.

6-7 Ensure safe, effective support systems in healthcare

For people in distress, New Zealand's health and mental health care system is a key point of support. Rainbow people, like other New Zealanders, need "timely access to culturally appropriate care and support" when they are in distress. However, the healthcare system has a wider role to play in preventing suicide through reducing barriers to accessing healthcare generally, ceasing unnecessary medical practices that can cause trauma for intersex people, and supporting gender-diverse people to access medical support with transition.

Remove barriers to appropriate healthcare

Healthcare settings in particular need to build cultural competence in rainbow issues, and ensure safe, inclusive practice. For example, counsellors, emergency department workers and mental health crisis services need to be aware of sexuality, sex and gender diversity to avoid traumatising or alienating people when they are especially vulnerable. GPs and counsellors need to build competence so they can support rainbow people with mental health concerns before they escalate to suicidality or distress.

Local research indicates that rainbow young people[lxiii], [lxiv] and mental health service users[lxv] experience barriers in accessing appropriate healthcare when they need it. For example, "many service users have had homonegative or transnegative experiences, and/ or experienced services as being heteronormative in their approach. Many had been discriminated against or experienced prejudice by service providers. Service users commonly reported fearing the response of the clinician if they came out; they often concealed their sexual orientation or gender identity, and/or felt ashamed or embarrassed" [lxvi].

For high school students, the Youth 2012 study[lxvii], [lxviii] found that 35.2% of same or both sex attracted students and 39.2% of transgender students reported wanting to see a health professional but being unable to in the past 12 months, compared with 17.6% of their peers. A small number of same or both-sex attracted students did not go to their doctor either because they were worried that their doctor would disclose their sexuality to others (6.3%) or because of concerns about the doctor's views on 'gay people' (6.3%).

Currently, no national standards or requirements exist to support healthcare services to provide safe and effective care for rainbow communities. The Ministry of Health could develop standards and require health providers to demonstrate steps taken to improve access to, and the standard of, health services' delivery for rainbow people. It could review all major health strategies and policies

to identify and remove support for discriminatory or unsafe practices, and ensure they explicitly support protective practices that enable equity of health outcomes for rainbow people.

Initial training and ongoing professional development on sex diversity, sexuality and gender identity should be provided for all primary, secondary and tertiary health providers and staff including general practioners, hauora Māori services, nurses, emergency medicine, mental health practitioners, endocrinologists, counsellors, paediatric practitioners and midwives.

Improve health care for intersex people
The health care system has a role to play in supporting parents at the time an intersex child is born to understand relevant issues, and preventing trauma and shame that can be associated with intersex status, and can have lifelong impact. The Ministry of Health should:

- immediately action the recommendations made to New Zealand by the UN Committee on the Rights of the Child under New Zealand's review in 2016[lxix] regarding intersex people and healthcare.
- facilitate dialogue between intersex people, relevant government agencies and health professionals , to address the practice of genital normalisation on intersex children in New Zealand, following the recommendations of the Intersex Roundtable 2016[lxx].

Improve access to healthcare for trans and gender-diverse people
The Ministry of Health should provide adequate and appropriate access to healthcare for gender transition, including a nationally consistent pathway of care to access hormones, counselling and other therapies, and adequate funding to provide access to surgeries and other treatments in a timely way.

Research shows that access to timely and appropriate gender transition support is associated with a significant reduction in suicidality. For example in the Scottish Trans Mental Health Study 2012, 63% of participants thought about or attempted suicide more before they transitioned, and only 3% thought about or attempted more post-transition. 7% experienced increased suicidality during transition, pointing to the need for support provided to those undergoing transition processes[lxxi]. The first Australian National Trans Mental Health Study of 946 trans and gender diverse people aged 18 or over found that those who were on hormones or had undergone some form of transition-related surgery had markedly lower levels of depressive symptoms than those seeking but unable to access these health interventions. This study called for improved access to healthcare, including gender-affirming health services, based on an informed consent model[lxxii].

The 2013 SOGII Coalition's submission to the UN Human Rights Council highlighted the lack of progress in improving trans people's access to gender affirming health services including, for example, counselling, hormone treatment, chest reconstruction and other surgeries.[lxxiii] The Northern Region DHBs (Counties Manukau, Auckland, Waitemata and Northland) have established a transgender health services project to develop consistent care pathways based on an informed consent model.[lxxiv] While this initiative is positive, systemic responses including allocated funding in all DHB are needed to ensure access to gender affirming health services. A 2014 nationwide survey[lxxv] of DHB specialists confirmed significant gaps in public health services for transgender people in many regions and disciplines, including psychological services, access to hormone therapy and surgeries. Current waiting lists for genital reconstruction surgeries under Special High Cost Treatment Pool funding are estimated at 40 to 70 years.

7. Build the support and capability of the education sector

The role for schools in suicide prevention is much broader than simply "responding to people in distress". The research demonstrates that schools actively contribute to minority stress for these young people, whereas they should be beacons of support, especially as these young people are statistically more likely to report not having any adults who care about them compared to other young people. Youth2000 has demonstrated a link between supportive school climate and reduced suicidality and suicidal behaviour for same and both-sex attracted boys[lxxvi]. International research supports this link.

Schools can contribute to prevention and wellbeing through recognising, monitoring, and specifically addressing sexuality and gender-based bullying, meeting obligations for inclusive schooling policies and professional development (as outlined in the Ministry of Education's Sexuality Education Guidelines[lxxvii] and the upcoming guide for Inclusive Education around these issues, as well as the PPTA's Guidelines[lxxviii]), supporting diversity groups or queer-straight alliances[lxxix], delivering high quality youth health services, resourcing and delivering health education and comprehensive sexuality education at all year levels, and providing diversity education[lxxx] for all students and staff across primary and secondary. School education can be supported by community organisations including RainbowYOUTH, InsideOUT and other community organisations, and through RainbowYOUTH's digital teaching resource Inside Out[lxxxi].

Direct support from the Ministry of Education to continue financial support for schools to implement the Positive Behaviour 4 Learning framework[lxxxii] is one way in which relationship skills, community values and wellbeing can be prioritised and promoted in the school environment. Targeted monitoring by the Education Review Office (building on their current review of sexuality education provision[lxxxiii]) could support schools to develop safe and inclusive environments for rainbow young people. Further to this, making sexuality education (inclusive of diverse sex, sexuality and gender identities) compulsory in schools would strengthen protective factors and develop more supportive school environments for rainbow young people.

It is of concern that the suicide prevention resource kit for schools[lxxxiv] developed under the last Suicide Prevention Action Plan made little mention of the rainbow population, contained outdated information about sexuality and no information on gender identities or expression or intersex young people, individualised risk with rainbow children and youth, and provided no information about using whole school approaches to address discrimination. A specific action we recommend would be to update or develop an addendum to these guidelines to reflect schools' wider role in suicide prevention.

10. Strengthen evidence and systems for sharing knowledge

While a significant amount of research exists about rainbow populations and suicide, more is needed. In particular, evidence is lacking about older rainbow people, intersex and gender-diverse people, Takatāpui and Pacific rainbow populations, and the experiences of people from recent immigrant cultures.

Specific actions could include:

- resource the Adolescent Health Research Group to carry out regular monitoring surveys (continuing the Youth2000 series), and ensure their resourcing includes capacity to produce a comprehensive analysis of results for sexuality and gender diverse young people

- resource research to explore the experiences and needs of young people older than school age (e.g. 18-24 years) who are often missing from the research picture, often at the time where many rainbow people are only beginning to explore their sexual orientation or gender identity, or discuss their intersex variation
- include demographic questions about sexuality, sex and gender diversity in all national health and wellbeing surveys (e.g. NZ General Social Survey, NZ Health Survey, HPA's Health & Lifestyle Survey and Mental Health Survey) and in all funded suicide prevention and mental health research
- education for Coroners to begin to capture diversity information where possible, to address bereaved whānau and friends (including chosen family) sensitively, and to ensure dignity in situations where the deceased person's identity was not accepted by their birth family
- enable medical records to safely, accurately and respectfully record information about individuals' sexuality, gender identity and intersex variation where these details are relevant, ensuring required levels of information privacy
- re-establish rainbow policy expertise within Government, similar to the former Rainbow Desk team within the Ministry of Social Development, and ensure it is linked to diverse rainbow communities through robust engagement mechanisms. The role of this expertise would be to ensure issues for sex, sexuality and gender diverse people in New Zealand are adequately addressed in law, policy and funding

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- **Transadvocates**
- **New Zealand AIDS Foundation**
- **Breaking Boundaries**
- **OuterSpaces Charitable Trust**
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- **Grace Falwasser**
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- **Kim Prance**
- **Louise Gizzi**
- **Diane Sparkes (Transgender Woman, Trans* Advocate)**
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> (25)(b) Develop and implement a child rights-based health-care protocol for intersex children, setting the procedures and steps to be followed by health teams, ensuring that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guaranteeing the rights of children to bodily integrity, autonomy and self-determination and provide families with intersex children with adequate counselling and support;

> (25)(c) Promptly investigate incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions to provide redress to victims of such treatment, including adequate compensation;

> (25)(d) Educate and train medical and psychological professionals on the range of biological and physical sexual diversity and on the consequences of unnecessary surgical and other medical interventions on intersex children;

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