



SUICIDE IN/AS POLITICS

Presenting the focussed LGBTQ+ analysis
from an arts-based research project to
explore public perceptions of suicide
prevention policies and politics across the
UK 2009-2019



Suicide is a major public health concern. According to the World Health Organization (WHO), suicide is responsible for around 700,000 deaths worldwide; not only this, but for every death by suicide around 20 times more people survive a suicide attempt.

To try and tackle this, the WHO has recommended that every country makes its own suicide prevention policy, tailored to the needs of its nation's people. This has been undertaken in the UK, with each nation - England, Northern Ireland, Scotland and Wales - creating its own suicide prevention policy.

These policies give strategic direction to policy makers, politicians, practitioners and the public alike. But there is little research looking at how much these policy suggestions resonate with or are resisted by those it affects, and so this is what the Suicide in/as Politics project aims to do!

The Suicide in/as Politics project aims to explore the politics of suicide prevention in the UK between 2009-2019 (the 11 years following the 2008 financial crash).

In the first phase of this project we critically analysed the 8 suicide prevention policies in use across the UK's four nations 2009-2019 and the 7,764 mentions of suicide in the UK's four parliaments and assemblies, as

well as nine charity documents.

In the second phase of the project, we shared the findings from phase one with members of the public through arts-based workshops.

During the workshops we were particularly interested in connecting with groups known to experience particularly high rates of suicidal thoughts, attempts and deaths; and one such group were lesbian, gay, bisexual, trans and queer (LGBTQ+) people.

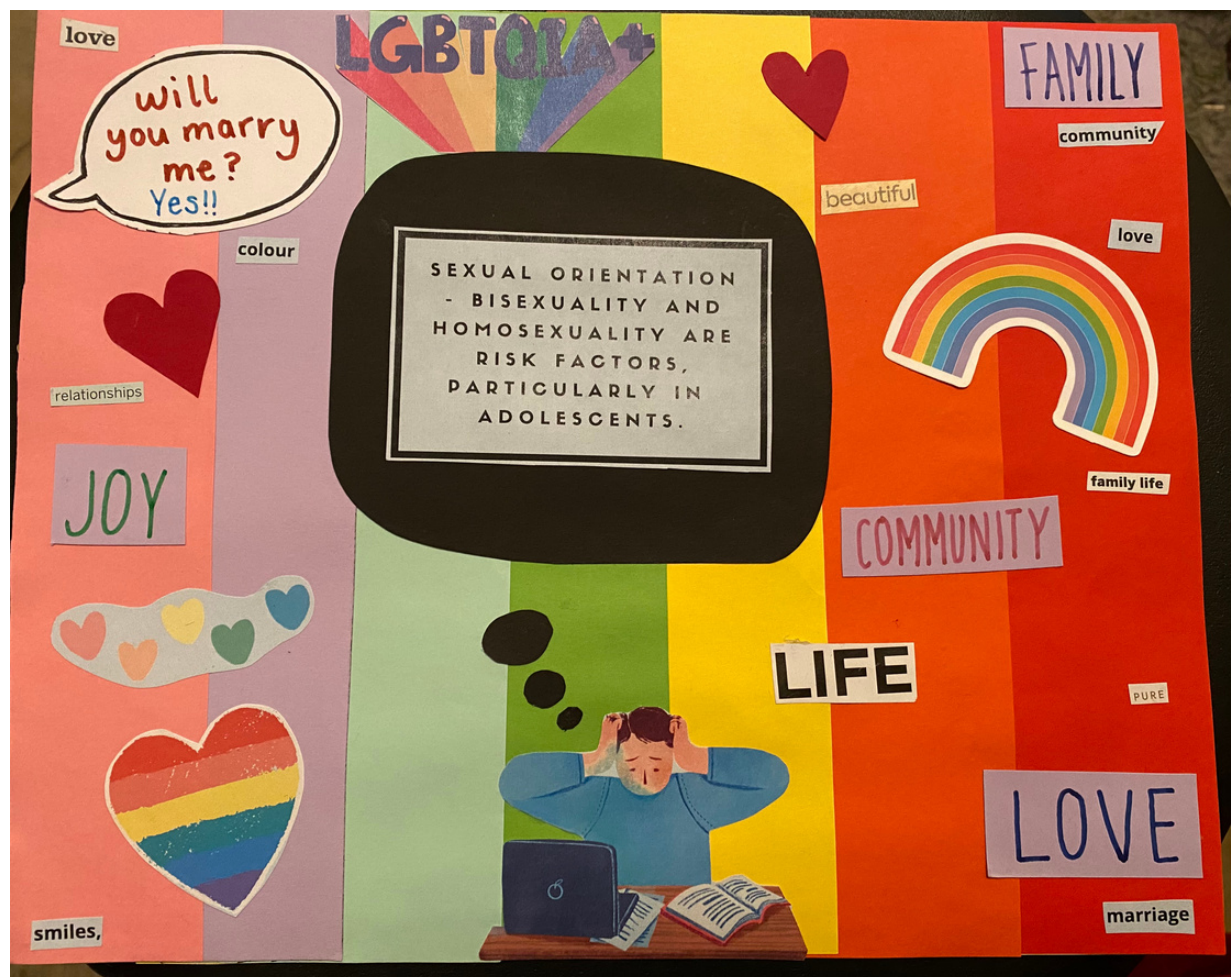
We ran three LGBTQ+ workshop series and our discussions spanned lots of different topics related to suicide and suicide prevention. In this zine we wanted to give space for a focussed showcase of the creative works and discussion that focussed on LGBTQ+ suicide and suicide prevention.

Participants will be referred to using pseudonyms throughout.

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LGBTQ+ people have consistently been shown to have higher rates of suicidal thoughts and attempts when compared to their cisgender, heterosexual counterparts. Perhaps unsurprisingly then, the majority of suicide prevention policies mentioned LGBTQ+ people as a group in need of tailored or prioritised suicide prevention efforts, as well as LGBTQ+ suicide and suicide prevention being mentioned in 79 political debates.

We were very interested to see how this was received by LGBTQ+ people.



The collage above, created by Hollie, was in response to quotes from the debates and policies on LGBTQ+ suicide and suicide prevention, as Hollie chose this topic to specialise in for the final workshops. Along with the collage, Hollie provided an explanatory essay:

This collage symbolises the juxtaposition between what being LGBT+ means to me, and how my identity is labelled by the suicide prevention policy documents, and the wider understanding of suicide that exists today. I used the backdrop of the Pride flag and decorated it with words, concepts and pictures that represent life events that I associate with being LGBT+ such as love, joy, smiles, community, family, marriage and life. On top of this backdrop I stuck an image of a person reading a quote from the suicide prevention policy documents which reads ‘sexual orientation – bisexuality and homosexuality are risk factors, particularly in adolescents.’ The person has their head in their hands and looks distressed. This symbolises my own feelings when reading those words and other similar phrases from the policy documents. The words that are intended to keep people like me safe are actually distressing and jarring to read. The following points summarise my feelings about the quote and the general view of the policy documents that being queer is a risk factor for suicide:

Firstly, the quote in the centre of the image seems to define sexual orientation as simply 'homosexuality or bisexuality'. This fails to recognise that we all have a sexual orientation whether it is heterosexual or somewhere on the LGBTQIA+ spectrum. The quote showcases ignorance around this terminology and a very heteronormative worldview where heterosexuality doesn't even require terminology as it is the assumed normal. Reading this makes me acutely feel the stigma that still exists around being queer and makes me feel like I am not normal.

Secondly, the quote defines homosexuality and bisexuality as risk factors for suicide. The orientations themselves. In fact, time and time again in the policy documents, homosexuality, bisexuality, being queer or just being anything other than heterosexual was listed as a risk factor. In my opinion, this is a dangerous lie. Homophobia, for me, is the risk factor. Internalised homophobia, the societal stigma of being queer, rejection from family, friends and workplaces - those are the real risk factors. It is the actions of other people who oppress, bully, attack and reject queer people that put the LGBT+ community at risk of harm and suicide. Not us being who we are. This may seem like a matter of semantics but when a suicide prevention policy lists 'being LGBT+' as a risk factor it places blame on queer individuals and removes the

blame from our oppressors. Therefore, in my opinion, in these documents, 'experiencing homophobia' should be listed as the risk factor and NOT 'being LGBT+' or 'homosexuality'.

To me, my LGBT+ identity symbolises happiness, freedom, love, friendship, joy, community, colour, life, peace and most importantly, the home and future that I have built with my fiancé. My identity, my community and my relationship have all been 'protective' factors when I felt suicidal and are where I have found my joy, hope and strength. However, if these policy documents are to be believed, my identity is the reason I felt suicidal in the first place.

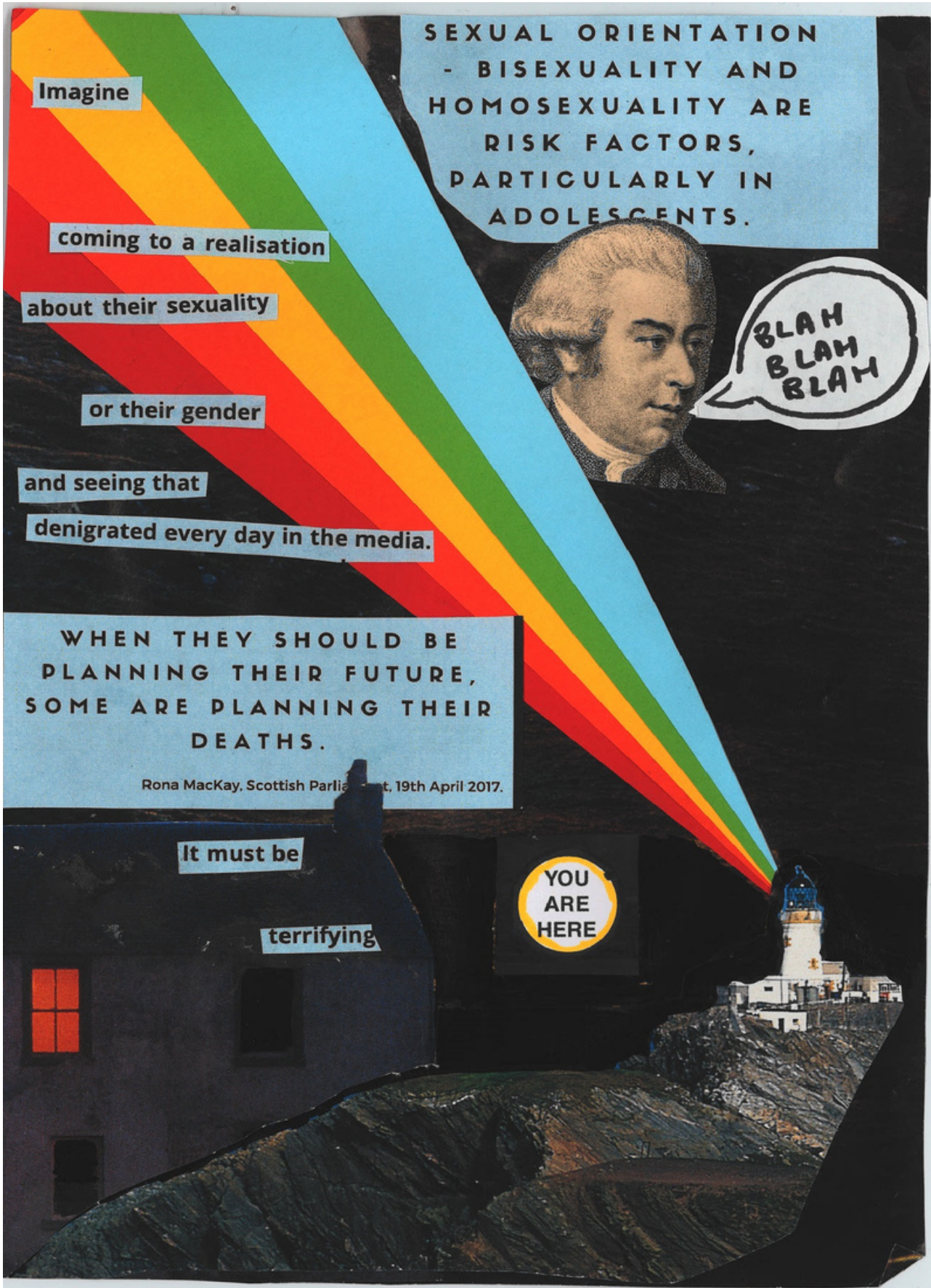
This discourse also translates to the attitudes I have experienced from practitioners during my involvement with suicide prevention services. In 2017 I was assessed by the CRISIS team after presenting to A&E with suicidal ideation and behaviours. During the assessment, I was asked about what was happening in my life to cause me to feel this way. I talked at length about many painful things I was going through such as grief, depression and the trauma of leaving an abusive, heterosexual relationship. Then, when the psychiatrist asked about what was keeping me alive, my protective factors, I talked about my girlfriend and the love I have for her. When the doctor heard me

refer to my current partner with she/her pronouns he started writing furiously and then asked me if I was gay and how that was affecting my mental health. I told him it wasn't and he kept asking about whether I had any trauma associated with being gay or our relationship. It made me feel worse than I already felt. Like the one happiness I had was being used as a diagnosis for my depression and loss of hope with the world. That was when I realised that having a checklist of risk factors for suicide prevention allows the true 'causes' to often be overlooked, and narrows our definition and recognition of vulnerability.

I hope that in the future, suicide prevention policies and plans no longer list 'being LGBTQ+' as a risk factor for suicide, and instead acknowledge that 'experiencing homophobia' is the real risk factor. Language is important and words that aim to save lives must be chosen carefully and considerately.

Whilst the positioning of LGBTQ+ identities as 'risk factors' often appeared to be an attempt to justify tailored or prioritised suicide prevention for LGBTQ+ people, Hollie's reading of this as reinforcing stigmatising attitudes was echoed amongst participants who understood this as positioning the 'risk' as something inherent to LGBTQ+ people.

I am not a risk factor - the light at the end of the tunnel is a rainbow by Will (Series 2, Workshop 2).



Amongst participants there was a collective sense that whilst the statistics presented by politicians and in policies about rates of suicidal thoughts and attempts amongst LGBTQ+ people was awful, it was unsurprising to them as LGBTQ+ people living in the UK.

Will (Series 2, Workshop 2): **I feel like I just experienced so much relentless, everyday barrage of bullshit about transphobia that I just...like my baseline for what is normal is really way off.**

In addition to this the lasting legacy of Section/Clause 28 (a historic peice of legislation prohibiting the 'promotion' of homosexuality by local authorities) was cited as creating a climate in which homophobia, biphobia and transphobia was made more possible within the school environment.

Participants also raised broader questions about intersectionality, as well as highlighting shortcomings in the inclusion of trans people within the policies and debates.

Emma (Series 2, Workshop 2): **There wasn't much on trans identities. If they did break it down it was very much on lesbian or bisexual or gay, there was no picking out of actual trans identities there.**

This is an important point as evidence suggests that trans people are more likely to think about and attempt suicide when compared to their cisgender lesbian, gay and bisexual counterparts .

One of the key challenges raised by participants was the distance that they perceived between politicians and policy makers and the needs and wants of LGBTQ+ communities with regard to LGBTQ+ suicide prevention.



Sam (Series 1, Workshop 2): **LGBT+ representation isn't there in politics, like we're not making the decisions about how to help us. We're not involved in any of that decision-making or where money goes or what services are funded. It's all being done by people who think of us as other, and I think that's really critical as well.**



Together, these themes were discussed in Emma's letter to the minister (Series 2, Workshop 3):

Dear Minister,

The data shown explains the issue for LGBTQ+ people, I can see that you understand that people are taking their own lives due to homophobia, biphobia, and transphobia and yet I don't see what you are doing about it. On the same hand politicians get to debate if conversion therapy should be banned for LGBTQ+ people thereby only fueling hate. This should not be a debate if we truly care about mental health as much as physical health.

Scotland's suicide prevention action plan for 2018 tag line was Every Life Matters. I would ask Minister that every life matters to who? And do all those lives matter equally? In this policy LGBTQ+ people are one group considered to be at a raised risk and rightly so it is highlighted that some of these groups/identities/experiences may overlap to increase the suicidality risk for an individual. This intersectionality is increasingly important, each individual person needs to be seen as just that, an individual, when faced with an individual in services no judgements should be made. Putting being LGBTQ+ as a risk factor does not allow for the differences within the LGBTQ+ community. An LGBTQ+ person of colour of a low socio-economic background from a care background with no current

support system may present to services differently than a white, middle-class LGBTQ+ person who has not experienced living in care and has family support. Therefore, its not just as simple as being LGBTQ+. Out of these two people who is more likely to receive mental health support and who is more likely to be imprisoned? I agree there should be a tailored prevention approach to everyone. But what are these? What do they look like? How will the capture those 'hard to reach' groups.

Prevention is cheaper than the cure. If this is true, why are we waiting

We are talking here about preventing suicide, I don't see any talk about increasing quality of life for everyone, so suicide ideation is not even a consideration. We must aim big...if we miss the end goal then we may come closer than aiming low of merely preventing people from taking their own lives. It is not acceptable to be ok with people merely surviving.

I want to see data of interventions, how they have worked, what could be improved. Are we thinking big enough? Different enough? What have communities said they want or need?

Suicide prevention needs to look at ways of engaging whole communities, not just parts of them. That could be one part of a community ie gender diverse people of the LGBTQ+ population but how do we engage all gender diverse people? Not everyone would want to access the same help in the same way.

Integrating services and creativity. Substance misuse services, domestic abuse, mental health with sports, arts etc. Community psychology approaches.

How can communities help each other? Engaging in voluntary work within the LGBTQ+ community as an LGBTQ+ person can be empowering and a protective factor for suicide. So, we need to make these opportunities.

We need to speak to LGBTQ+ people who have lived experience of suicide attempts and suicide ideation and co-produce a strategy that can be adapted to those affected by this. This will only work if we are seeing LGBTQ+ as people with other intersecting identities and wider systems around them that impact them. Suicide prevention policy is not separate from a policy to decrease poverty and increase standard of living for example. These intersect. If all lives do really matter, then action speaks louder than words.

Money in peoples pockets, investment in services, true levelling up and proving that all lives matter and all people deserve the best quality of life.

Emma (Series 2 Workshop 3)

Sam (Series 1, Workshop 2): the other thing that just really struck me was the dates and the quotes go from 2007 to 2019 and they're all essentially the same quote which is here are the stats, the stats are really bad, schools and society are a massive problem and are making young LGBT people suicidal, from 2007 to 2019, and it's just... there's just nothing being done.



For some participants there was a sense that although politicians expressed a concern for LGBTQ+ people feelings suicidal this was to some extent performative:



Will (Series 2, Workshop 2): I do feel a bit of resignation about...right so they're going to stand up in, you know, Question Time and say all of this stuff that makes them look pretty good, but what are you actually going to do with, you know, my mate down the street? What's that actually going to mean in people's everyday lives? It's all very well and good to talk about it.



Utopia Euphoria by Stardew (Series 1, Workshop 4):

If only all elements involving suicide prevention, acceptance and understanding were present in our society.

I think of rainbow road in Mario Kart, somewhere over the rainbow and the pot of gold at the end of the rainbow.

As a trans woman it's seems we are perceived as an inconvenience. One that some may wish would cease to exist. But denial is one of humanity's biggest hurdles.

It's a shame some humans waste their energy on oppressing or killing our community because whether you succeed or not, we have and will always love you- I mean...exist. We'll just haunt you 'til the bitter end of that rainbow road.



Astra (one-off workshop (4))



Taken together these creative works and discussions raise some very important points for reflection.

Recognising risk: the recognition that LGBTQ+ communities were at increased risk of suicide, needed to be carefully handled to avoid adding to existing stigma. Participants in the workshops wanted to be clear that riskiness was not inherent to LGBTQ+ people, nor was it the same for every LGBTQ+ person.

Suicide prevention is about improving people's lives, not just preventing their deaths: in order to thrive, as well as survive. It was suggested that prevention

planning tailored for LGBTQ+ communities must be co-created with a diverse range of LGBTQ+ people who have lived experience of suicide. A one-size-fits-all policy will not be enough!

Actions speak louder than (buzz) words: there were concerns raised across all groups that although politicians and policy makers wanted to appear as saying the right thing, they might not be as willing to do the right thing! This led to a number of discussions of whether it was right for LGBTQ+ communities to work in multi-sectoral partnerships and collaborations with politicians and policy makers or whether this in some ways enabled them to look better whilst doing very little.

To wrap this up...

This zine offers a small snapshot into workshop participants' responses to discussions of LGBTQ+ suicide and suicide prevention in the UK's parliaments, assemblies, prevention policies and charity documents.

But not everything could be included here so if you have questions or would like to know more, get in touch with us via Twitter @SuicidePolitics or email hazel.marzetti@ed.ac.uk

