



Mindframe: A guide for reporting on suicide and mental health concerns in LGBTIQ+ communities

This quick reference guide has been developed to support safe and sensitive public communication about suicide and mental health concerns in lesbian, gay, bisexual, transgender, intersex, queer and other sexuality, gender, and bodily diverse (LGBTIQ+) communities.

This includes reporting on people who have died, the lived experiences of those who survive, new data or research, and prevention-focused activities within the community.

The way media communicates about suicide and mental health concerns can have a profound impact on communities.

By adopting the advice in this guide, media can contribute to safer and more accurate and

sensitive public communication and reduce barriers to help-seeking.

For more detail and context, access the *Mindframe* guidelines suite and other supporting resources [here](#).

“The media hardly talks about suicide in our communities. When they do mention it, they generally do so in a pathologising way, with no discussion of social stigma as a contributing factor.”

Survey respondent, 2024

Helpful ways of presenting information about suicide and mental health concerns include:

- Focusing on issues such as discrimination, stigma, marginalisation, exclusion or violence as drivers of distress, rather than on someone's sexuality, gender or innate variations of sex characteristics (intersex).
- Sharing stories about how LGBTIQ+ people survive, live with, and manage suicidal thinking to promote hope and encourage others to seek help.
- Including information about the strengths and protective factors of LGBTIQ+ communities as well as prevention-focused activities already underway.
- Including information about signs of distress, the importance of taking thoughts about suicide seriously, and how to seek help.
- Reporting the impact on individuals and communities to increase understanding about the experiences of people affected by suicide.



Key guidance for reporting on suicide in LGBTIQ+ communities

- Include appropriate LGBTIQ+ services, such as QLife, as well as national support services that are available 24/7 such as Lifeline and Beyond Blue. Relevant services targeting young people should also be included.
- Seek cultural advice before using names or images of Aboriginal or Torres Strait Islander people who have died.
- Take care not to imply that a death was spontaneous or due to a single event, or present suicidal thoughts and behaviours as weaknesses or flaws.
- Take care reporting the suicide of a celebrity or a well-known person who is LGBTIQ+.
- Refrain from providing explicit details about suicide methods and locations to prevent further suicidal behaviour and overall increases in suicide rates.
- Take care interviewing family, chosen family and friends following a suicide death. Consider delaying interviews with those bereaved as they may be distressed or at risk of suicide themselves.
- Validate expressions of grief by LGBTIQ+ people along with memorials and anniversaries that facilitate bereavement processes and affirm connection with LGBTIQ+ communities.
- Apply *Mindframe* guidelines to online content and social media. Moderate message boards and address discriminatory language against LGBTIQ+ communities and other negative responses to reduce their considerable impact.
- Present information about suicide in context of broader issues such as policy, practice, research, rates and trends. However, take care when using statistics on LGBTIQ+ suicide and mental health concerns. While it is vital to have accurate data on distress in LGBTIQ+ communities, overuse or a focus on deaths rather than surviving and thriving can contribute to a sense of hopelessness or a deficit narrative about LGBTIQ+ people.
- Minimise the prominence of suicide-related stories to mitigate potential harm. Consider removing the word 'suicide' from the headlines and modifying search terms.





QLife

Anonymous and free LGBTIQ+ peer support and referral service for issues around sexuality, gender, bodies and relationships.

Available 3pm-midnight 7 days: qlife.org.au

Social determinants of mental health and wellbeing

Higher rates of mental ill-health and suicide in LGBTIQ+ communities are not due to being LGBTIQ+. Instead there is a direct correlation with how they are treated, including common experiences of individual and structural discrimination, prejudice, stigma and abuse. Other social determinants of health that may impact people include homelessness, racism, family violence, poverty, unemployment and disrupted education, all of which LGBTIQ+ communities experience in significantly higher rates.

For the latest data on suicide, visit the [Australian Bureau of Statistics website](#), the [Australian Institute of Health and Welfare website](#), La Trobe University's [Rainbow Realities report](#), and the [LGBTIQ+ Health Australia \(LHA\) website](#).

Key guidance for reporting on LGBTIQ+ people and communities: Part 1

- Clarify the openness and comfort a person has about public reporting on their sexuality, gender, intersex status, HIV status, gender history and body.
- If a person has died, only include their sexual orientation or gender if it is relevant to a story and is in the public interest.
- Be respectful of the person and how they describe themselves, including names and pronouns, excluding offensive terms.
- Take care when quoting other people, including family, chosen family or friends, as some may not have accepted the person's name, sexuality or gender and use names or language the person didn't use for themselves.
- Don't disclose information that may cause distress, such as 'outing' someone, previous names a person may have used, previous images, any medical description of innate variations of sex characteristics, or physical descriptions of bodies or gender expression.
- Avoid sensualising or de-humanising the person who has died, 'deadnaming' or 'misgendering' them, playing down the significance of their partner/significant others (e.g. listing a same-sex partner as a friend or roommate), or emphasising an individual's innate variations of sex characteristics over other aspects of their identities.
- Emphasise individual and collective responsibility for supporting the wellbeing of LGBTIQ+ people.



Key guidance for reporting on LGBTIQ+ people and communities: Part 2

- Use diverse images, seeking permission before using images of a person with lived experience and choosing images that are hopeful and encourage help-seeking.
- Remind people that individuals, families, communities and the whole of society have a responsibility to promote a culture that welcomes, accepts and supports LGBTIQ+ people for who they are.
- Avoid quotes, 'for/against' stories or 'debates' that republish or provide a platform for misinformation, hatred or discriminatory views.
- Recognise the unique challenges faced by young LGBTIQ+ people and highlight the importance of connection, acceptance and support from family, chosen family, friends and communities, as well as nurturing the psychological wellbeing of LGBTIQ+ young people.
- When reporting on the discrimination and marginalisation of LGBTIQ+ people, avoid suggesting that being LGBTIQ+ is the cause or should be seen as a risk.



“Media commentary on trans people is sometimes sensualising and de-humanising. Deadnaming and misgendering occurs. Same-sex male couples are de-queered or listed as friends. The impacts of systemic discrimination and stigma across the LGBTIQ+ acronym is downplayed.”

Survey respondent, 2024

Important terms to know and understand: Part 1

Diverse sexualities (LGBQA+)

- **Lesbian:** A woman whose primary emotional, romantic or sexual attraction is for women.
- **Gay:** A man whose primary emotional, romantic or sexual attraction is for men. Some women use this term as well.
- **Bisexual:** Someone attracted to two or more genders.
- **Queer:** Various meanings but reclaimed by many as a proud term to describe any sexuality or gender except heterosexual or cisgender.
- **Asexual:** Someone who has low/no sexual attraction to any gender, but may have a romantic attraction towards another person.
- **+**: The plus symbol acknowledges that there are many others not listed.

Gender (TQ+)

- **Transgender:** An umbrella term used when someone's gender does not match the sex they were assigned at birth. Trans people can also be binary (trans men and trans women) and non-binary (trans non-binary, genderfluid, genderqueer, demiboy, demigirl, neutrois, agender).
- **Cisgender:** Someone whose gender matches or aligns with their sex assigned at birth.
- **Sistergirl:** Aboriginal and Torres Strait Islander gender diverse people who have a female spirit and take on female roles within the community.
- **Brotherboy:** Aboriginal and Torres Strait Islander gender diverse people who have a male spirit and take on male roles within the community.



Important terms to know and understand: Part 2

Bodies (I+)

- **Innate variations of sex characteristics (IVSC):** The physical diversity of sex characteristics that may not align with medical and social expectations for male and female bodies. Also known as Intersex, or Differences of Sex Development (DSD).
- **Intersex:** See Innate variations of sex characteristics.

Other useful terms to understand

- **Endosex:** Someone whose innate sex characteristics fit normative medical or social ideas for female or male bodies.
- **Chosen family/Family of choice:** A group of people who are not biologically or legally related but are selected by an individual to fulfill familial roles. This may include partners, close friends and sometimes ex-partners. Chosen family provide emotional, social, and practical support, especially important for many in the LGBTIQ+ community who may face rejection or estrangement from their family of origin.
- **Deadnaming:** Intentionally or accidentally referring to a person who is trans or gender diverse by a name they don't use anymore, often their birth name.
- **Misgendering:** Intentionally or accidentally addressing or describing a person using language that does not match their gender.





“The mainstream media commentary about our Queer communities is very rarely accurate in any capacity or topic, it is mostly sensationalistic [and aims] to fear monger.”

Survey respondent, 2024

Key guidance for reporting on LGBTIQ+ people and communities: Part 3

- Avoid assumptions, generalisations, tropes and stereotypes.
People who are LGBTIQ+ come from all walks of life. Their unique lives are intersectional and their experiences are extremely diverse. They can be Aboriginal and Torres Strait Islander, from faith-based communities, from cultural or linguistically diverse backgrounds, live with disability and/or neuro-diversity, can be younger or older, and they may live anywhere from cities to rural or remote areas.
- Don't conflate different groups within LGBTIQ+ communities. For example, don't use the LGBTIQ+ acronym if only referring to gay men.
- Remember that not all LGBTIQ+ people are queer. Many people who are trans are heterosexual. Many people who are trans use queer to refer to their gender as opposed to their sexuality. Many people who have innate variations of sex characteristics (Intersex) are cisgender and heterosexual.
- Community is one of the strongest protective factors there is for managing distress and reducing feelings of shame and isolation. Use the term 'community' deliberately when reporting on individuals whose stories are part of a community or who talk about belonging to a community.

About these guidelines

This quick reference guide was developed in partnership with [LGBTIQ+ Health Australia](#).

For further advice on communicating reporting on suicide and mental health concerns, please contact *Mindframe*:

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