1.1 LGBT+ People and Psychological Distress

- LGBT+ people make up approximately 3.1% of the Australian population\(^1\)

- Report disproportionately high rates of psychological distress\(^2-6\)

- This psychological distress can lead to increased rates of self harm and suicidal ideation\(^7-9\)
1.1 LGBT+ People and Psychological Distress

- Minority Stress\textsuperscript{10-13}
  - Cumulative experience of stigma and victimization experienced by members of a marginalized social group
  - Becomes more pronounced during the “coming out” period\textsuperscript{14-15}
  - Exacerbated by intersecting identities, such as race, gender, and socioeconomic status\textsuperscript{16-20}

1.2 Incarceration as a compounding factor

- LGBT+ people face increased risks for incarceration\textsuperscript{21-22}
  - 3x the incarceration rate among SSA adults and youth (USA)

- Once incarcerated, LGBT+ adults are more likely to report sexual and physical victimization\textsuperscript{21}
  - These findings were associated with identity \textit{not} behaviour
2.0 Research Questions

1. Are incarcerated LGBT+ people more likely to self-report a) mental distress; b) self-harm; and c) suicidal behaviours than their non-LGBT+ counterparts?

2. Do administrative records of incarcerated LGBT+ people indicate that they experienced more medially-verified incidents of self-harm?

3. Are incarcerated LGBT+ people more likely to self-report self-harm or suicidal behaviours even when controlling for other factors in the study period?

2.1 Methods

- Health After Release from Prison (HARP) Cohort
  - 2,702 respondents (1,325 Queensland)
  - Surveys at -30 days, 30 days PR, 60 days PR, and 90 days PR
  - Collected information on demographics, physical and mental health, and use of services

- Data linked for QLD cohort to medical records

- Bivariate and multivariate modeling (Stata 13)
3.0 Results: Demographic Information

- 6.3% identified as LGBT+

- More incarcerated women identified as LGBT+ than men (61.5% v. 38.6%; p<0.001)

- Marginally, Aboriginal-Torres Strait Islander people were more likely to identify as LGBT+ (33.7% v. 25.0%; p<0.1)

- Other demographics, including age, education, marital status, sentence length, and number of adult incarcerations, did not significantly differ

3.1 Self-Reports: Mental Distress

- Incarcerated LGBT+ people were significantly more likely to report:
  - Feeling depressed in the past 4 weeks (62.7% v. 47.7%)
  - Frequently feeling depressed in the past 4 weeks (20.5% v. 10.0%)
  - Being diagnosed with a mental illness over their lifetime (63.9% v. 42.1%)
  - Receiving an involuntary treatment order over their lifetime (20.8% v. 7.3%)
3.1 Self Reports: Self Harm & Suicide

- With regards to self-harm, LGBT+ people were more likely to report that:
  - In the last 4 weeks, they had thought about harming, injuring or killing themselves (4.8 v. 1.3; p<0.05).
  - They had deliberately harmed or injured themselves (33.7 v. 12.7; p<0.001)
  - In the last 4 weeks, they had exerted control over their eating such as vomiting, skipping meals, or over-exercising (14.5 v. 7.7; p<0.05)

- When asked about suicide or suicidal ideation specifically, LGBT+ people reported that they were:
  - More likely to have attempted suicide (45.8 v. 19.6; p<0.001)
  - Reported more suicide attempts overall (4.1 v. 2.7; p<0.05)

3.2 Medically Verified Episodes of Self-Harm

- Administrative records linked to LGBT+ people were twice as likely to medically verify both episodes of self-harm (25.3% v. 12.0%; p<0.000) and self-harm ideation (30.1% v. 16.7%; p<0.002).
### 3.3 Factors Associated with History of Suicide Attempt

<table>
<thead>
<tr>
<th>Factor (n=1318)</th>
<th>AOR</th>
<th>95% CI</th>
<th>SE</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>LGBT+</td>
<td>2.02</td>
<td>1.17-3.48</td>
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<td>Indigenous Status</td>
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<td>0.82-1.68</td>
<td>0.21</td>
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<tr>
<td>Education</td>
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<td>0.86-1.03</td>
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<td>Married</td>
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<td>0.47-0.89</td>
<td>0.11</td>
<td>0.008</td>
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<tr>
<td>Lifetime history of depression</td>
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<td>1.62-3.06</td>
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<tr>
<td>Lifetime history of self-harm</td>
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<td>3.11-6.42</td>
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<tr>
<td>Lifetime history of mental illness diagnosis</td>
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<td>2.20-4.22</td>
<td>0.51</td>
<td>0.000</td>
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</tbody>
</table>

### 3.3 Factors Associated with History of Self-Harm

<table>
<thead>
<tr>
<th>Factor (n=1318)</th>
<th>AOR</th>
<th>95% CI</th>
<th>SE</th>
<th>p-value</th>
</tr>
</thead>
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<td>LGBT+</td>
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<td>1.44-4.30</td>
<td>0.69</td>
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<td>Sex</td>
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<tr>
<td>Education</td>
<td>0.93</td>
<td>0.84-1.03</td>
<td>0.05</td>
<td>NS</td>
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<tr>
<td>Married</td>
<td>0.91</td>
<td>0.64-1.29</td>
<td>0.16</td>
<td>NS</td>
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<tr>
<td>Lifetime history of depression</td>
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<td>0.035</td>
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<td>5.30</td>
<td>3.59-7.81</td>
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</table>
4.0 Discussion

- Sexual and gender identity is associated with higher rates of self-harm and suicide, even when controlling for other factors
- This is true not just for the history of the behavior, but also the intensity (more attempts, more recent, and more often)
- Lays the groundwork for further questions and policy development regarding intersecting identities

5.0 Bibliography

3. Cofran, J. et al. Feeling Queer and Blue: A Review of the Literature on Depression and Related Issues Among Gay, Lesbian, Bisexual and Other Homosexually Active People (Australian Research Centre in Sex, Health and Society, La Trobe University, 2016).
10. Meyer, I. H. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and re... (National LGBT Health Accession, 2013).
Thank you!

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