Rainbow Bridges

A LGBTIQA+ youth peer-led project to identify the unique needs of CALD LGBTIQA+ young people in the Brimbank, Moreland, and Wyndham areas in accessing safe and appropriate mental health support.

phn
NORTH WESTERN MELBOURNE
An Australian Government Initiative

headspace Sunshine
headspace Glenroy
headspace Werribee

Acknowledgement of Country

Rainbow Bridges acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians.

We value their cultures, identities and continuing connection to Country, waters, kin, and community.

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Glossary of Terms

In the following report, there will be terminology used to describe how people describe their own identities, bodies, and relationships. Please take note and refer to this glossary. Furthermore, knowledge of such terminology promotes inclusivity, demonstrates respect, and can make people feel welcomed and seen.

CALD

CALD is the acronym for 'culturally and linguistically diverse': a term introduced in Australia in 1996 to replace the term NESB 'Non-English-Speaking Background'. CALD refers to all of Australia's non-Indigenous ethnic groups other than the English-speaking majority.

LGBTIQA+

LGBTIQA+ an acronym to represent people identifying with Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning, Asexual, Aromantic, and more. This acronym, often interchangeable with the term 'Queer', is an umbrella term that represents a broad spectrum of sex, gender and sexual identities that go beyond the terms listed in the acronym.

Queer

A term that describes people who identify in some part as not being heterosexual and/or cisgender. Being queer does not imply any specific sexual orientation or gender identity; people may use this term to describe their sexual orientation, gender identity, or both.

Intersectionality

A theory and term coined by black feminist Kimberlé Crenshaw. Intersectionality describes how overlapping or intersecting social identities such as race and gender produce unique experiences of discrimination that cannot be captured with a single-axis framework of addressing disadvantage (e.g., tackling racism without considering the impact of gender).

Gender

Gender refers to the socially constructed categories assigned to us on the basis of our sex at birth. While other genders are recognised in some cultures, in Western society, people are identified into two categories: male = man/masculine and female = woman/feminine. Some people do not fit into these gender norms or may reject the understanding of gender altogether.

Transgender

An adjective to describe someone who identifies with a gender that differs from the gender they were assigned at birth.

Gender diverse

Individuals whose gender identities do not fit within societal norms and expectations.

People of colour (PoC)

A broad term that originated in the United States describing any person that is not white. Variants of this term include men of colour (MoC) and women of colour (WoC). While the use of this term has become more widespread in Australia, not all non-white individuals will identify as or be familiar with the term PoC, and this term does not imply any specific cultural background.

Cultural Humility

Cultural Humility is the practice of recognising that one can never fully understand another person's experience and invites us to critically reflect on biases and beliefs at both personal and systemic levels to avoid imposing cultural values on others. The approach recognises and responds to power imbalances and promotes ongoing critical self and systems level reflections.

Misgendering

When a person is described or addressed using language that does not match their gender identity. This can include the incorrect use of pronouns (she/he/they etc.).

LGBTIQA+ Health and Community Needs

LGBTIQA+ young people's mental health risk and vulnerability factors.

LGBTIQA+ young people experience significantly higher levels of suicidality, depression, and substance misuse than heterosexual youth (Brown et al., 2016). Query cisgender? These poorer mental health outcomes have been linked to homophobia, transphobia, and other forms of LGBTIQA+ discrimination such as: isolation; rejection; marginalisation; exclusion; bullying and violence (Wilson & Cariola, 2019). As a result, this group experiences high levels of hopelessness and suicidality, as well as greater potential for psychosocial problems, such as drug and alcohol use or abuse, risky sexual behaviours and eating disorders than reported by their heterosexual or cisgender peers (Lucassen et al., 2017).

Despite the increased vulnerability of LGBTIQA+ young people to suffer poorer mental health and social outcomes, factors such as stigma, shame, and embarrassment act as personal barriers to seeking and accessing mental health support (Brown et al., 2016). LGBTIQA+ young people from a Culturally and Linguistically Diverse (CALD) background experience the additional stressors associated with race-based discrimination and significant conflict between their cultures and their genders or sexualities (ibid).

Strong relationships with peers as well as a 'sense of connectedness' with other LGBTIQA+ and wider communities are the biggest protective factors for LGBTIQA+ youth. Specifically, LGBTIQA+ young people have identified that supportive friends, involvement with the LGBTIQA+ community, and positive experiences with family and friends when discussing sexuality and gender are among these protective factors. Healthy relationships with parents and peers also emerged as a top protective factor in a systematic review of protective factors for transgender and gender diverse young people (Johns et al., 2019). Results from the systematic review by Wilson & Cariola (2019) suggest that community, school, and family resources to support resilience will optimise LGBTIQA+ youth mental health.

LGBTIQA+ young people in the City of Brimbank

Brimbank has developed into one of the most culturally diverse areas of Australia, with 47.8% of its residents born overseas and over 160 different languages spoken (ABS cited in Brimbank City Council, 2018). In 2020, 31% and 26% of the young people who attended headspace Sunshine identified as LGBTIQA+ and CALD, respectively.

headspace Sunshine has undertaken multiple initiatives to advance LGBTIQA+ inclusive practices (e.g., creating a transgender and gender diverse inclusive practice guide for the centre) and services (e.g., partnering with Brimbank Youth Services to deliver a LGBTIQA+ social group, Crystal Queer).

Unfortunately, despite our efforts we still face significant barriers reaching and appropriately responding to the specific needs of the CALD LGBTIQA+ young people and their families in our area. This means that despite the vulnerability of this group to suicide and experiencing significant mental ill-health, they are less likely to engage with our service and when they do engage, they are less likely to access service that meets the unique needs of being CALD and LGBTIQA+.

LGBTIQA+ young people in the City of Moreland

headspace Glenroy is a youth mental health service located in the City of Moreland that provides early intervention and primary mental health care for people aged 12 -25 years. The City of Moreland has developed into one of the most culturally diverse areas of Australia, with recent statistics revealing that 33.8% of its residents were born overseas (ABS cited in Moreland City Council, 2018) Additionally, approximately 28% of the young people who attend headspace Glenroy identify as LGBTIQA+. Over the last three years, over 400 young people who attended headspace Glenroy have self-reported as belonging to a CALD community.

headspace Glenroy has attempted to engage those who identify as part of LGBTIQA+ community through our longstanding group, QSpace. QSpace has been running monthly for more than 5 years and is renowned for its emphasis on youth facilitation and participation. QSpace provides a safe and supportive space for queer young people at headspace Glenroy and provides participants with various opportunities such as learning new skills, share and validate their experiences and make valuable connections within the Moreland community.

The group also discuss topics relevant to them including coming out, language, safe sex, consent, identity, history, and queer representation.

While headspace Glenroy does it is best to ensure our service is inclusive of CALD & LGBTIQA+ young people and their families in the Moreland area, we acknowledge that more work needs to be done. We need to ensure that not only are we increasing engagement of CALD LGBTIQA+ young people with our service, but also ensuring we are able to meet the unique needs of identifying as both CALD and LGBTIQA+.

LGBTIQA+ young people in the City of Wyndham

headspace Werribee is a youth mental health service located in the west of Melbourne that provides early intervention and primary mental health care for people aged 12 - 25 years. headspace Werribee can offer support and service to any young person with no limited catchment area; however, due to location the majority of young people who attend headspace Werribee reside within the Wyndham local government area. Wyndham encompasses the following localities: Cocoroc, Eynesbury, Hoppers Crossing, Laverton, Laverton North, Laverton RAAF, Little River, Mambourin, Mount Cottrell, Point Cook, Quandong, Tarneit, Truganina, Werribee, Werribee South, Williams Landing and Wyndham Vale.

Wyndham is one of the most culturally diverse areas of Australia, placing in the top three in Australia for overseas-born residents (over 45%) and an upward trend in languages other than English being spoken at home (ABS cited in Wyndham City Council, 2016). 44% of Wyndham households report a language other than English being spoken in the home, with Punjabi, Hindi, Mandarin, Urdu, and Arabic ranking as the most common. Particularly prevalent migrant populations included those born in India, China, New Zealand, and the Philippines.

Approximately 18% of young people who engage with headspace Werribee identify as culturally and/or linguistically diverse, and approximately 29% of the young people who attend headspace Werribee identify within the LGBTIQA+ community. Rates of both culturally diverse young people and LGBTIQA+ identifying young people accessing headspace Werribee are above the national average for engagement at headspace centres.

The Rainbow Bridges Project
Broad Aims and Scope

In order to address these barriers, headspace Sunshine, headspace Glenroy and headspace Werribee created ***The Rainbow Bridges Project;*** a LGBTIQA+ youth peer-led project that sought to identify the unique needs of CALD LGBTIQA+ young people in the Brimbank, Moreland and Wyndham areas in accessing safe and appropriate mental health support.

Stemming from this project, the present report highlights important focus areas and peer-led solutions to:

- Increase the inclusivity of our services and resources for CALD LGBTIQA+ young people and their friends and families. This will help CALD LGBTIQA+ young people build very important positive and supportive social and family connections that will act as a protective factor against suicide and mental ill-health.

- Inform and shape community awareness strategies to help increase engagement of the most prevalent CALD communities within Brimbank, Moreland and Wyndham (e.g., Vietnamese, Indian, Chinese) and address the stigma that might prevent CALD LGBTIQA+ young people from seeking help and thus, not receiving support for their mental health challenges.

- Enhance LGBTIQA+ youth participation through establishing a LGBTIQA+ youth leadership group that can exist beyond the life of the project, and which can continue to work alongside the centre staff to improve LGBTIQA+ young people's safe and accessible access to care.

The Rainbow Bridges project consisted of three broad phases:

1. **Establishment of the Rainbow Bridges Leadership Group**
   The establishment of a peer led LGBTIQA+ leadership group (The Group) to scope, develop and deliver projects to reduce suicide and poor mental health outcomes for CALD LGBTIQA+ young people in the Brimbank region. The group comprised eight local LGBTIQA+ young people drawn

from peer leadership networks across Orygen-led headspace centres (Sunshine, Glenroy, and Werribee), allowing them to shape centre-specific activities as well as influence projects across the three centres.

The youth leaders were recruited primarily from existing headspace Sunshine, headspace Glenroy and headspace Werribee Youth Advocacy Group (YAG) members who identify as being part of the LGBTIQA+ community and who are connected to the City of Brimbank, Moreland or Wyndam. All members of the leadership group underwent training to increase their confidence in cultural sensitivity, LGBTIQA+ leadership skills and group facilitation skills.

Name	Age	Ethnicity/ cultural background	Sexuality	Gender
Jennifer	25	Taiwanese/ Australian	Queer/ Lesbian	Female (she/her)
Nic	24	Caucasian	Queer	Non-binary (they/ them)
David	24	Filipino/Chinese/ Australian	Gay	Male (he /him)
Harmony	22	White Australian	Queer	N/A (they/ them)
Alex	18	Caucasian	Queer	Male (he/him)
Emily	25	Vietnamese/ Malaysian/Chinese	Pansexual	Female (she/ they)
James	18	Caucasian	Trans	Male (he/him)

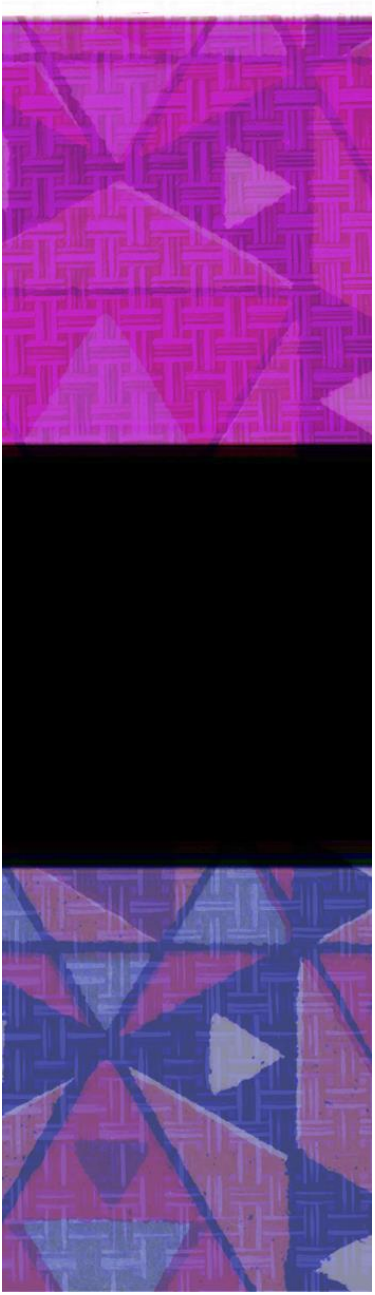
2. **Co-design, co-development, and co-facilitation of consultations**

The LGBTIQA+ leadership group co-designed, co-developed and co-facilitated focus groups of the specific mental health and wellbeing needs, and barriers to help-seeking within the local CALD LGBTIQA+ young people. The LGBTIQA+ leaders used the data collected from the

focus groups to develop recommendations to improve access to mental health support for young people within this intersection, alongside representatives from the community awareness and clinical teams. The LGBTIQA+ leadership group met ten times for two-hour sessions to plan and create their project. Community awareness officers and clinical staff provided project supervision, stakeholder consultation, and oversight.

3. **Writing the report**

   The Group, with support from headspace Sunshine salaried staff, have drafted the present report on the findings of their community consultation, including recommendations for initiatives to address the needs identified. This report will guide the ongoing work of the group. At the completion of the process, the LGBTIQA+ leaders were asked to participate in a reflection and evaluation of the process. This information will be used to inform future youth participation co-design processes.



About This Report

This report summarises findings from zoom focus groups with young people who reside near the three headspace branches. With consideration of the unprecedented impact of COVID -19 and potential barriers in accessing the centres; the focus group were held virtually with young people and headspace's Rainbow Bridges leadership facilitators.

We are ever grateful for the thoughtful and valuable time and contributions from the lovely individuals in this research. The conversations were thoughtful and brave, the insights of the lived experiences will further the cause of providing more inclusive and respectful service within mental healthcare.

This report covers barriers, challenges and perspectives accessing mental health services of LGBTIQA+ from CALD backgrounds, as well as recommendations to improve inclusivity, services, and spaces. We respectfully acknowledge that the sample of participants collected in the report does not represent the entire cumulative LGBTQA+ CALD young people in Victoria.

Choice of terminology in the following report

Describing the participants in our consultations

Participants in these community consultations are referred to in this report as both 'young people.'

LGBTIQA+ acronym:

This document will use the acronym of LGBTIQA+ to represent people identifying with Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning, Asexual, Aromantic, and more. This acronym, often interchangeable with the term 'Queer', is an umbrella term that represents a broad spectrum of sex, gender and sexual identities that go beyond the terms listed in the acronym.

While all young people that participated in these community consults identify with the LGBTIQA+ community in some way, we acknowledge that these young people only represent a small part of the much wider queer community. We were unable to capture the experiences of young people of all identities. Notably, no

intersex young people were available to participate in our consultations or the writing of this report. We have still chosen to retain the 'I' in this acronym as we believe the queer community should be viewed as a whole, and no identities should be excluded.

We acknowledge that attempting to represent an entire community who have different lived experiences with one acronym or label is extremely difficult. The plus in LGBTIQA+ not only represents other sexual labels and identifiers, but also the diverse experiences of those within the community. While the plus in LGBTIQA+ may represent other sexual identities such as pansexual, gender fluid, bi-curious, and so many more, we acknowledge it as a wider signifier of inclusion and acceptance for all experiences.

CALD

CALD refers to all of Australia's non-Indigenous ethnic groups other than the English-speaking majority. CALD communities comprise a significant portion of the Australian population. In Australia, there are over 300 languages spoken, 100 practiced religions, and many blends of tradition that influence new languages. Almost a third of Australians were born overseas and, of these, about two-thirds were born in non-English speaking countries (ABS, 2007).

The term CALD includes many people who were born overseas, have a parent born overseas, or speak a variety of languages. This CALD community also notably includes groups such as migrants, asylum seekers, refugees, and unaccompanied humanitarian minors. Thus, the meaning of CALD may vary considerably from one individual to another, and we acknowledge the diversity that the term encompasses, not only including language and geographical origin, but also religion, traditions, and collective individualism.

Whilst all young people that participated in our community consults have self-identified as being CALD and have very diverse experiences and identities, we acknowledge that not all CALD identities are represented in this report. We are using the term CALD to represent the collective shared experience however acknowledge the nuances that exist within the community and believe each unique identity should be acknowledged.

The Focus Groups

The focus group run sheet was co-developed by the leadership group and consultations were organised according to location. The leadership group were split into headspace Sunshine, Glenroy and Werribee teams and ran focus groups for young people from the Brimbank, Moreland and Wyndham areas, respectively.

The demographics of the consulted young people are described in the tables below:

Young people in the Brimbank Group

Age	CALD Identity	Gender	Sexuality
19	Fijian/Hindi	Female (she/her)	Bisexual
20	Indian	Female (she/her)	Queer
23	Serbian	Female (she/her)	Bisexual
23	Vietnamese	Male (he/him)	Gay
22	Egyptian	Male (he/him)	Queer/Bisexual
21	Vietnamese	Male (he/him)	Queer/Gay
23	Vietnamese	Male (he/him)	Queer
25	Filipino	Male (he/him)	Gay
22	Samoan	Nonbinary (they/them)	Bisexual
24	Timorese/Chinese	Female (she/her)	Bisexual
24	Vietnamese	Male (he/him)	Gay
24	Maltese	Female (she/her)	Gay
17	Vietnamese/Hoa	Non-binary (they/them)	Pansexual
24	Vietnamese	FTM Male he/him	Transgender / Pansexual

Young people in the Moreland group

Age	CALD Identity	Gender	Sexuality
16	Did not Share	Male	Pansexual
15	Indian	Female	Pansexual
22	Nigerian	Female	Queer

Young people in the Wyndham group

Age	CALD Identity	Gender	Sexuality
23	Chinese Vietnamese	Male	Gay
18	Indian	Trans male	Heterosexual
16	Vietnamese	Female	Bisexual
21	Indian	Did not disclose	Pansexual
20	Chinese	Female	Pansexual

* Some young people from the Wyndham area are not included in this table to protect their privacy.

The Findings

Findings from our focus groups are summarised below. The leadership group identified 5 key themes to be explored during the consultations. These were Experience, Safety, Communication and Language, Information and Family. The Youth leadership group split up according to their localities to collate and summarise the consulted data into the below sections. As a result of this independent working, readers will find stylistic differences in the ways in which the data is presented between the Brimbank, Moreland and Wyndham sections. The Brimbank sections were written by Jen and James. The Moreland sections were written by David and Nic. The Werribee sections were written by Alex and Harmony.

1. Experience

This section was designed to gauge the overall experience of the young person regarding their confidence in accessing support, where the knowledge of the service originated from and how the overall experience was when accessing support services, to help identify gaps and improvements that could be made.

1.1 Brimbank

As young people reflected on their own experiences accessing mental health services, many recalled their experiences of inconsistencies of care within the referral stage to clinical support in their community.

> *"32.6% of LGBTI+ people aged 16 to 27 who had not used a crisis support service during their most recent personal or mental health crisis indicated that their decision was due to anticipated discrimination." - LGBTIQ+ Health Australia*

Within the focus group there were discussions and open concern in regard to the disproportionate number of PoC and LGBTIQA+ with generally poorer mental health outcomes and limited relevant resources compared to the English-speaking majority. These health outcomes discussed we felt were related to

experiences and fear of stigma, prejudice, discrimination, and lack of regard on the basis of being LGBTIQA+ and or PoC.

As essential as mental health services are, many accounts have felt the barrier and informal 'fit' within the English speaking an or heterosexual majority. A youth's initial steps to obtaining and continuing care involves a myriad of virtual and physical exchanges from reception, restroom navigation, wait room times; absorbing the information around them to the physician's office, all combining to inform their sense of welcome or anxiety. The way an institution is built, the language of the material available, support available, the way staff are trained to engage and address patients, can easily conclude who the space caters more to. Many agreed and empathised within the consultation the discouragement a youth may feel, who does make their way to seek mental health only to be met with cultural insensitivity and detachment.

While many and all youths interviewed were confident in knowing the steps and processes to access mental health services, the overall perception of navigating the mental health sector was that it is set as an uphill battle for those in their position. Walking into a clinic to seek help can be seen as too much of a gamble, remarked by one individual; as websites are not clear at times of which physicians are experienced in queer health care, speak several languages, or can access interpreters if needed.

While mental health services are advertised quite regularly through institutions, virtual platforms and noticeboards, the interviewed individuals from a CALD and LGBTIQA+ background found them 'slapped on tokenistic' or suspiciously generic, which in their experience never fully cater to both identities, especially in the public health sector.

> *"I've had more outdated terms exchanged in conversation with unknowing clinicians, than any other circles I speak with" – Anonymous CALD Young Person*

Young people have agreed bad experiences occur most without time put into research or trusted referrals to guide them. With the dynamic and professional relationship being the most important factor in receiving care, the feeling of being welcomed, heard, seen and an opportunity to share without judgement is what young people desire most.

Other stories shared, described the pained exchange between a physician, deeply upsetting as the exchange included heteronormative dialogue, such as gendering

of parts, unsolicited advice, and assumptions without any regard to the possible traumatic ties, body dysmorphia, and identity of the individual. Individuals that identified as PoC and queer felt already a misunderstood group.

The process and chain of centres and referrals that a youth may experience can be lengthy and tiring. The most commonly cited barriers to accessing mental health support were lengthy wait times, whether it was in the waiting room to booking an appointment. With reported accounts of youths in times of need, they are met with referrals being rejected, without any further information or services to access in the interim.

One participant recalled when the school system intervened and a wellbeing officer approached them after an event of crisis, and started her journey accessing mental health services. With a string of referrals and bad experiences with therapists, only with her persistence did she find a service that was a better fit for her.

One youth express "There is a shocking knowledge deficit in regard to queer lives and challenges with health and mental health".

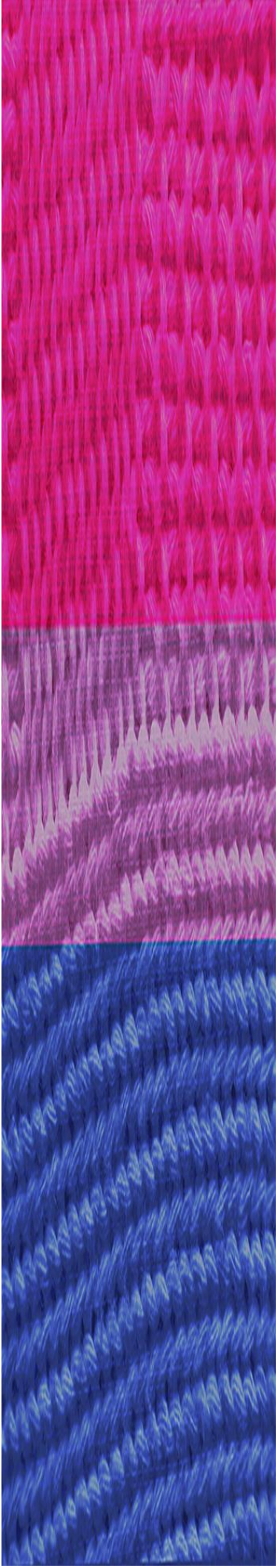
Youths who access mental health services hope to gain support and information that is new, relevant, and helpful to them, in many cases they are aware of the advice given. It becomes a 'in and out' scenario to ensure a mental health plan is updated and a referral letter is processed.

One participant noted that New Zealand youth centres allowed self-referrals, a noteworthy system designed to aid youths access services.

1.2 Moreland

Young people in the Moreland consults responded to the question "how confident are you in knowing where to go when you need support?" rating their experience from one to five, with number one signifying a lack of confidence and five expressing a significant level of confidence. 2 young people rated their confidence a 4, with one young person rating their confidence at a 5.

Following this question young people were encouraged to share formal or informal places or people that they go to for mental health support. Overall, these young people shared that their sister, family, therapist, school psychologist, school wellbeing coordinator, friends, community, Lifeline and Beyond Blue were all places and people that they seek support from.



Young people were then asked, "where did they learn about these places?" One young person acknowledged that working within a mental health space meant they learned through their employment and without this avenue they would have been unaware of where to seek support. Another young person also shared that they learned through school wellbeing services.

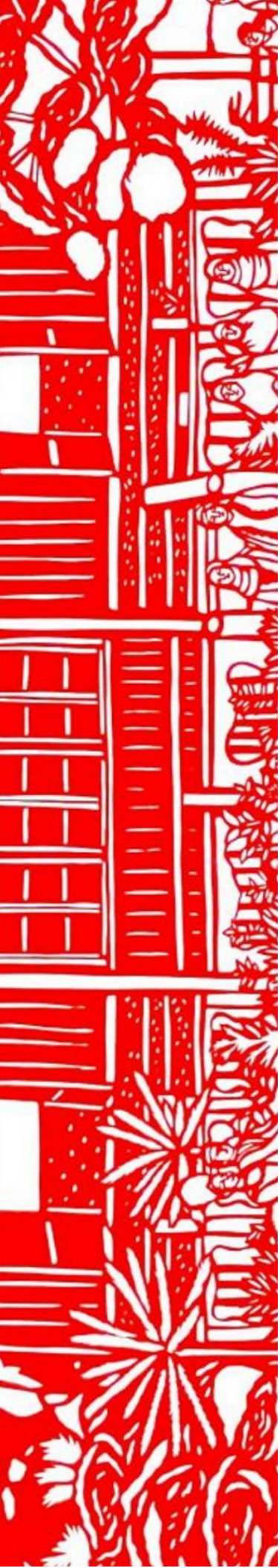
Young people were then asked to respond to the question "how did you find your experience when accessing support?" These young people again, rated their experience from one to five, with number one signifying a negative experience and five signifying a positive experience. Young people rated their experience a 3, with one young person rating their experience at a 5. One young person also shared that they viewed their experience as a "spectrum".

Young people were then asked to share their experience if they felt comfortable. Some young people reported a positive experience, with one young person sharing they felt down and was referred to a psychologist in their work team, who they found very helpful. Another young person shared this sentiment, reporting they had a good psychologist and psychiatrist who gave them the agency to lead their approach. Other young people reported a negative experience, with one person sharing that when they were a part of the private system and feeling unwell their psychologist showed a lack of interest and failed to offer practical support. This young person felt that their friends were of more assistance than the formal support they received. One young person reported feeling their experiences within the system was more like a "spectrum" and finding the "right fit" is important. This young person reported that some psychologists you get along well with while others you do not, and this relationship dynamic is a key aspect of positive support.

1.3 Wyndham

1.3.1 Seeking support.

When asked if they knew where to go for support, every young person had knowledge of mental health support services available to them including headspace, Beyond Blue, and school counsellors. Most young people were aware of the additional sessions provided by the government due to the pandemic, and many could also recall LGBTIQA+ specific services available to them such as Qlife and Thorne Harbour Health. However, young people overwhelmingly reported



that their first avenue of support tended to be their friends, noting that they felt their peers understood them better than mental health professionals or school support staff could.

1.3.2 Initial experiences

Many young people described accessing mental health support for the first time as very difficult, intimidating, and scary. They described not knowing what to say, what was going to happen when they called up or what was going to happen at their first appointment. One young person told us they kept procrastinating accessing a support service as they were afraid of being locked in. Another young person noted that the options of calling the centre or walking in were not accessible enough due to the debilitating state of their mental health, "When you're depressed you don't really want to call anyone or go anywhere, online chat would be so much less scary".

Young people also noted that parental consent is a barrier for many CALD young people accessing mental health support for the first time due to the stigma around mental health that exists within many culturally diverse families.

1.3.3 Barriers to accessing support.

Many young people reported feelings of guilt being a barrier to accessing mental health support services. Many young people noted they have often felt guilty about accessing support services, and this being a common reason for their hesitance, as they have felt like their challenges are not "bad enough" to seek support and that others have it worse.

Some young people admitted they have not always felt comfortable opening up to support staff, one young person describing headspace's services to be "surface level" but not qualifying for any additional support outside of headspace. Other young people said they have felt extremely comfortable at headspace and would recommend the service to others.

Multiple young people disclosed experiences of them moving interstate and having to "start again" with headspace because of the lack of communication between headspace centres resulting in their information not able to be transferred. They described this process as "incredibly frustrating" and that it was a huge contributor to their lack of motivation to engage in their everyday tasks, including participating in these support services. Similarly, a young person reported that inconsistency with support staff made them hesitant to open up, as

they were worried the next time, they went for support it would be a completely different person and they'd have to start again.

Another experience several young people reported was feeling dismissed by support services, notably general practitioners, when it comes to their mental health, often being told that they are not unwell enough to qualify for many support services.

1.3.4 Wait times

Another extremely common barrier to receiving support mentioned by every participant was the wait times for mental health support services. One young person disclosed their experience of having to wait six months to access support services after attending hospital due to suicidal ideation, noting that this was a dangerously long time considering the circumstances the young person was in.

Young people also mentioned that there was a considerable wait time between transferring services e.g. From school counselling to a psychologist, and that this was a huge disruption in their support.

1.3.5 Mental health support in education

Young people in our focus groups shared many negative experiences with mental health support at high schools, noting that most of their peers have also had negative experiences with school support and the consensus was they are largely inadequate. Many young people felt that one of the main reasons their experiences were so poor was the lack of confidentiality. Numerous young people reported not feeling safe enough to disclose their issues with school staff in fear that things they shared would get back to their family members or teachers. One young person disclosed that their teachers had inappropriately asked them personal questions about the counselling they were receiving at school, and this led to them ultimately disengaging from this support.

There were mixed experiences reported in terms of mental health support at university. One young person did not receive adequate support from a university counsellor and felt like their university lacked connections with external support services compared with high school. Another young person described their experience with university support as "enough" until they were able to access external support.

2. Safety

This section was designed to gauge the overall safety that young people felt when accessing support services including staff communication, language, and physical space, to provide an understanding how safe young people felt and what improvements could be made.

2.1 Brimbank

A number of themes emerged in our consultations about young peoples' experiences around safety when accessing mental health services. Key considerations fell under one of three themes - the extent to which the service was generally friendly, queer friendly and/or CALD friendly.

2.1.1 General friendliness

Young people described feelings of general safety from other overall vibe of the service, and this vibe was reflected in very simple touches such as having a welcome sign with different languages. Such visual iconography can set the foundation of a person's perception of the space they walk into, and how much their guards should remain up.

Reception staff were described to play an influential role. Young people seem to rely heavily on the welcome contact or as one young person described it as the 'general energy from people.' Brownie points were given to services that welcomed partners in waiting rooms, reception staff who were receptive to putting down preferred names when Medicare and preferred names do not match and if reception staff were proactive in asking for correct pronouns and preferred names and communicating that to the clinicians.

Clinicians who were cheerful and not too clinical in their approach as well as warm in their body language and speech were the kinds of clinicians who allowed young people to feel safe. In particular, young people were acutely aware of hesitation and judgement, and appreciated when clinicians were active listeners who gave them space to speak freely and express themselves. Clinicians who share credentials that they have experience working with queer people, or culturally and linguistically diverse communities was also a reassuring factor.

The environment in which young people wait for services and receive their service was also an important consideration. Considerations included the kinds of posters (CALD and LGBTIQA+ friendly posters, groups, events, and information), the kinds of magazines in the waiting area (are there LGBTIQA+ options?), brochures and signage around the clinic, as well as the ways in which staff and receptionists communicated with clients. Availability of refreshment stations and gender-neutral bathrooms was also important. Staff who took the time to explain confidentiality processes, particularly for young people who self-refer were a reassuring aspect.

The waiting room is one of the main communal spaces for all those accompanying loved ones and those accessing healthcare, such spaces can be the cause of anxiety or respite. Opportunities can be taken to allow clients to use the space for their needs and such as accessing complimentary Wi-Fi to block out any external stimuli that is overwhelming or triggering to browsing brochures that tailors to their needs. Overall, the space needs to feel that it is designed for them.

2.1.2 Queer friendliness

> *"71% of LGBTI+ people aged 16 to 27 indicated that they did not use a crisis support service during their most recent personal or mental health crisis."*

The queer friendliness of the service was an important contributor to a young person's feelings of safety when accessing a mental health service.

> *"I have never been asked in my entire time seeking mental health for my preferred pronouns."*

Queer friendliness was measured by a combination of physical and behavioural aspects. Young people liked to see visual markers such as rainbow flags, pronoun badges and lanyards in a pride theme.

One young person described seeing an all is welcome signage at the door, where the different pride flags were displayed. Another young person described seeing a commitment to inclusion plaque, where a commitment to non-discrimination and inclusive practices for LGBTIQA+ young people was signed by all staff at the centre and displayed on the wall behind reception. These were little touches that moved young people and made them feel safe to receive services.

2.1.3 Improving sense of safety for culturally and linguistically diverse backgrounds.

> *"Victoria is Australia's most culturally diverse state, with almost one quarter of our population born overseas. Victorians come from over 230 countries, speak over 200 languages and follow more than 120 different faiths." - Department of Health & Human Services*

Cultural sensitivity and responsiveness in service is an essential component that CALD individuals wish was integrated more in healthcare. Proactiveness and preparation in using CALD services such as interpreters before and during consultations. Addressing these barriers in communication are the best ways to instil trust and clarity. It can feel disheartening and frustrating when CALD LGBTIQA+ individuals are placed in a situation to act as interpreters within their own appointment, discouraging repeat care and wasting precious expensive time from receiving healthcare.

Young people noted the CALD friendliness and inclusion of a service are measured by a number of obvious and subtle markers. The openness and welcoming of all remain an important marker, with young people noting whether or not clear signage, or acknowledgement of Indigenous and Torres Strait Islanders were present, the Wominjeka signage or even a greeting written in different languages.

Other subtle markers and efforts such as diverse reading material, brochures, posters, and magazines translated into different languages were a welcome sign. Safety is included once again as translated policies of anti-discrimination are not readily clear to those who do not strictly read English.

One young person remarked that true CALD inclusion could be seen in the kinds of event flyers posted around the centre - are they opportunities for CALD communities to connect? Do they include CALD populations? How does one centre support CALD communities, beliefs, and traditions? Are they trying to understand different CALD communities?

The main concerns on the quality of CALD services are the adaptive measures and additional services available, which many have endured disappointing and lacking experiences. Measures taken to have an interpreter or Google translate present before walking in, shows attentiveness and preparation. Most importantly, the choice of services and interpreters also can affect the

quality of care; interpreters not trained for LGBTIQA+ individuals easily can misrepresent individuals, skim over important terms, and pronouns.

> *"Losing their identity and aspects most important to them because of a mistranslation, are not standards that we should subject our youth to." – Anonymous Young Person*

Removing jargon and explaining processes with visuals and translated material to refer to also show adaptiveness and consideration to individuals. The act of printing out trusted translated resources in preferred languages, can help an individual explain complex terms to others, help understand and decipher questions of their own.

Above all asking before assuming is the best way to converse with an individual, no young person expects a clinician to know all aspects of one's culture, but an inviting and open conversation is the best way to understand a client's needs.

Lastly the clinician's referrals that suit a client's needs are imperative, in many cases a visit to a general practitioner includes a component of referral writing, recommendations.

These include little representation in their staff, clientele (who they share the waiting room with), and even people within translated/non-translated brochures and posters. One young person remarked that true CALD inclusion could be seen in the kinds of event flyers posted around the centre - are they opportunities for CALD communities to connect? Do they include CALD populations?

2.2 Moreland

Young people in the Moreland consults responded to the question "how welcome have you generally felt while accessing support services?" young people rated their experience from one to five, with number one signifying not very welcome and five signifying the young person felt very welcome. One young person reported a 2, another young person reported a 3 and the final young person reported a 5.

Young people were asked to share and elaborate on their experience, if they felt comfortable to do so. Some young people reported feeling unwelcome, for one young person this stemmed from being forced to access the service. This young

person also reported that the psychologist made them feel unwelcome, as the psychologist appeared "bored" saying statements such as "mmhmm" and seemed to just be "doing their job "instead of listening and showing interest.

Another young person reported feeling comfortable but felt as though their presence as a tall person of colour walking into a white dominated space, made others uncomfortable. Another young person reported the physical space was "warm and inviting" and "not like a doctor's office". Other young people felt that friendly reception staff was "super" important. Another young person stated although they did not feel unwelcome, improvements could be made. Some recommendations made included: not sticking to a script, ensuring to validate and reassure the client with statements such as "it's okay you're feeling this way" opposed to comments such as "have you tried breathing". The importance of ensuring to thank the young person for seeking support and acknowledging the client's struggles with statements such as "you look tired today" was voiced by young people.

2.3 Wyndham

The conversation in the Wyndham community consults regarding safety largely revolved around the lack of cultural awareness and sensitivity of healthcare practitioners.

2.3.1 LGBTIQA+ awareness

Young people expressed that in terms of their LGBTIQA+ identity, they have generally felt safe while accessing support services, however some young people noted that support in general health and mental health care tended to be more targeted to cisgender, heterosexual individuals. One young person expressed "I felt safe and respected. But I didn't feel like [the support] was 100% appropriate for me." Many young people stated they felt uncomfortable to disclose their LGBTIQA+ identities to support services and practitioners despite these services appearing to be inclusive but noted this was due to stigma and negative experiences in general, rather than how the practice or practitioners personally made them feel. Young people also felt like most practitioners have very limited knowledge of the identities and unique challenges under the LGBTIQA+ umbrella that they preferred not to address this part of themselves even if it may be important to their care, as they would have to educate the practitioner, which

diverts from why the young person is seeking support in the first place and does not allow them to make the most of their sessions.

Many young people stated that they felt like there have been very limited opportunities to disclose and discuss their LGBTIQA+ identities with healthcare practitioners.

2.3.2 Cultural awareness

Overwhelmingly, young people in our focus groups expressed that it was often difficult for them to connect with healthcare practitioners due to cultural barriers. They described that this comes with a lack of understanding of cultural nuances, family dynamics and perception of mental health. Young people stated that views around mental health in their respective cultures were quite different from Australian values and this created a disconnect between culturally and linguistically diverse young people and healthcare practitioners. One young person described therapeutic support as often being "white focused", but that they were lucky to have connected with counsellors of a similar cultural background.

"I have only ever had white therapists and they don't see the world the same way I do."

Young people stressed that the lack of cultural diversity in support staff often lead to them not getting the culturally appropriate support they need, stating that "Solutions don't always translate across cultures because it is often separate from my understanding of the world". One young person disclosed their experience of working through family conflict with a therapist. They noted that their therapist strongly suggested they talk their issues through with their family, however the young person asserted in our consults that they "literally can't do that" and that the therapist did not understand the family dynamics due to difference in culture.

"it's not my identity that's the issue, it's other people's understanding and perceptions of it."

Additionally, culturally, and linguistically diverse young people often access support services without the knowledge of their families. Young people asserted that reinforcement of confidentiality helped them to feel safe and comfortable engaging in support services, as information getting back to their families could be detrimental to their wellbeing.

3. Communication and Language

This section was designed to gauge the experiences and perspectives of young people on the communication methods, language and attitudes of staff when seeking mental health support, to gain an understanding of perceptions of inclusivity due to identities of the young people.

3.1 Brimbank

When we looked at our collective data and discussions, we were struck by two distinct messages we heard from culturally diverse LGBTQ people about the manner they are addressed and how cultural humility is exercised.

3.1.1 The introduction

The young people in our consultation placed heavy emphasis/importance in the initial contact with their clinicians; the ways in which the clinicians communicated not only shaped how comfortable young people felt disclosing their identities, but also how willing they were to help a clinician understand the ways in which their identities and cultures affected their mental health and relationships around them. Many of the young people referred to this phase of the service as 'the vibe check.'

Passing the vibe check

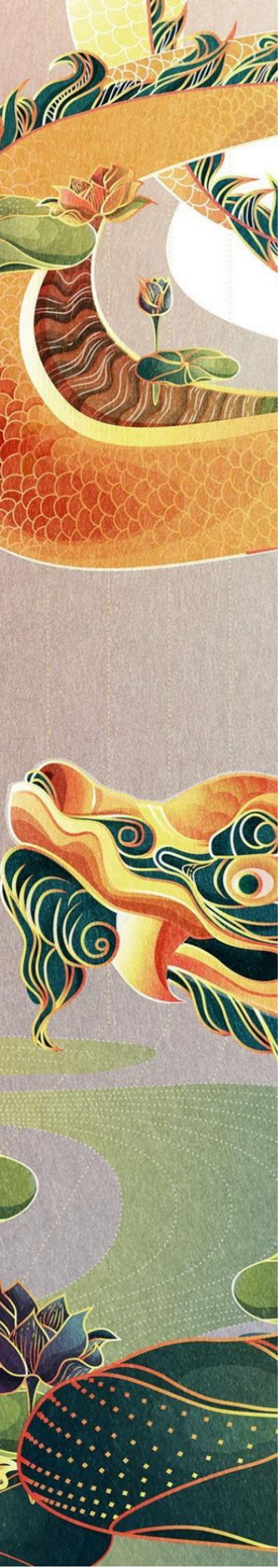
Young people appreciate when clinicians take the time to get to know them rather than just asking what the problem is during the session. This is particularly important in the first session, where young people are still gauging whether the clinician is someone who they can truly confide in. Clinicians who take initiative by first introducing their own pronouns and allowing young people to disclose what they felt comfortable (pronouns/relationship preference) signalled sensitivity and their commitment to not making assumptions.

Other things included:

- Using 'partner' rather than assume boyfriend/girlfriend relationships.

What not to do / things that clinicians did that did not pass the vibe check:

- Using too much clinical language



- Being ‘cold’ - not showing indications that they want to get to know the young person as an individual.

Filling in forms

There was a mixed response to filling in forms about pronouns, sexuality, and relationship preference. While many young people understood this indicated the services’ efforts to use the correct terms, young people also shared that this information is not necessarily communicated across teams, and that there was a preference to first vibe check clinicians before disclosing. Young people did not want to have to spend their time in session explaining their identities to a therapist who may not be interested or sensitive to the community.

3.1.2 Getting to know the LGBTIQA+ nuances to experience.

Every LGBTIQA+ journey is different, and clinicians need to ensure that they avoid blanketing one LGBTIQA+ experience to another.

3.2.1 Recommendations and insights from young people

- Understand that not everyone needs to come out. It is possible for someone to love their culture and community as much as their LGBTIQA+ identity and consequently be able to compromise.
    - The young person does not need to come out if they do not feel safe.
    - A young person does not have to sacrifice their relationship with their family for the sake of coming out.
    - it is frightening to come out when there is little support from friends and family if the worst-case scenario (being disowned) happens after coming out.
    - If the young person is comfortable and safe without coming out, then let them be.
- Use gender neutral pronouns until you have discerned how they identify.
- Use neutral terms like ‘partner’.
    - Keeping it neutral communicates that you are not making assumptions on the pronouns of a young person's partner. When assumptions are made, it is awkward to share issues around sexuality and this stops young people from being able to open up further.
    - Do not make assumptions about relationships.

- Be consistent.
    - If you ask for pronouns, gender identity and sexuality, use this information when you are writing notes or passing notes to other services.
    - Consider biological, spiritual, emotional and social aspects of mental health.

3.1.3 Getting to know CALD nuances to experience.

While the ideal situation is that young people are able to find a therapist from their CALD community, this is rarely the case. Therefore, disclosure about aspects of their culture that are normally quite obvious and natural to them becomes a necessary part of the therapy session. However, our consultations revealed that there were many barriers and considerations that young people had before this happens. Young people expressed that it generally took at least a session for them to decide whether they are comfortable with disclosing information pertaining to their CALD identities. This is because young peoples wanted to be reassured that their clinician are genuinely interested and willing to understand their cultural nuances.

Recommendations and insights from young people

- Avoid making assumptions when talking about culture, particularly when the clinician is not from the young person's cultural background. Instead, seek confirmation about their understanding before moving on if unsure This shows that they are trying to be culturally sensitive.
- Consider and understand cultural nuances before confusing spiritual beliefs to be psychiatric issues.
- Understand that in some CALD cultures, children are raised to keep mental struggles to themselves. Therefore, it takes time to learn to talk about something that you have internalised as taboo. One young person said, "it's a journey to re-learn mental health."
- If your young person uses English as a second language, or if they have brought in their parents in the consultation, make the effort to speak slowly and clearly.
- Balance being curious, not making assumptions and being culturally appropriate.
    - It is okay to be curious about someone's culture if it helps contextualise their issues and concerns, but do not fetishize or make exotic cultural practices like the food that CALD young

people eat, the holidays that we have or what we do during festivities. It is tiring to explain and not always relevant to the discussion at hand – how is this helping the young person?

- Do not treat other cultures as exotic.

"Cultural understanding is really important. When people think of Asian, they think of Chinese, Korean, Japanese or Viet and they leave out a lot of SE Asian countries or lump them all together and assume they are the same."

- Recognise the difficulty of involving family in some cultures because mental health is stigmatised and recognise that coming out is not an option for some cultures.

"Coming out isn't an Asian thing. Even I cannot wrap my mind around the possibility of coming out. Any movies around this topic are western and do not represent us. "Love Simon is a scam. White upper middle class."

3.1.4 Reflecting on your own biases

Young people described that it was not enough to have a health-care provider who identified with their CALD background; they also wanted a health care provider who understood the difficulties of mental health struggles, particularly within the context of their culture. Many young people described experiences where they have found themselves an Asian doctor, but who have imposed their biased beliefs on mental health within the consultations. Young people felt their experiences were brushed aside, ignored or even actively reduced to the common biased belief that it is simply a "weakness of will." Young people recommended clinicians to really reflect upon their own cultural biases and to set them aside in their consultations. It is important to young people that clinicians understood cultural barriers to accessing mental health services and to communicate that.

3.2 Moreland

Young people in the Moreland consults were asked to answer the question "How did you feel about the ways that staff communicated with you while accessing support?". Some young people reported a positive experience, with one young person expressing that they got along well with their therapist and felt as though

they were welcomed and supported. This young person reported the therapist achieved this through validating statements such as "you're 16, it's okay to make mistakes".

Other young people reported a negative or varied experience. One young person stated that the professional was the first person they came out to, this young person reported feeling as though the professional's attitude changed after this, and that they felt as though the professional was "proceeding with caution". They felt due to this that the professional was "dropping hints" instead of being clear and direct. This young person was hoping the therapist would offer support in coming out to their parents, however they felt the therapist was unhelpful in this regard.

When accessing inpatient support, one young person reported feeling as though the service was "luck of the draw" in terms of the phone operator who received the call and how helpful they were. This young person also reported having to "follow up" their own enquiry, however as they were unwell, they were unable to do this. This young person also expressed their understanding of the busy environment due to the COVID-19 context, however they acknowledged that there should be enough staff to do "the job the way they want, not just quickly".

Young people then responded to the question "How inclusive was the language the staff members used with you?". Young people rated their experience from one to five, with number one signifying not inclusive at all and five signifying the person felt the language used was very inclusive. Two young people reported a 3, with another reporting a 4.

Young people were then asked, "Have you ever felt uncomfortable due to your identity when seeking support?". Due to the nature of the specific questions, young people were reassured they did not have to answer this question if they felt uncomfortable. One young person stated they did not feel uncomfortable due to their identity, whilst the majority of young people shared that they did feel uncomfortable when seeking support due to their identity. One young person shared that due to their cultural background they felt "extremely" uncomfortable, recalling an incident involving a translator who was required as the young person's parents needed the translator.

The translator shared the same cultural background as the young person, and the young person felt the translator "downplayed" a domestic violence incident, as "domestic violence is common in their country". The young person felt

"silenced" and as if their voice were not acknowledged or heard. The young person felt this was because they were a child.

"People try to protect the community, however this comes at the cost of silencing young people."

Another young person reported feeling uncomfortable as they felt the psychologist was too focused on the young person being a first-generation migrant. The young person felt like a "zoo animal" and withdrew from therapy as a result of this experience. One young person felt that people were assuming their sexuality. Another stated that they do not disclose their sexuality as they are afraid of the assumption's professionals would make, such as the young person being more vulnerable as they are part of the LGBTIQA+ community.

Young people were then asked, "How do you prefer to share information about your identity?" including information such as name, pronouns, gender, sexual orientation, cultural identity. One young person stated that names and pronouns were okay. Another young person stated their resistance to disclose information as they feel that "people act entitled to [know this information]". Another young person shared that they felt uncomfortable sharing their sexual orientation, for various reasons including not being sure who would find out and that there was no point in people knowing.

3.3 Wyndham

3.3.1 Communication with support staff

Young people emphasised in our consults that their most positive communication experiences were generally with reception staff. Multiple young people recounted having positive experiences with headspace reception, stating they were accommodating, "really friendly, always liked to chat, and remembered [their names]". In contrast, some young people expressed that staff at mental health services can be "too nice" and came across as "treating young people like they are fragile". Young people said this felt like "pity" and made them feel "broken".

"It doesn't feel empowering when people think I'm fragile."

Young people made it clear that their most negative communication experiences were with general practitioners. One young person disclosed an experience they

had had where a GP had told them they "don't look very Asian", and they "don't seem queer".

"This was an awful experience. It's hard to feel comfortable in these spaces when I'm feeling questioned".

Additionally, there were multiple experiences disclosed of doctors making jokes about young people's identities. After a young person disclosed their identity as pansexual to their doctor, the doctor's response involved jokes about "pots and pans". Young people described this as "extremely disrespectful" and "uncomfortable".

Young people also felt that when discussing mental health with GPs, it felt like they were "ticking things off a list" and just paying attention to "key words" rather than listening to the young person's needs.

"The whole GP experience would be better if I actually felt like they were listening."

Thankfully, some young people had some positive experiences to share too. One young person stated "I have never felt disrespected. [Support staff had] a lot of awareness about trans identities and stuff".

Young people in our consults also strongly suggested that communication when scheduling appointments needs to be improved. Many young people expressed that they felt making phone calls were often not achievable for them, especially if they needed to cancel or change an appointment due to ill health.

Young people told us a way to change their appointments online or through text without having to speak to anyone was important to them.

"I want to be able to reschedule appointments by myself not having to explain myself."

3.3.2 Communicating identity.

When communicating their identity, young people stated they had generally had positive experiences with headspace, but that other services did not feel as inclusive. Multiple young people shared that headspace was the only place in which they had been asked about their pronouns and wished that this were more normalised within mental health services.

Young people voiced that they did not mind filling out forms with questions about their identity but emphasised that they should be given the option to do this when they are alone, as they may want to disclose things to the service that their families are not aware of. One young person shared their experience of having to write cisgender instead of transgender on form as their parents were present, and this was emotionally distressing for them. They acknowledged that having to lie about identity on forms can trigger dysphoria in young transgender people. Young people also expressed those questions around identity should not be compulsory as they can feel pressure to pick an option even if they are still questioning.

3.3.3 Communication with family

Young people emphasised that it's important to them that practitioners are more equip to communicate with family members of various diverse cultural backgrounds. Young people explained that even when their family members are fluent in English, information still gets "lost in translation" as it is often communicated through a western cultural lens. Young people emphasised that practitioners often assume a baseline level of knowledge that many people from CALD backgrounds do not have as there are concepts that do not necessarily exist in many cultures around mental health, sexuality and gender.

One young person explained "It falls onto the young person to have to explain the concepts [to their family] and what's happening with mental health, gender and sexuality". Young people in our consults also expressed that it's important to have translated resources that are not just translated word for word but within the context of that respective culture. Young people told us that because of their CALD identity, they felt it was impossible for their families to be with them during their mental health journey due to a lack of understanding.

4. Information

This section was designed to gauge the overall information that young people received, this included information from professionals, other mediums and the nature of this information including if the information was appropriate, relevant, and specific.

4.1 Brimbank

This section sought to understand young peoples' experience on the resources found in waiting areas, received from professionals during consultation, as well as their preferences for type of information and method of information delivery. Resources were defined as brochures, posters, pamphlets, cards, websites and/or referral to services.

4.1.1 Information in the waiting area

Young people generally expressed a sense of disenfranchisement when talking about their experiences in the waiting room. Young people described the brochure and flyer sections to be outdated and out of context. Many found that the brochure areas were quite messy, and this was distressing enough for some young people to avoid approaching the area. While posters and brochures about the LGBTIQA+ community were appreciated, many young people could not identify with the pictures on these resources. If there were translated brochures available, the pictures were still irrelevant to their cultural context. None of the young people saw information that directly addressed the intersection. One young person suggested that if resources were to be made to accommodate other CALD communities, the content should not be exactly the same - instead, the information should be tailored to these communities so that it has culturally specific and relevant tips on how to explain unfamiliar topics to people of those communities. Indeed, there was a clear lack of representation in the information provided. Young people expressed that the posters did not even have to be LGBTIQA+ specific, they would just appreciate being able to see representation in whatever issues are being presented on the posters.

One young person suggested that not only do they need visual representation in the information provided, but they also need variety in the kinds of information

available. Preferences for the type of information were mixed. Some young people enjoyed reading statistics about the LGBTIQA+ community as well as general information about gender diversity and sexuality, while some young people found information of this sort to be too general. One young person suggested that the topic of gender diversity deserves its own pamphlet/flyer and should not just be a token paragraph underneath a huge section on sexuality. Information on gender, particularly concepts of nonbinary seemed to be lacklustre within services. Indeed, young peoples also observed a lack of information for sexualities outside lesbian, gay and bisexuality and advocated for more information on pansexuality and asexuality. Some young people expressed a need for more information on options to help with dysphoria. Overall, young people preferred to read about this information in the form of a peer's lived experience. Many young people described that reading other peoples' stories helped normalise what they were going through and gave them a sense of hope.

Some young people expressed that rather than descriptive information on LGBTIQA+ communities, there should be more information on events. Young people sought opportunities to connect with others and expressed a desire to see more flyers advertising these opportunities. Some young people described that seeing such events indicated to them that the services made the effort to stay connected with the community.

4.1.2 Information for the family

The general observation was that there was a lack of resources for CALD families. Young people described a need for in-language flyers covering what to expect during a consultation and what the child is going through when parents are waiting. There is a need for more media for CALD parents to read and understand so they feel included in the help-seeking process. It seems that too often are parents left in the dark.

4.1.2 Recommendations on information delivery

Young people described that it could be daunting to pick up a brochure/flyer about sexuality and gender diversity and expressed how impossible it can feel when a family is in the room. To maintain a sense of privacy, many young people suggested the use of QR codes, and to have them available in subtle areas like reception, on the seats, or at the coffee area. This allowed access to be subtle without having to risk parents or perhaps other people in the waiting area finding

out their identification in the community. This allowed for private browsing, and they could continue reading in their own time at home without risking their family finding the brochure/flyer in their rooms.

4.1.3 Referred services.

The relevance of referred services were contingent on whether young people had felt comfortable to disclose their LGBTIQA+ identity. Clinicians did not seem interested in asking if the information was relevant to their identity. Young people found that referred services in this context were general and nonspecific. Information provided was generally heteronormative and there were next to none translated materials. Young people described feeling disheartened by this and this further discouraged their willingness to disclose and share parts of their CALD and/or LGBTIQA+ identities.

> *"28.8% of LGBTI+ people aged 16 to 27 who had not used a crisis support service during their most recent personal or mental health crisis indicated that their decision was due to being unaware of crisis support services or unaware of LGBTI+ specialist services"- LGBTIQ+ Health Australia. 2021.*

Instead, resources related to LGBTIQA+ was found through independent online searching; many young peoples expressed that it is taxing to work up the initiative to have a conversation about your identity when they are not sure if the therapist would be willing or able to understand. Furthermore, independent online searching was preferred because it allowed for young people to find role models within the intersect. Young people consistently described reading stories of other young people exploring their LGBTIQA+ identities as empowering. One young person expressed that it was very hard to find examples of people who are thriving in middle eastern communities especially if they are gender diverse or atypical in their sexuality so to find a role model online was really reassuring and helpful. Indeed, a main source of information stemmed from following LGBTIQA+ role models on social media channels such as Instagram and Tik Tok. In particular, it was empowering for young people to see role models who looked like them, identified similarly culturally and sexually, and hear their stories of exploration in their identities. A young person described it as being able to "build up your own vision of what you need." These role models were relatable in the context of the intersect - it was great to find their own person and not have to "fit

into a white person narrative" which seems to be the traditional LGBTIQA+ resource.

4.2 Moreland

Young people responded to the question "What has your experience been like with available resources about mental health? Did you find this information helpful?". Some young people reported resources were great and accessible, other young people reported that people at their school did not take mental health resources seriously. One young person mentioned that they completed a project on mental health resources and kept it for help. Young people mentioned finding these resources online, and through videos. It was noted that mental health resources can be expensive through the private system, some young people also stated that it can be a "mixed bag" in terms of accessibility. Other young people stated it was hard to find specific support related to identity or community.

Young people then responded to the question "Do you find mental health professionals have provided helpful information that is queer friendly and/or culturally inclusive?" In response to this question, young people stated that services are not helpful, as mental health professionals fail to communicate with each other and one young person mentioned they do not know any culturally diverse or queer friendly therapists. One young person stated they felt they had to tell the psychologist what they can and cannot mention to their parents. Another young person felt the psychologist pushed them to disclose information to their mother that they were not ready to disclose, this was not related to confidentiality. Young people also stated that places were not really queer friendly and that "rainbow stickers are not enough" It was mentioned that services were either queer friendly or culturally inclusive but never both.

Young people then responded to the question "Have you ever received information or resources that you felt were inappropriate or not relevant to you because of your identity?". One young person said that a professional stated "Lots of Indians and People of colour have come with this problem", alluding that their experience was specifically due to their cultural identity. Young people also shared that having specific police officers who are trained in LGBT services is "weird", as everyone should be trained in LGBTIQA+ sensitivity. This made

them feel like they could only be helped by specific people, and that it is evident that they are different to everyone due to their identity.

4.3 Wyndham

4.3.1 Recommendations on information delivery

Young people generally felt that the ways in which information was delivered to them was not as effective as it could be, and this idea pertained to many different facets of information delivery. Young people found physical resources, such as brochures and pamphlets that can be found in high schools and universities to be in abundance but said that it was not their "first point of research" and that they generally turned to online resources, such as searching things up online, to answer any questions they had before looking. Young people also highlighted that a lot of the organisational resources they are recommended by professionals are the same, such as "Kids Helpline" and "Minus18". They went on to note that a lot of their knowledge did not come from these sources, but instead from "online forums and chat groups."

In a similar vein, young people noted that there is "a lot of onuses on the person accessing the resources to know what kinds of resources they need." They mentioned that often when they ask for help and explained what they were looking for, professionals did not know what resources to refer to them, and they had difficulty finding the right resources on their own. They also mentioned that assisted referrals would be helpful, as an alternative to being given a number to call, they would prefer someone there to "be with you or call on your behalf", particularly if the professional is known to and trusted by the young person.

4.3.2 Resources for Transgender young people

Young people noted a lack of resources available to transgender individuals regarding counselling, as well as practitioners being ill-informed as to where to refer transgender young people for additional resources or assistance. A young person noted that they had "never experienced anything incorrect or harmful" but that "in resources there is an emphasis on concrete ideas that aren't necessarily concrete." They also detailed that "all the medical professionals [they had] spoken to [seemed] to be trained so well and they [were] careful about the words they [used]." They explained that there were a lot of stereotypes

surrounding transgender individuals, which a young person gave the example of "woman's body, man's brain" as a stereotypical, and not necessarily correct, way of classifying transgender males. The young person then detailed that they "assume that the doctor didn't have a lot of training dealing with trans people." Young people outlined that "gender specific services" were "generally the way", but that they had difficulty gaining knowledge about these specific services from the general providers they were accessing.

In line with this, young people also identified issues around "seeking resources about dysphoria". They acknowledged that "gender seems to be really complex and it's difficult to articulate and communicate" but were dissatisfied with the way information is communicated in the resources that are currently available. Those consulted said that the resources contain phrases such as "being transgender is being born in the wrong body", explaining that these seemingly simple explanations aren't "widely accepted". Young people suggested that the best way to rectify this problem would be to create "youth friendly resources written by young people with lived experience."

5. Family

This section was designed to gauge young people's experiences with family and their involvement or non-involvement in their mental health journey.

5.1 Brimbank

Preferences for family involvement were mixed amongst the young people consulted in Brimbank.

A majority of young people expressed that their families were generally not invited to their therapy sessions and options were not offered.

For those who were ambivalent towards family involvement, concern stemmed from cultural stigma on mental health as well as uncertainties around confidentiality. It seems that for CALD families, the barriers are two-fold. For one, there is already an existing stigma about mental health, and two, there is a general lack of understanding for the LGBTIQA+ space.

5.1.1 Cultural barriers to talking about mental health in the family.

Young people explained that family involvement would first require psychoeducation about the importance of mental health, and this is an effort that many of them do not have the energy or motivation to commit to. Some young people suggested that if family were to be involved, there needs to first be education about mental health, the service and what to expect. These could be delivered by in-language comics or cards for easy consumption. Indeed, one young person explained that as the oldest sibling in an ethnic family, their role is to take care of family members, a role that they would like clinicians to understand as normal and not something they do reluctantly - however, as a result, their own problems are in turn compartmentalised and seen as further burdens to the family. Other young people commented that even if they were to engage in a conversation about mental health, there are additional language barriers that they have to overcome.

For those who had amiable relationships with their family and whose parents had a practical grasp of English, involvement in consultations was still not welcomed.

Instead, young people preferred to speak to their parents about it in their own time.

5.1.2 Confidentiality

Some young people expressed that a huge concern was the possibility of being outed by their clinician. One young person described an experience where their family was invited, however, the clinician had not asked if they were out to their family before going through with the session. Consequently, the young person spent the session feeling anxious and stressed. Young people agreed that in a situation where family is involved, it is essential that a discussion around disclosure and the kinds of topics to be covered take place prior to the session. Young people also expressed that they appreciate when clinicians are able to acknowledge cultural barriers to talking about mental health and sexuality. One young person suggested that simply premising with "hey we know if you identify with this CALD community, it might be difficult to talk with family" is enough to reassure and create a sense of safety.

5.1.3 Chosen family

Many Young peoples expressed that they would appreciate the option to bring their found family into therapy, particularly when they are accessing services for the first time and need reassurance from someone who understands.

5.2 Moreland

Young people were asked to "share an experience where your family was involved in your support", if they felt comfortable to do so. Young people reported that they had generally experienced negative family involvement, with one young person stating that their family would make comments such as "I do all these things for you and you're not even grateful". Young people felt that their parents did not trust the mental health system, and that the system does not have the interests of young people in mind, with one young person stating that their family felt their clinicians "just wanted to keep them on medication". One young person also reported that their experience with interpreters was helpful, "so family didn't yell at each other'.

Young people were then asked how they would ideally like their family to be involved, and what could be done to support both the young person and their

family in seeking support. One young person mentioned that if family are involved, a run through list of things that they feel comfortable sharing and things that cannot be mentioned with family would be created before family engagement. The importance of confidentiality, boundaries and respecting family relationships and dynamics was reported by young people. Young people also mentioned the difference between involving friends vs. family in their care, as friends "will keep secrets even if part of the same cultural community". One young person reported that they feel no need to have family or friends be involved, as they know where to seek support and can manage their mental health on their own. They also asserted that they do not need to tell their friends anything but can tell their parents on their own if they feel the need.

5.3 Wyndham

5.3.1 Cultural understanding from therapists

Young people recognised an issue with non-CALD identifying therapists misunderstanding the cultural dynamics between patients and their families. One young person was able to provide contrast between when they "started gender therapy" before they had "come out to [their] parents" and the "gender therapist [was] non-binary and Asian" and therefore they "understood the CALD experience and that family is so important." The young person then revealed that they told their "white therapist" that they were "worried about telling [their] extended family about being trans" and that this therapist "didn't understand Indian family dynamics" and that the young person "shouldn't let extended family impact [them] and [their] identity but they didn't get how close Indian families are." The young person noted that therapists "shouldn't encourage CALD people to cut off family."

Another young person noted that "communication to parents about what is happening is the most difficult part" and that parents "don't understand" and "don't want to understand." They divulged that their generation "is very sensitive about mental health" and therefore "it's not too much of an issue when involving close friends" but they are not sure how to communicate with their parents. The young person explained that because "therapists don't understand [their] cultural dynamics, it falls onto the young person to have to explain the concepts and what's happening with mental health, gender and sexuality."

A young person also said that they "feel like [their] cultural identity is a bit distorted because [they] grew up in Australia" and therefore they "need practitioners to empathise with this."

5.3.2 Lack of knowledge

Young people also identified a lack of knowledge, particularly in relation to parents, around issues surrounding being a part of the LGBTQIA+ community and mental health. A young person noted that there is "a discrepancy between the people who are explaining the situation and the people who are interpreting the situation." Their mother asked the doctor for "a blood test to see why "my daughter wants to be a boy"" The young person then elaborated that "healthcare practitioners expect a basic level of knowledge that [their] parents don't have." Another young person said that "[their] parents make it hard" and that they have difficulty connecting "with a service because [their parents] make this a bit difficult and [they] need more support for that."

A young person identified that headspace "does a good job at reaching out to the person accessing the service." They mentioned that their "parents didn't know headspace existed or that these services were even available." They then went on to explain that "if parents were trying to help their kids reach out, they probably wouldn't know where to go."

Another young person explained that their "parents needed a lot of emotional support accepting that [they are] trans and [the young person] had to be their support." They said that that was "so stressful and so much pressure" and that every day they had to "justify [their] identity." They divulged that "being able to shift the weight off [their] shoulders and have [their] gender therapist talks to them" was really useful for them and that it helped their parents with "reaching out and providing support" but acknowledges that it "would have been great for more knowledge for them, and also for me, to understand why this was happening and where their beliefs came from."

Young people also mentioned their experiences with their family and their views on mental health or being LGBTQIA+, such as one young person's parents being "aware that mental health exists, but it's the kind of stuff that happens to other people." Their parents "have an approach of: if you're sad, just be happy." Another young person noted that they were "pretty lucky when it comes to family" and that "support is free flowing." They said that their parents are "good on the mental health stuff, but less knowledgeable in the LGBTQIA+ space." A

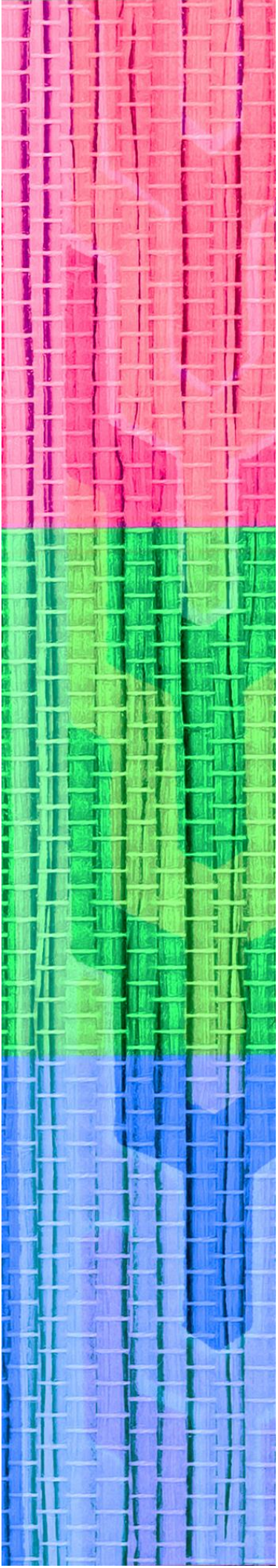
young person mentioned that they "don't feel comfortable" discussing their "queer experience" with "anyone but [their] friends and professionals". Another young person described their experience with "family therapy when [they were] 15." They said that their family "didn't understand what depression this was so made the process difficult."

Young people also described their experiences with family as "tough" and that "a lot of pressure came from [a young person's] family but they don't understand mental health, they put it down to things like not working enough or other environmental/situational factors." Another young person's parents "completely freak out in regard to mental health, as their opinion is kind of like either you're completely fine or you're insane." Or a young person mentioned that their "family essentially kind of infantilise [their] issues."

Another young person explained that they've "asked [their] mum if [they] can go to a therapist or psychologist, but [their] mum doesn't really want [them] to and [their] dad doesn't have a good attitude on getting mental health support." They also mentioned that their parents "are homophobic and transphobic, so [they] can't really talk to them about that. A young person expressed that they "think there's just a lot of stigmata around it for [their parents] and they also blame it on themselves to guilt trip [the young person] in a way. So [the young person is] not emotionally close with [their] parents."

Another young person mentioned that they have had a "pretty good experience with family" and that their mum "listens and has more of an experience around mental health, has similar experiences of mental health issues." The young person noted that "she is pretty understanding but maybe not knowledgeable."

One of the young people explained "how someone's culture can affect their perception of everything." They went on to say that their family's "perception of mental health is completely different to a typical white person's" and that "all the cultural norms that come with that are also part of [the young person] so [they] want [their family] to know how those impacts [the young person]. [They] don't want to have to look internally at [themselves], figure it out, and then explain it to [their family]." Another young person mentioned that it was "hard for [them] to access support due to the stigma in [their] culture around medication and being 'messed up'." Their family worried "about white people trying to indoctrinate [them] and give [them] chemicals. After talking to three therapists [their] parents finally conceded but it was originally so hard."



A young person said that "conversations in an Asian background with family are hard because we can only talk about school and money. When [they were] doing therapy there was all this talk [from the therapist] about being open and talking about problems but [the young person] literally cannot do that, that solution does not work for [them]." The young person then suggested that therapists "need more awareness of cultures."

Alternatively, a young person noted that they "don't know what to do to support [their] friends when [they] notice they need support. The first people you are going to turn to is probably not your parents, but your friends and your friends might not know how to support you."

5.3.3 Resources to help families.

When asked what resources would be useful to help families, a young person asked for "some basic information on mental health" that would let them know "that it's not just for white people and mental health issues actually do exist." Another suggested that brochures would help, and that "normalising what mental health issues look like in daily life" they explained that their parents "know the signs and symptoms" and the medical terms and implications, "but they're not as good at identifying what this actually looks like in daily life." Young people also expressed interest in resources that are "translated into other languages but also written in a way that is relative to cultures. Not just western relevant stuff translated into a different language" or "something from someone who can speak their language/has the same cultural background."

Other young people also expressed that they "don't know if there is anything they can do as anything coming from a mental health worker would be like a confirmation of [the young person] being like 'crazy' and usually the resources are catered towards like white people? So, my parents are not gonna get it" or that mental health resources currently are "portrayed in really specific ways" leading CALD parents to believe that "if you don't look like this, it cannot be that helpful."

6. Summary of Recommendations

Safety

To maximise feelings of safety, the following themes were identified.

Physical space

- Inviting, welcoming environment - considering physical space (inclusive resources, signage) refreshment stations, gender neutral bathrooms
- Waiting rooms as communal spaces, welcoming for young people, their family, friends, and partners
- Various options in waiting rooms to use the space, e.g., Wi-Fi, magazines, games, colouring, etc.

Accessibility

- Acknowledge and minimise accessibility barriers, e.g., interpreters, mental health, disability.
- Understand different communication styles, i.e., phone calls may be difficult, try texting instead, or online options for booking appointments.
- Adaptive and creative methods to communication, using visuals, translated materials, and avoiding jargon when language barriers are present.
- Different cost options as finances can impact on what services are available and access to them.
- Options to talk to their therapist for longer than an hour

Staff

- Receptive and friendly reception staff, particularly around preferred names, and pronouns
- Clinical staff are cheerful and not too clinical, expressed through body language, speech, and topics of discussion.
- Aim to empower young people opposed to speaking down to them and viewing them as fragile.

- Staff validate young people's experiences and encourage support seeking, avoid being dismissive.
- Representation and diversity of staff

Sensitivity and Competency

- Agency should give to the young person to lead their own their own approach to mental health support.
- Staff sharing if they have experience working with CALD and/or LGBTQIA+ populations.
- Staff educating themselves about LGBTQIA+ identities and cultural nuances, instead of relying on young people to do it for them.
- Clinicians should be equipped with up to date, relevant knowledge of CALD and LGBTQIA+ struggles and use appropriate language.
- *Queer friendly*; visual representation through pride flags, pronoun and rainbow badges worn by staff, posters, and staff behaviours.
- *CALD friendly*; visual representation through acknowledgment of traditional land and Aboriginal and Torres Strait Islander responsiveness, signage and resources and other reading materials in different languages.
- *All staff* trained in queer sensitivity and cultural responsiveness, including doctors, reception, interpreters.

Language & Communication

The following themes were recognised by young people to achieve respectful communication and use of language.

Language

- Clinicians begin by introducing their own pronouns and ask young people if they are comfortable sharing theirs, stating that it is a safe space.
- Use gender neutral pronouns (they/them or use of name) until preference is identified.
- Steers clear of heteronormative language, assumptions, and standards. E.g., use ‘partner’ rather than girlfriend or boyfriend.

- Minimise the use of clinical language, particularly when talking to families who may not have an understanding of mental health.

Communication

- Services should be advertised as both catering to CALD and LGBTQIA+ individuals.
- Get to know the young person beyond just their mental health needs.
- Relationship dynamic is key, initial connection influences the whole relationship, and further engagement with mental health support.
- Ask before making assumptions, use active listening, be open and curious.
- Take more time to listen and understand - it is okay to acknowledge what you do not know and respectfully ask for more information.
- Explicit about confidentiality process, particularly in regard to family dynamics for both LGBTQIA+ and CALD young people
- Communication between services for seamless transmission of information when consent is given.
- If English is a young person or their family's second language, make effort to speak clearly and slowly.
- Correct pronouns and preferred names are communicated across the service in all mediums (not just verbally, but also in medical notes)

Attitudes

- Do not treat other cultures as "exotic" or use the time to answer your own personal question.
- Be respectful, and not make jokes regarding identities.
- Avoid blanketing experiences together, each individual is different despite shared identities.
- Do not assume issues are due to identity or focus solely on that unless it is the preference of the young person.
- Understand that coming out is not a priority or possibility for all young people.
- Reflect upon own cultural biases and beliefs, while seeing a clinician of the same culture can be affirming, it is not always so straight forward.

Information

Young people expressed those resources should be:

- Visible, accessible, and up to date, as well as visually representing diverse people.
- Addressing the intersection between LGBTQIA+ and CALD identities, tailored to meet culturally specific needs.
- Tailored to CALD families, in languages other than English and relevant to different cultures.
- Presented through a variety of media types beyond just posters and pamphlets, catering to different learning styles.
- Varied in content, with more specifically about gender, gender diversity, and dysphoria, as well as sexualities aside from gay, lesbian, and bisexual, including pansexual and asexual.
- Available from peer perspectives, sharing lived experience and personal stories.
- Include information on events, groups, and other opportunities for connection with the wider community.
- Located both publicly and more privately, to allow young people to access them without alerting parents or others.
- Incorporating use of technology, such as QR codes, or online resources including health information and queer friendly and CALD friendly/specific services
- Provide space for young people to collaboratively make and share their own resources, to ensure youth friendliness and relevance, through groups, consumer consultancy or advisory committees.

Family

Young people identified the following as important considerations when working with families.

- Family should be defined as family, carers, partners, and friends.
- Parental consent and involvement needs to be discussed, due to stigma from families.
- Understand that different cultures have different beliefs and attitudes towards mental health, with some viewing it as taboo or predominantly a western problem.

- Do not assume families to have an understanding of mental health, family involvement may require psychoeducation as a first priority.
- If family are to be involved in mental health treatment, discussions should occur between the young person and clinician before contact is made, particularly around what is okay to disclose, what is not, boundaries and family dynamics.
- Provide support to families (while maintaining confidentiality) and understand that family therapy is not an option for some.
- Resources should be made available for families with basic information on mental health and normalising what it may look like in daily life.

7. Reflections from the Rainbow Bridges Leadership Group

Cultural identity and ethnicity involves a complex system and social network of language, tradition and social expectation of social norms relating to sexuality and gender identity. People who are culturally and linguistically diverse and LGBTQIA+ are navigating multiple identities that both obtain a rich history and perception of sexuality and gender diversity and intersectionality. Intersectionality exists in many facets of overlapping or intersecting social identities that produce unique encounters of discrimination that cannot be boxed into a singular framework.

Finding care within an institution that serves both identities is no small task, but requires cultural humility and flexibility. Mental Health services have the duty and aim to help all those who enter the door. Our aspiration, therefore, is to address this gap in research and training by talking with culturally diverse LGBTIQA+ individuals, to better understand their experiences and ways of advancing safety and inclusion.

The Rainbow Bridges Leadership Group would like to share some final reflections about our experiences co-designing and co-facilitating the consultations with these awesome young people.

"I feel like I have to choose between part of me or the other, something always feels like it's left behind."

Jennifer

"I believe this preconceived illusion of what the public consists of, are in dire need of re-evaluating, our needs, social values, pronouns and cultural identities are entrenched in our path of finding healthcare. I cannot help but feel the clinical distance between a physician and I, literally boxed into

four white walls, awkward small talk, and uncomfortable silences. For a place to heal and treat people, it feels rather disenfranchising to see such exclusion and assumptive bias occur in healthcare centres.

We do not ask you to reply with a 'YAS QUEEN', or to recite your latest exotic holiday, but to practice active listening, with genuine regard to the identities and communities that we hold dear. There is much to learn about this world, and how to best accept those that fit outside of our reality, taking the steps however leads to a healthy and well-connected community.

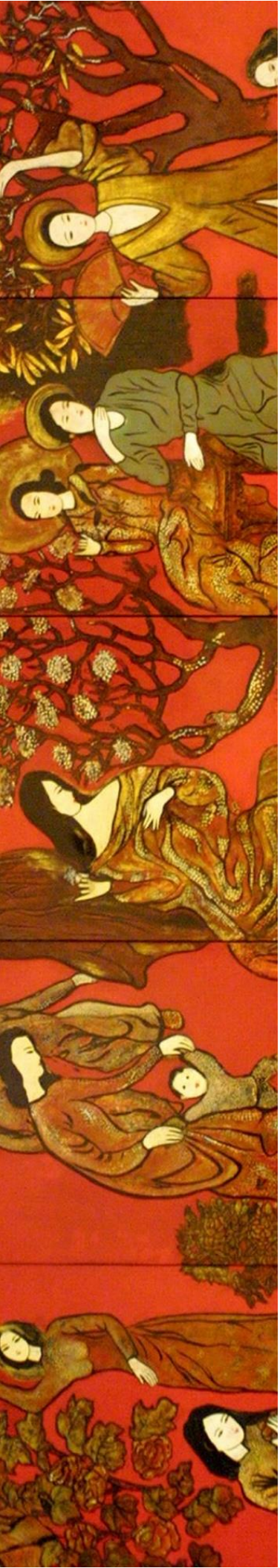
Do you know the community in which you practice? How can you connect and support those who need it most? What are the services available and how credible are they? What implicit ideals and stereotypes do you carry that clouds you from seeing the person in front of you?

Distrust occurs when we feel unseen and unheard, patients should not be teaching physicians the basics terminology, physicians should be aware of the triggers and disrespect of misgendering, or brush of hardships and discrimination we may and have faced. How can diagnostic healthcare plan to treat and care for those without taking regard to a person's truest self?

Every person that has ever existed, has a culture; characteristics and features of everyday life, the customs we have, food we create, traditions we uphold, the language we speak and groups we participate in. We share and benefit from all spans of cultures and identities. There is beauty and strength in faith, love without borders, cultural identities that are valid and worth celebrating. I hope that we can create a system that is genuinely built for the community instead of against."

David

"I think that critical reflection not just on ourselves, but our society is so important and extremely vital in our current context. There are structural barriers that exist all around us, every day and it is our responsibility to try to make a difference, even if it is small. We can start by respecting



other people and acknowledging everyone's intersectionality and their unique experience. I'm so glad this project exists because it has addressed such an unrepresented and important intersectionality."

Nic

"As a queer advocate and passionate ally for the CALD community, this experience was beyond empowering and beneficial to me as an individual. I owe my rights to transwomen of colour, such as Marsha Johnson and Sylvia Rivera - key advocates at the Stonewall Riots, and I will forever be fighting for the rights and lives of those who face injustice, passionately and vocallyWe understand that marginalised communities face the most discrimination and poorest health outcomes, and the accumulative disadvantage within this intersect needs to be acknowledged and minimised. Despite these struggles, everyone I met throughout this project was so strong, these communities are resilient, beautiful, and powerful - data will never tell the whole story.

I cannot speak on behalf of PoC or the CALD community, but it is my understanding that the traditional western medical model just does not work for everyone, we need to set aside our assumptions and start thinking outside the box.

Mental health, social connectedness and wellbeing need to be prioritised, all young people should be empowered and supported to make their own decisions that suit them as diverse and complex individuals.

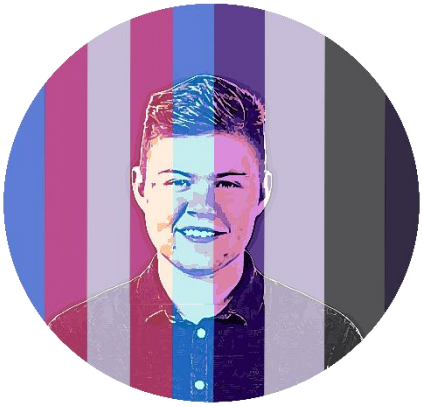
My main message to all those reading this is to connect with, understand and truly get to know the young people you may work with. Beyond just another consumer at a service, but as a person on a journey, navigating their way through a sometimes cruel, sometimes nurturing world, who deserves respect, compassion and a sense of belonging."

Harmony

"Throughout these consultations, there was a group of young people that expressed they felt guilty for voicing their negative experiences, and that they should be grateful for the mental health support they have. That made me angry. Young people should not feel like they must settle for something that makes them uncomfortable or is not appropriate for them.

Youth mental health is supposed to be for them, and we should be empowering young people to advocate for their needs so that they can receive the care that they deserve. I really hope that we can get a step closer to achieving that with this project. I am really proud of our team and the work we are doing."

Alex



"I felt a deep sense of frustration throughout this project with the way young people explained their experiences, from the way they downplayed any less-than-ideal support to their gratitude for subpar services. It's discouraging to be surrounded by and supported by services that do not have the right funding, training, or skills to be providing the correct level of support and healthcare, and that's for youth mental health in general. To identify as both culturally and linguistically diverse and LGBTIQA+ and to seek that support only complicates things further, as highlighted extensively throughout this report, and I hope that this report can help to bridge the gap that exists between where youth mental health is now and where it needs to be."

Emily

"Mental illness can affect anyone, but it affects CALD and LGBTIQA+ people in different ways. Mental health care services must grow to be more inclusive, accessible, and educated for an increasingly diverse population, and it is initiatives like this that are helping to change that narrative.

The recommendations in this report suggest changes that are not going to be easy, however I believe that meaningful and genuine things rarely are. We will continue to do everything our power to ensure that nothing is done for us, without us.

I trust that you, the reader, will also recognise the value of this report, and I want to deeply thank you for your investment in the future of *all* young people."

Design Statement

The Rainbow Bridges team prioritised respect and inclusivity throughout this project, including the design of this report.

We found inspiration from the use of storytelling within textile art, and its ability to capture the rich history of a culture. As a collective, we sourced textiles from artists of diverse cultures, particularly those containing the colours of the LGBTIQA+ flags.

Our resulting report contains prints from a diverse range of cultures, ranging from Aboriginal & Torres Strait Islander dot art to traditional block prints of the Edo period and Tang dynasty.

We acknowledge the impossibility of providing a comprehensive representation of all CALD and LGBTIQA+ people.

We hope this report serves as a celebration of diversity and intersectional identities.

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