

# Walkern Katatdjin National Survey

## Community Report Summary

### What is it?

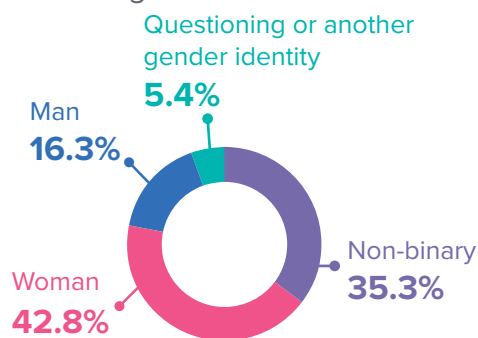
In early-mid 2022, we conducted a national survey with Aboriginal and Torres Strait Islander LGBTQA+ young people aged 14-25 years old.

We asked about their mental health, social and emotional wellbeing and experiences accessing care. The survey was designed by Aboriginal, LGBTQA+ and Aboriginal LGBTQA+ people and was built around Aboriginal and Torres Strait Islander ideas of what makes our community members healthy, happy and well.

This is the first national dataset for the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander LGBTQA+ young people.

### Who took part?

619 Aboriginal and Torres Strait Islander LGBTQA+ young people (aged 14-25 years) responded.



### What were the results?

#### Mental health

- Almost 4 out of 5 participants reported a very high level of psychological distress (76.7%). This is the opposite trend to the general population, where the majority of participants report low or moderate levels of distress.
- Almost half of participants had attempted suicide in their lifetime (45.4%) and one in five (19%) had attempted suicide in the past year.

#### Community and connection

- Almost half of participants (46.4%) felt accepted as an LGBTQA+ person by their community.
- While participants had high levels of connection to their communities, they felt less connected to their family and kinship networks, their culture, their Country, their body, and to their mind and emotions.
- Participants felt that they belonged to an LGBTQA+ community (80.3%), followed by a youth community (54.4%) and then an Aboriginal and Torres Strait Islander Community (52%). Just over a third (37.6%) of participants felt like they belonged to an Aboriginal and Torres Strait Islander LGBTQA+ community.



## Experiences with medical and mental health services

- Most participants had used general health services, about half used Aboriginal Community Controlled Health Organisations and approximately 1 in 5 used LGBTQA+ health services. However, participants reported fairly equal preference for general, Aboriginal and LGBTQA+ services. 13.7% of participants had no preference for service type and 3.3% didn't attend services.

## Recommendations



### Families and community

- Actively tell Aboriginal and Torres Strait Islander LGBTQA+ young people that they are loved and celebrated.
- Support LGBTQA+ family members by asking about ways you can help to make life easier for them in family and in community.



### Young people

- Find ways to connect with other Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Connect to both the Aboriginal and LGBTQA+ communities to strengthen these identities individually and together.



### Health services

- Train new and existing board members and staff to be better informed about Aboriginal and LGBTQA+ identities, and provide relevant resources for Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Ensure that there are visible signs and symbols of inclusion that provide a sense of safety for LGBTQA+ clients in physical and online sites. These must be supported by good practice.
- Upskill in providing gender-affirming care and connect with other trans-inclusive programs and services.



### Policy makers

- Specific health funding should be set aside for community-driven initiatives to address poor SEWB and high distress and suicide behaviour among Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Consider Aboriginal and Torres Strait Islander LGBTQA+ young people in all policy and national strategies related to Aboriginal and Torres Strait Islander or LGBTQA+ people.

## Get in touch - Media

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