

The impact of Covid 19 on the Aboriginal and Torres Straight Islander LGBTIQA+SB Community



P R E S E N T S





This webinar

social and emotional wellbeing needs of the Aboriginal and Torres Strait Islander LGBTIQA+SB community.

and emotional well-being literacy of services and increase access.

Is the result of a unique partnership between Black Rainbow and the Mental Health Professionals' Network. This is the first webinar of Queeroboree series produced under this partnership exploring how practitioners can better support the mental health and

This webinar will discuss the impact of Covid 19 on the Aboriginal and Torres Strait Islander LGBTIQA+SB community and how to strengthen the mental health and social



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Tonight's presenters



Dameyon Bonson (He/Him) Founder of Black Rainbow



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Facilitator: Prof. Damien Riggs (He/Him) Psychotherapist







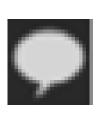


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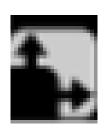


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Learning Outcomes

- Discuss findings from Black Rainbow's Research on Aboriginal and Torres Strait Islander LGBTIQA+SB people and the Covid 19 pandemic.
- Identify how the findings from Black Rainbow's research highlights the mental health and social and emotional well-being needs of Aboriginal and Torres Strait Islander LGBTIQA+SB people, including types of support that practitioners can provide.
- Identify how to improve service access for Aboriginal and Torres Strait Islander LGBTIQA+SB people.
- Outline the importance of a person-centred approach when providing care and support to Aboriginal and Torres Strait Islander LGBTIQA+SB people.







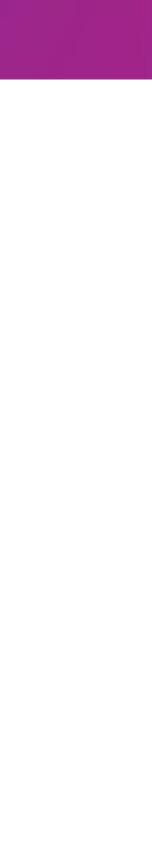
Background

- 2021, designed and delivered collaboratively between Black Rainbow and the people were impacted by the COVID-19 pandemic.
- A total of 112 participants completed an e-survey to measure the impacts of the 2021.

• This community report is the result of a study that took place from April to June in Department of Indigenous Studies at Macquarie University. Black Rainbow initiated the study with interest in how Aboriginal and Torres Strait Islander LGBTIQSB+

coronavirus pandemic as experienced as at mid-2021 (first-wave of COVID-19) on Aboriginal and Torres Strait Islander LGBTIQSB+ people between May and June

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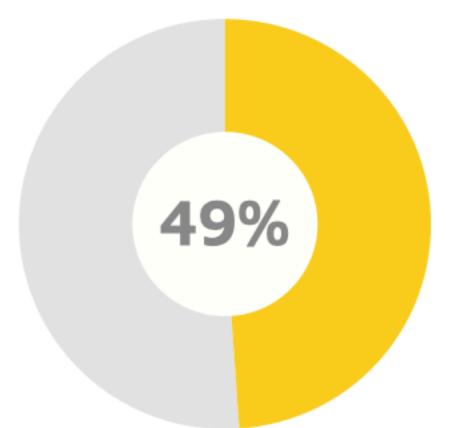




Mental health

Participants were asked how the COVID-19 pandemic had impacted their mental health:

Mental health



64%

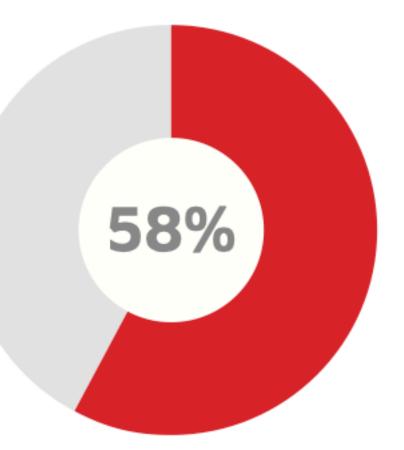
49% (n=55) reported that they experienced suicidal thoughts as a result of the coronavirus pandemic.

64% (n=72) reported that lockdown(s) negatively affected their mental health.



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58% (n=65) reported that the coronavirus pandemic had negatively affected their mental health.







Social support and connectedness

Participants were asked how the COVID-19 pandemic impacted their social support and connectedness:

Sources of support



Since the COVID-19 pandemic, almost all participants (92%, n = 103) reported having turned to friends, family and/or community members for support



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60%

The majority (60%, n = 67) reported using more than one of these sources of support







Connectedness

55%	The majority of participants (55%, n = 62) reported that as a result of the COVID-19 pandemic they were feeling more connected with friends/ family/community than they used to
26%	However, 26% (n = 29) reported feeling less connected

'At times I feel more connected, but a lot of the time I feel like family and friends are not checking in as much as they may have their own worries and concerns'.







Methods used to stay connected



Phone calls were the most popular method used by participants to stay in contact with friends, family and community (59%, n = 66)



FaceTime was the next most popular method used by participants to stay connected (35%, n = 39)

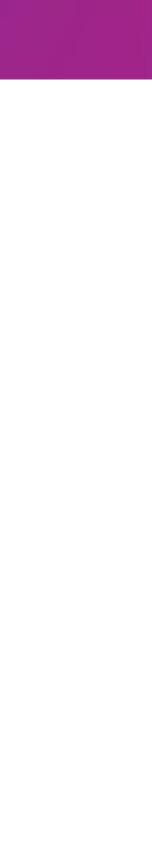
26%

Instagram was reported to be used by 26% (n = 29) participants to stay in touch

Less popular however still utilised methods included Skype, Texting, Email, WhatsApp, Messaging, and meeting in person.









Help-seeking and access to services

Participants were asked about help-seeking for mental health support during the COVID-19 pandemic:

Accessing mental health support in person:

28% yes 60% no

While 28% (n = 31) of participants reported they had seen a mental health worker/counsellor in person, 60% (n = 67) reported they had not.



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'I had some telehealth with a psychologist during the beginning of the pandemic but haven't spoken to them for months now as I feel like I am in a better space'

`I now see a therapist every week'





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Accessing mental health support via telephone, video or online:



A total of 34% (n = 38) reported they had received mental health support by telephone and/or video call, 54% (n = 60) reported they had not

32% yes 55% no

While 32% (n = 36) reported they had used online mental health support, 55% (n = 62) reported they had not

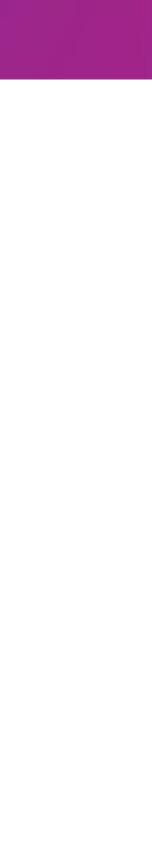


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Similarly, 37% (n = 42) reported they had used a Crisis Hotline or Crisis Text Line, 60% (n = 67) reported they had not







Availability and obstacles:

43%	43% (n = 48) reported they experienced obstacles or difficulty accessing the services or support they needed
26%	26% (n = 29) reported the service or support they needed did not exist or

26% (n = 29) reported the service or support they needed did not exist or was not available to them

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'My doctor was a great help, especially with gender affirmation (though he's only a GP, he totally got it'.

'A lot of mental health call lines are not accessible for deaf folk if you want to talk in real time'

'I have money and time, so it made things easier, for sure'.

'I had some free sessions at the beginning that helped me work out if it's what I needed.'









Some Aboriginal and Torres Strait Islander LGBTIQSB+ people reported feeling less connected with friends/family/community during the COVID-19 pandemic than they used to, while others reported feeling more connected.

It is concerning that the majority of Aboriginal and Torres Strait Islander LGBTIQSB+ participants reported negative effects on their mental health as a result of the COVID-19 pandemic, and that half reported having experienced suicidal thoughts, particularly when we consider the relatively low rates of help seeking and access to services reported by these same participants.

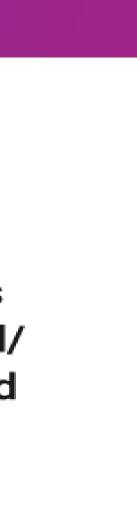
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Some participants were more likely to access an LGBTIQSB+ service than an Aboriginal and/ or Torres Strait Islander community-controlled service.



Participants were least likely to use or rely upon doctors, chemists and the government as sources of information about the COVID-19 pandemic.



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Ask a question

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Q&A Session



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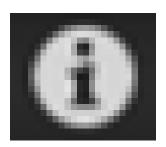








Recommended Resources



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For access to resources recommended by the panel, click on







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- Your Statement of Attendance will be emailed within four weeks.
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Upcoming partnership events

MHPN in partnership with Black Rainbow

- Breaking the silence
- 3 November 2022

MHPN in partnership with Emerging Minds

Supporting children and families to recognise and navigate paediatric anxiety 7 September 2022



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MHPN Online programs

Webinars

The complexities in working with co-occurring mental health and alcohol and other drug presentations – 4th October 2022

Navigating mental health challenges when living with disability – 17th October 2022

Podcasts

In Conversation With recent episodes: Dr Ruth Vine and Mary O'Hagan – part 1 and 2 ' – Available now on MHPN Presents via our website, Spotify & Apple Podcasts.

Listen to the latest episodes of MHPN's other podcast shows and series including *Eating Disorders: Beyond* the Unknown.

Sign up through our portal on the MHPN website to ensure notification of upcoming webinars, podcasts and network activity.









MHPN Network

meet either in person or online to discuss issues of local importance.

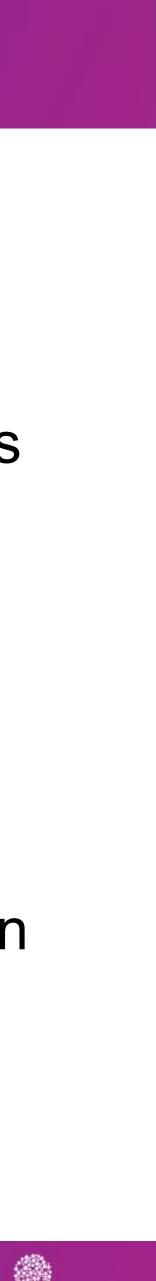
Visit www.mhpn.org.au to join your local network.

Interested in starting a new network? Email: networks@mhpn.org.au and we will step you through the process, including explaining how we can provide advice, administration and other support.



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MHPN supports over 350 networks across the country where mental health practitioners





THANK YOU FOR YOUR PARTICIPATION



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