

SUBMISSION TO THE PUBLIC CONSULTATION ON THE NATIONAL SUICIDE REDUCTION POLICY

Department of Health

April 2025



Outhouse
LGBTQ+ CENTRE

Table of Contents

Table of Contents.....	2
About Outhouse LGBTQ+ Centre.....	3
LGBTQ+ Rights in Ireland Today - A Health and Wellbeing Perspective.....	4
Missed Opportunities for Early Intervention.....	6
Poor Continuity of Care.....	6
Lack of LGBTQ+ Competency in Services.....	7
Structural Barriers and Social Determinants.....	7
The Power of Community and Prevention.....	8
Free and Accessible Counselling Must Be Guaranteed.....	8
Exclusion from Decision-Making.....	8
Our Position.....	9
Public Sector Human Rights and Equality Duty.....	9

About Outhouse LGBTQ+ Centre

Outhouse is the cornerstone of support for the LGBTQ+ community. We provide a safe and welcoming space for LGBTQ+ individuals to gather, connect, and find solace in a world that doesn't always understand or embrace them. We are the heartbeat of the queer community, offering vital services, including social spaces, mental health support, cultural events, and much more.

We are dedicated to supporting the people, spaces, and issues important to the LGBTQ+ communities. Our vision is a future where LGBTQ+ individuals are safe, seen, and celebrated.

Our mission is to improve the quality of life for LGBTQ+ people by providing a safe space to find:

- **Connection** - discovering themselves, their people, place, and passions.
- **Community Support** - accessing information, programmes, and services.
- **Culture** - experiencing creativity, heritage, discovery, and fun.
- **Campaigns** - being part of a strong, credible, and trusted voice for LGBTQ+ communities.

We live by the values of Trust, Respect, Joy, Inclusion, and Impact. Our commitments to equity and intersectionality underpin our work.

Outhouse LGBTQ+ Centre welcomes this consultation. We provide support, connection, and advocacy for LGBTQ+ adults, many of whom are at elevated risk of suicide. We see firsthand how gaps in mental health, crisis intervention, and social supports impact outcomes. This submission reflects our organisational experience and the voices of LGBTQ+ people who have trusted us with their stories.

LGBTQ+ Rights in Ireland Today - A Health and Wellbeing Perspective

Ireland has made meaningful progress in recognising LGBTQ+ rights through legal and policy reforms. The introduction of marriage equality, gender recognition legislation, and two national LGBTQ+ inclusion strategies reflects a growing public commitment to equality.

Yet this progress has not translated into equal outcomes in health and wellbeing. Mental health challenges remain disproportionately high across LGBTQ+ communities. LGBTQ+ people are more likely to experience suicidal ideation, self-harm, substance use, and social isolation. These risks are further compounded for those living in poverty, in precarious housing, or facing multiple forms of marginalisation.

The public health system still struggles to meet these needs in a timely, inclusive, or culturally competent way. There are persistent gaps in access, quality, and responsiveness:

- There is no guaranteed access to free counselling for LGBTQ+ adults, despite clear evidence of need.
- The Gay Men's Health Service currently has only one part-time counsellor, with long wait times.
- Individuals with comorbid mental health and substance use issues are often excluded from community counselling due to service limitations, leaving them with no viable alternative.

LGBTQ+ community services are expected to fill these gaps with limited, often short-term funding. This underinvestment directly impacts suicide prevention efforts and undermines public health goals.

The situation is especially critical for trans and gender non-conforming people. Ireland is now ranked as having the worst trans healthcare provision in the European Union, with long waiting lists, a lack of informed consent-based models, and no clear pathway to care for most people. This has led to a collapse in trust between the trans community and the healthcare system. Many trans people are turning to private providers abroad, self-medicating, or disengaging from services entirely due to fear, stigma, or previous negative experiences.

This crisis is unfolding against the backdrop of a coordinated global geopolitical attack on trans rights and gender diversity, with rising anti-trans rhetoric, disinformation campaigns, and policy regression in multiple countries. These trends are contributing to increased anxiety, hypervigilance, and mental health strain among LGBTQ+ people in Ireland, even as services here remain inaccessible or unsafe.

The current health system does not reflect the lived reality of LGBTQ+ people. Despite two national LGBTQ+ strategies, their implementation across health services has been inconsistent, fragmented, and under-resourced. The result is that the people most in need of support are often the least likely to get it.

To meet its Public Sector Equality and Human Rights Duty, the Department of Health and HSE must:

- Acknowledge the specific health inequalities faced by LGBTQ+ people, and trans people in particular.
- Fund community-led, culturally competent services that serve as prevention and early intervention pathways.
- Guarantee access to free, inclusive, and trauma-informed counselling;
- Restore trust with trans communities through transparency, accountability, and urgent investment in equitable, evidence-based trans healthcare.

Public health is not neutral. If systems do not name and address inequality, they reinforce it. A rights-based, inclusive approach to mental health and suicide prevention must centre the experiences of those most at risk — and act on what we already know.

Missed Opportunities for Early Intervention

Many LGBTQ+ people access help too late. The signs of distress are often visible, but systems don't catch them in time.

- A trans person told us their GP noted suicidal ideation but didn't offer immediate follow-up beyond standard referrals.
- An LGBTQ+ international protection applicant disclosed suicidal thoughts, but was not linked with trauma-informed mental health support.

Too often, distress is medicalised but not supported. Community-based interventions and culturally safe environments are underused.

What could have helped:

- LGBTQ+ inclusive mental health screening tools in primary care and social care settings.
- Fast-track pathways to appropriate care for high-risk individuals.
- Funding for LGBTQ+ community organisations to act as a bridge to statutory care following established good practice in Community Casework developed by Outhouse LGBTQ+ Centre and HSE Social Inclusion.

Poor Continuity of Care

Several people told us they were "discharged without a plan." After hospitalisation or crisis service contact, follow-up was inconsistent or absent. People felt alone again within days.

- One person described having to "retell their story to a new service every time," which was retraumatising and delayed support.
- Some experienced long gaps between appointments or unclear pathways across services.

What could have helped:

- Assigned care coordinators for high-risk individuals.
- Protocols across agencies to ensure seamless transitions from crisis to recovery.
- Involvement of community organisations, like Outhouse, in post-crisis care and support to vulnerable individuals.

Lack of LGBTQ+ Competency in Services

Trust in general mental health services is low. We hear regular accounts of people feeling misunderstood, judged, or erased.

- A non-binary person stopped attending counselling after being repeatedly misgendered in intake and sessions.
- Others felt excluded in group settings that didn't acknowledge LGBTQ+ identities or experiences.

This leads to disengagement and further risk.

What could have helped:

- Mandatory LGBTQ+ competency training for all mental health professionals, with required recertification.
- Services designed in partnership with and for LGBTQ+ communities.
- Community-based peer-led support embedded into care systems.

Structural Barriers and Social Determinants

Many people experiencing suicidal distress are also dealing with housing instability, poverty, and discrimination.

- LGBTQ+ people in emergency accommodation reported feeling unsafe and isolated, with no mental health follow-up.
- One queer person with a disability couldn't access counselling due to physical inaccessibility and prohibitive cost.

Mental health support alone is not enough if other needs go unmet and systemic barriers and discrimination are unaddressed.

What could have helped:

- Holistic services that address housing, health, and mental wellbeing together.
- Out-of-hours support and accessible formats (in-person, online, low-cost).
- Community and peer-based outreach that reaches people in hidden or hard-to-reach situations.

The Power of Community and Prevention

Connection to community is life-saving. LGBTQ+ community centres are often the only safe, trusted spaces for people in distress. Being seen, affirmed, and supported can be the difference between despair and recovery.

- LGBTQ+ community centres like Outhouse offer peer support, crisis referrals, drop-in engagement, and low-barrier social connection.
- These spaces reduce isolation, build resilience, and are often the first step for people who feel unable to access formal services.

Community centres must be recognised and funded as core elements of suicide prevention and social inclusion infrastructure for the LGBTQ+ community nationwide.

Free and Accessible Counselling Must Be Guaranteed

Access to free counselling for LGBTQ+ people is essential. Right now, services are limited and inequitable.

- The Gay Men's Health Service currently has just one part-time counsellor, and it is based in Dublin. There is a long waitlist.
- People with comorbidities like drug or alcohol use are often excluded from student counselling practice, which is often the only timely, affordable option for people in crisis.
- This leaves people with complex needs unsupported and, in some cases, rejected from care.

What could improve things:

- Dedicated, fully funded counselling services for LGBTQ+ adults.
- Inclusion criteria that reflect the real-world complexity of people's lives.
- Expansion of LGBTQ+ community counselling services as a core mental health offering based in non-clinical settings.

Exclusion from Decision-Making

People with lived experience – particularly from marginalised groups – are often left out of decision-making about services meant for them.

What could improve things:

- Funded lived experience panels developed with LGBTQ+ organisations.
- Transparent feedback systems that show how input leads to change.
- Suicide prevention strategies that specifically name and include LGBTQ+ people.

Our Position

We advocate for a rights-based, intersectional approach to suicide prevention. Services must be trauma-informed, culturally competent, and responsive to the social realities that affect mental health.

We ask the Department to:

- Recognise LGBTQ+ community centres as core to prevention and early intervention.
- Resource LGBTQ+ community-led mental health supports and counselling.
- Include LGBTQ+ data in all suicide prevention planning and monitoring.
- Apply cultural competency standards across all services.
- Embed lived experience – including LGBTQ+ voices – in the Connecting for Life strategy.

Public Sector Human Rights and Equality Duty

Under the Irish Human Rights and Equality Commission Act 2014, all public bodies, including the Department of Health and HSE, are legally required to assess the human rights and equality issues relevant to their functions and to take specific actions to address them.

This includes recognising the disproportionate impact of mental ill-health and suicide on marginalised communities, including LGBTQ+ people, people with disabilities, ethnic minorities, people in poverty, and others protected under equality legislation.

Despite clear evidence of these inequalities, mental health and suicide prevention policies and services often fail to reflect or respond to them adequately. The absence of tailored measures or named commitments, paired with strong follow-through, to these communities risks further exclusion, discrimination, and harm.

To fulfil its public sector equality and human rights duty, the Department of Health must:

- Explicitly name and plan for the needs of marginalised groups in suicide prevention strategies.
- Fund and partner with community-led, culturally competent services that understand and serve these groups.
- Monitor and publish data on access, outcomes, and service user experience across equality grounds.

Ignoring these obligations creates structural invisibility, where those most at risk are not only underserved but left out of the conversation entirely. The Irish Human Rights and Equality Commission Act 2014 makes it clear: public bodies must actively consider how their work impacts the rights and equality of all, not just the majority.

By embedding equality and human rights into every aspect of mental health and suicide prevention policy, the State can take meaningful steps to reduce preventable deaths and ensure fair access to support for all.

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