



Health and wellbeing for
lesbian, gay, bisexual, trans, intersex [LGBTI]
people and sexuality, genders, and bodily
diverse people and communities
throughout Australia

www.lgbtihealth.org.au
info@lgbtihealth.org.au
(02) 8568 1123
ABN 45 138 151 569

20 February 2017

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

To Whom It May Concern:

The National LGBTI Health Alliance welcomes the opportunity to provide a written submission to the Joint Standing Committee on the National Disability Insurance Scheme for the development of the Mental Health Terms of Reference to support the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

In addition to providing appropriate services and support for all people with a psychosocial disability related to a mental health condition under the NDIS, the National LGBTI Health Alliance would like to highlight the specific needs of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people and advocate for the adequate inclusion of LGBTI population in the Mental Health Terms of Reference that will be developed.

About the National LGBTI Health Alliance

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.

A key area of work for the Alliance is the improvement of mental health outcomes in LGBTI population. The Alliance has been funded by the Department of Health since 2011 to deliver the MindOUT: National LGBTI Mental Health and Suicide Prevention Project to build the capacity of mental health and suicide prevention sectors to meet the support and

wellbeing needs of LGBTI populations.

LGBTI People and Communities

In Australia, the initials 'LGBTI' refer collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex, with the category of 'LGBTI' people and populations is now recognised by the Commonwealth Government in some federal legislation, policies, and programs^{1,2,3}. LGBTI people make up a significant proportion of the Australian population, and are estimated to represent 11% of the population⁴.

LGBTI people are part of all population groups, including those living with mental illness, disability or chronic illness, Aboriginal and Torres Strait Islander people, those living in rural and remote areas, culturally and linguistically diverse populations, children and younger people, and older people.

Many LGBTI people lead healthy and fulfilling lives contributing to their families, local communities, workplaces and society as a whole, and have demonstrated considerable resilience in looking after themselves and their communities despite adversity.

Nevertheless, the experience of marginalisation, stigma, isolation, prejudice, exclusion, discrimination, abuse, and violence experienced by LGBTI populations often have negative impacts on the mental health and wellbeing of LGBTI people. These social determinants of health are reflected in LGBTI populations by heightened risk of mental health diagnosis, psychological distress, self-harm, suicide ideation, and suicide attempts.

LGBTI People and Mental Illness

A disproportionate number of LGBTI people experience poorer mental health outcomes than their peers, with these being directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTI.

- 41.4% of homosexual/bisexual people aged 16 and over met the criteria for a mental disorder and had symptoms in the last 12 months⁵, and 37.2% LGBT people aged 16 and over reported being diagnosed or treated for any mental disorder in the past three years⁶. (Compared to 20% of the general population aged 16 and over who

¹ Australian Government (2013) Australian Guidelines on the Recognition of Sex and Gender: Updated November 2015, Australian Government, Canberra

² Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)

³ Australian Human Rights Commission (2015) Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights, National Consultation Report, Australian Human Rights Commission, Sydney

⁴ Commonwealth of Australia (2012) National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy. Department of Health and Ageing, Australian Government

⁵ Australian Bureau of Statistics (2007) National Survey of Mental Health and Wellbeing: Summary of Results. 4326.0. Australian Government, Canberra

⁶ Leonard, W., Lyons, A. & Bariola, E. (2015) A Closer Look at Private Lives 2: Addressing the mental health and well-being of LGBT Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

- meet the criteria for a mental disorder and had symptoms in the last 12 months⁷).
- 30.5% of LGBT people aged 16 and over have been diagnosed or treated for depression in the last three years⁸, and 24.4% of LGBTI people aged 16 and over currently meet the full criteria for a major depressive episode⁹. 57.2% of Transgender and Gender Diverse people aged 18 and over have been diagnosed with depression in their lifetime¹⁰, and 21.3% of people with Intersex variations aged 16 and over have been diagnosed with depression¹¹. (Compared to 11.6% of the general population aged 16 and over have experienced a depressive episode in their lifetime, and 4.1% in the last 12 months¹²).
 - 20.3% LGBTI people aged 16 and over reported that they had been diagnosed with anxiety in their lifetime¹³, and 31.5% of homosexual/bisexual people aged 16 and over met the criteria for an Anxiety Disorder in the last 12 months¹⁴. 39.9% of Trans and Gender Diverse people aged 18 and over have been diagnosed with an anxiety disorder in their lifetime¹⁵, and 12.9% of people with an Intersex variation aged 16 and over reported being diagnosed with anxiety¹⁶. (Compared to 5.9% of the general population aged 16 and over have had Generalised Anxiety Disorder in their lifetime, and 2.7% in the past 12 months¹⁷).
 - LGBT people aged 16 and over scored an average K10 score of 19.6, indicating moderate psychological distress, and those who have experienced abuse and harassment scored an average K10 score of 22.83, indicating a high level of psychological distress¹⁸. (Compared to the national average K10 score for the general population aged 16 and over in Australia is 14.5 indicating low psychological distress¹⁹).
 - 7.7% of people with an Intersex variation aged 16 and over reported being

⁷ Australian Bureau of Statistics (2007) National Survey of Mental Health and Wellbeing: Summary of Results. 4326.0. Australian Government, Canberra

⁸ Leonard, W., Lyons, A. & Bariola, E. (2015) A Closer Look at Private Lives 2: Addressing the mental health and well-being of LGBT Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

⁹ Pitts, M., Smith, A. Mitchell, A. and Patel, S. (2006) Private Lives: A report on the health and wellbeing of GLBTI Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

¹⁰ Hyde, Z., Doherty, M., Tilley, P.J.M., McCaul, K.A, Rooney, R. & Jancey, J. (2014) The First Australian National Trans Mental Health Study: Summary of Results. School of Public Health, Curtin University, Perth

¹¹ Jones, T., Carpenter, M., Hart, B., Ansara, G., Leonard, W. and Lucke, J. (2016). *Intersex: Stories and Statistics from Australia*. Open Book Publishers: London.

¹² Australian Bureau of Statistics (2007)

¹³ Pitts, et al. (2006)

¹⁴ Australian Bureau of Statistics (2007)

¹⁵ Hyde, et al. (2014)

¹⁶ Jones, et al (2016)

¹⁷ Australian Bureau of Statistics (2007)

¹⁸ Leonard et al (2015)

¹⁹ Slade, T., Grove, R., & Burgess, P. (2011). Kessler Psychological Distress Scale: normative data from the 2007 Australian National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*, 45(4), 308-316.

diagnosed with Post-Traumatic Stress Disorder²⁰. (Compared to 6.4% of the general population aged 16 and over diagnosed with PTSD in the past 12 months²¹)

LGBTI People, Disability and Mental Illness

A higher number of LGBTI people report living with a disability when compared to 18.3% of the general population who report living with a disability²², and 3.4% of the general population who report having a psychological disability²³.

- 22.7% of LGBT people aged 16 and over report having a disability or long-term health condition²⁴
- 42.7% of LGBT people with a disability report that that they have particular limitations or restrictions affecting things such as education and employment, and 5.4% reported that they sometimes or always need help with mobility, self-care or communication²⁵
- 31.1% of LGBT people with a disability describing this as being primarily psychiatric, however there is varying distribution of psychiatric disability across the LGBTI community, presented here in order of prevalence²⁶
 - 16.7% of transgender males
 - 24.8% of gay males
 - 27.1% of LGBT males
 - 31.4% of lesbian females
 - 33.3% of LGBT females
 - 38.5% of bisexual males
 - 39% of transgender females
 - 41.7% of bisexual females
- Despite these elevated rates, only 5.8% of LGBT people aged 16 and over report having been diagnosed or treated for a psychiatric disorder other than depression and/or anxiety in the past three years, and 10.4% report having engaged with a psychiatrist in the past 12 months²⁷

²⁰ Jones, et al. (2016)

²¹ Australian Bureau of Statistics (2007)

²² Australian Bureau of Statistics (2015) - Disability, Ageing and Carers, Australia: Summary of Findings, 4430.0, Australian Government, Canberra

²³ Australian Bureau of Statistic (2012) - Psychological Disability, 4433.0.55.004, Australian Government, Canberra

²⁴ Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. & Barrett, A. (2012) Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne

²⁵ Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. & Barrett, A. (2012) Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne

²⁶ Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. & Barrett, A. (2012) Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne

²⁷ Leonard, et. al (2012)

- 58% of transgender people aged 18 and over identified as having a disability or chronic health condition, with 36% identifying their disability as a mental health issue²⁸
- 27% of people with an Intersex variation aged 16 and over identified themselves as having one or more disabilities, with half describing this disability as mental/emotional/cognitive in nature²⁹

LGBTI people are not more likely to have major psychiatric disorders (including psychotic disorders, mood disorders not including depression, and other mental illnesses not including anxiety) than the general population³⁰. Since LGBTI identities, experiences or histories are themselves not being risk factors for mental illness, rather it is other contextual factors which explain poorer mental health outcomes³¹. However, there are still a range of factors that negatively impact LGBTI people's experience of mental illness, treatment and recovery.

LGBTI people experience increased material hardship and reduced economic opportunities, which leads to reduced access to health services. Additionally, LGBTI people may be discouraged from help seeking or delay seeking treatment in the expectation that they will be subject to discrimination or receive reduced quality of care. Consequently, LGBTI people may not be screened for mental illnesses, or may only present when symptoms are more severe and there is the potential for reduced effective treatment options and positive recovery outcomes. LGBTI people who do seek support, often report higher rates of dissatisfaction with the quality of health care that they receive.

LGBTI people living with a psychosocial disability requires negotiating multiple marginalised identities that attract stigma, which often results in an increase in stress related to the likelihood of prejudice and discrimination both within the LGBTI communities and within the broader population. These experiences of stigma have been shown to increase the likelihood of depression and/or anxiety, alongside having a detrimental effect on treatment outcomes, hindering efficient and effective recovery from mental illness

Note on Gender Dysphoria

Even though gender diversity isn't considered to be a mental illness and there are calls for de-pathologisation of gender variance, Gender Dysphoria currently is described as mental disorder in the DSM-V and is the formal diagnosis used to describe people who experience significant distress with the sex and gender they were assigned at birth. Consequently, transgender people who wish to access medical support to affirm their gender (such as hormone therapy or surgery) are often required to undergo a range of psychological assessments and receive a formal diagnosis of Gender Dysphoria from a Psychiatrist prior to receiving this support. This means that it is necessary for transgender people maintain a

²⁸ McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. (2012) Trans Mental Health Study 2012, Scottish Transgender Alliance, Scotland

²⁹ Jones, et al. (2016)

³⁰ Hellman, R., Sudderth, L. & Avery, A. (2002) Major Mental Illness in a Sexual Minority Psychiatric Sample, Journal of the Gay and Lesbian Medical Association, Vol. 6, No. 3/4

³¹ Burns, R., Butterworth, P. & Jorm, A. (2016). The long-term mental health risk associated with non-heterosexual orientation. *Epidemiology and Psychiatric Sciences*, Cambridge University

relationship with mental health physicians, however there are few medical professionals with competent knowledge in transgender health and costs associated with accessing this diagnosis, compounded by such treatments not being covered by Medicare. This results in significant financial barriers for transgender people to access the care and support required to improve their mental health and wellbeing.

Summary

LGBTI people and communities form a unique group in terms of risk factors for poor mental health who therefore require unique responses in terms of program and service delivery. Based on the over-representation of LGBTI people in poor mental health indicators, and the lack of adequate inclusion of LGBTI population in current mental health and disability programmes and services, the Alliance advocates that the NDIS Mental Health Terms of Reference recognises the inclusion of LGBTI people as a priority population for the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition. This recognition should be acknowledged in a substantive and meaningful way across the whole of programs that make up the NDIS.

As Australia's national peak body on LGBTI health, we thank you for this opportunity to provide recommendations to Department of Health for the development of the NDIS Mental Health Terms of Reference.

We encourage the Joint Standing Committee on the National Disability Insurance Scheme to consult with the National LGBTI Health Alliance and our member organisations in the development of the Mental Health Terms of Reference to ensure adequate inclusion of LGBTI people living with psychosocial disabilities related to a mental health condition.

We thank you for taking the time to consider this submission. We invite you to contact myself on 02) 8568 1123 or via email at rebecca.reynolds@lgbtihealth.org.au, or Sally Morris, the National MindOUT Project Coordinator on sally.morris@lgbtihealth.org.au, to discuss this submission further.

Yours Sincerely,



Rebecca Reynolds
Executive Director
NATIONAL LGBTI HEALTH ALLIANCE