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

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National LGBTI Health Alliance submission to the Productivity Commission's draft report on mental health

23 January 2020

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. Our mission is to provide a national focus to improve health outcomes for LGBTI people through policy, advocacy, representation, research evidence, capacity building and national coordination.

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Introduction

The Alliance welcomes the opportunity to provide a written submission to the Productivity Commission's draft inquiry report on mental health. Our response will build upon our initial submission (Submission no. 494), with an analysis of the Commission's recommendations within the following topic areas: the causal factors of mental ill health among LGBTI people, access barriers to crucial support services, person-centred and trauma-informed care initiatives, data collection, early intervention, promotion and prevention, workforce development, and national coordination and investment in LGBTI health.

The Alliance's position

We welcome the release of the Productivity Commission's draft report, and its recognition that LGBTI people are more likely than the general population to face stigma and discrimination, and that we are highlighted as a population group at higher risk of poor mental health and suicidal behaviours. It's also reassuring to see the Commission recognising the need to improve access to appropriate services, and to have a well-trained workforce to provide high quality and culturally safe services for all Australians. However, we believe further consideration needs to be given to addressing the root causes of mental ill health among LGBTI populations and the access barriers they face within the mental health system, when developing recommendations for the final report.

The Alliance believes a dismantling of the structural drivers that contribute to the poor mental health of LGBTI people is crucial in order to foster social inclusion of LGBTI people into the fabric of Australian society by reducing discrimination, eliminating violence and removing legal barriers that affect our ability to experience connection. This will inevitably lead to an increase in their economic and workforce participation and enhance productivity and economic growth overall.

Addressing the root causes of mental health issues for LGBTI people

The Alliance commends the Productivity Commission for rightly acknowledging the importance of addressing the social determinants of mental health and taking a broad view to include housing, employment, justice, income support and social inclusion. However, much more needs to be done to eliminate discrimination and stigma against LGBTI people in an effort to improve their overall mental health and wellbeing. The high prevalence of mental health disorders and suicidality can be attributed to the impact of Minority Stress - the chronic stressors that LGBTI people are uniquely exposed to as a result of sexuality, gender and bodily diversity being socially stigmatised. This includes experiences of discrimination, social exclusion, harassment and physical violence.

Actual and perceived instances of discrimination and stigma devalues LGBTI people. One example of how these factors adversely impact on mental health is the recent national debate on marriage equality. Research has found that the debate represented an acute external minority stress event that had a deleterious impact on the mental health of LGBTI people and their allies. Most notably, frequent exposure to negative media messages was found to be associated with an increase in

psychological distress.[1] Furthermore, research findings have highlighted the role of personal and public support as protective factors against the mental health consequences of stigma.[2] Despite this evidence, the government continues to persist with debates relating to the lives of LGBTI people, most notably around the issue of religious freedom.

Recommendation: Further consideration in the final report of the negative impact of prolonged national debates and legislative processes on the mental health and wellbeing of LGBTI people.

Access barriers in receiving welcoming, equitable and inclusive healthcare services

LGBTI people deserve equitable access to mental health and suicide prevention services and receive support that is appropriate to their experience and responsive to their needs. However, Australian and international research has shown that LGBTI people underutilise health services and delay seeking support due to actual or anticipated discrimination or stigma from service providers. For example, in Private Lives 2, 34% of LGBT Australians reported "usually or occasionally" hiding their sexual orientation or gender identity when accessing services to avoid possible discrimination and abuse.[3]

The Trans Pathways study found that 42.1% of trans young people encountered mental health and other medical services who "did not understand, respect or have previous experience with gender diverse people." Further, 60.1% of study participants experienced feelings of isolation from these services, which was found to be linked to higher rates of self-harm, suicidal thoughts, suicide attempts, and diagnoses of PTSD and anxiety.[4]

In 2014, the From Blues to Rainbows report asked 188 trans and gender diverse young people their reasons for not seeing a health care professional. Among the reasons were fears that they wouldn't be understood (33%), the language used by health professionals made them feel uncomfortable or angry (23%), and negative past experiences (30%).[5]

Further, the Australian Human Rights Commission's Resilient Individuals Report found that nearly 25% of respondents in the online consultation reported being refused a service of some kind on the basis of their sexual orientation, gender identity and/or intersex status.[6]

[1] Ecker, S., Riggle, EDB., Rostosky, SS., Byrnes, JM. Impact of the Australian marriage equality postal survey and debate on psychological distress among lesbian, gay, bisexual, transgender, intersex and queer/questioning people and allies. *Aust J Psychol*. 2019;1–11. https://doi.org/10.1111/ajpy.12245

[2] Verrelli, S., White, FA., Harvey, LJ,, Pulciani, MR. Minority stress, social support, and the mental health of lesbian, gay, and bisexual Australians during the Australian Marriage Law Postal Survey. *Aust Psychol*. 2019;1–11. https://doi.org/10.1111/ap.12380

[3] Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., et al. (2012). "Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians." Monograph Series Number 86. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[4] Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., et al. (2017). "Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results." Perth: Telethon Kids Institute.

[5] Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., and Hiller, L. (2014). "From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia", Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.

[6] Australian Human Rights Commission, (2015). "Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights." Available from: https://www.humanrights.gov.au/sites/default/files/document/publication/SOGII%20Rights%20Report%202015_Web_Version.pdf

It is important to note that people born with variations in sex characteristics have experienced trauma and stigmatisation in healthcare and this may limit their utilisation of necessary health and medical services. Schützmann and others (2009) reported an Australian study as showing rates of psychological distress similar to "a comparison group of chronic somatically ill persons", thus showing "markedly increased distress" in people born with variations in sex characteristics.[7]

The SWASH Survey, a biennial study of lesbian, bisexual and queer women showed that those respondents who were out to their regular GP were more likely to be very satisfied (49%) than those who were not out (30%).[8] That is, disclosing sexuality appeared to be associated with a more positive relationship with their GP or health service.

Religious exemptions in the *Sex Discrimination Act 1984* (the Act) allow religious bodies to lawfully discriminate against LGBTI people in the provision of government-funded social services, such as housing, welfare, disability and health. There is an urgent need to reform these exemptions, which have harmful mental health effects on LGBTI people.

In addition, the government's proposed Religious Discrimination Bill entrenches discriminatory access barriers to healthcare for LGBTI people, by allowing healthcare practitioners to conscientiously object, on religious grounds, to providing much needed healthcare services/procedures to our communities. The Alliance is concerned that these healthcare provisions have the real likelihood of adding to the determinants that already place LGBTI people at a higher risk of suicide than their non-LGBTI counterparts, and in the process deterring government efforts to reach its ambitious goal of 'zero-suicides' in Australia as well as the other priorities that are outlined in numerous health and wellbeing national Strategies.

Recommendation: Mental health and suicide prevention programmes and services are adequately resourced and supported to proactively and strategically increase their accessibility to LGBTI people and communities.

Recommendation: Develop and resource mental health and suicide prevention initiatives within LGBTI health organisations that specifically target LGBTI populations, and where available to be implemented and delivered by LGBTI peer-based organisations or agencies that have a core mission of providing programmes and services to LGBTI people and communities.

Recommendation: Exemptions for religious-based organisations that deliver Commonwealth funded mental health and suicide prevention programs under *Sex Discrimination Act* to be removed.

Supporting workforce development

Poor mental health outcomes for LGBTI people are compounded by being turned away from a service because of the lack of knowledge, skills and confidence from service providers including

[7] Schützmann, K., Brinkmann, L., Schacht, M. et al. Arch Sex Behav (2009). "Psychological Distress, Self-Harming Behavior, and Suicidal Tendencies in Adults with Disorders of Sex Development." *Archives of Sexual Behavior*. 38:1. pg. 16–33.
[8] Mooney-Somers, J., Deacon, R.M., Scott, P., Price, K., and Parkhill, N. (2018). "Women in contact with the Sydney LGBTQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2014, 2016, 2018", Sydney: Sydney Health Ethics, University of Sydney.

those who actively refuse to engage with potential LGBTI clients. The Alliance acknowledges the Productivity Commission's recommendations to increase the mental health workforce. For this to be a successful investment, more needs to be done to ensure the mental health and suicide prevention sectors paid and volunteer workforces are knowledgeable regarding LGBTI people and communities, and are skilled, confident, and competent in responding to their support needs. This will ensure that LGBTI people have access to mainstream services and treatment pathways that are inclusive and culturally safe.

Recommendation: National coordination and implementation of education, training and professional development on LGBTI populations within the mental health and suicide prevention workforce.

Recommendation: Cultural safety and inclusive practice applied across the entire mental health service system.

Promote a person-centred and trauma-informed model of care

The Alliance agrees with the Commission's contention that the implementation of a person-centred care consistently across the mental health system will require a significant cultural shift. Nonetheless, a person-centred mental health system approach is fundamental, where services are organised around the needs of people, rather than people having to organise themselves around the system. It recognises the importance of the range of social determinants of health such as housing, justice, employment and education, and emphasises cost-effective, community-based care.

A person-centred approach to mental health services must provide timely access to clinical and non-clinical services mental health and suicide prevention support to LGBTI people and communities to be delivered via integrated, multi-disciplinary services that are tailored to meet the individual needs of LGBTI people and their families. This would include hospital based, community based, physical health, sexual health, employment, justice, drug and alcohol, homelessness, social inclusion, bereavement, and domestic and family violence services.

Furthermore, it is essential that person-centred approach initiatives acknowledge and respond to the specific and individual needs of people and communities within LGBTI populations. This includes a recognition that different approaches will be required for different individuals and population groups including bisexual people, trans and gender diverse people, intersex people, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people with disabilities, people living in rural, regional and remote locations, children and young people, and older people.

The biomedical model of mental health prioritises diagnosis and pharmaceutical treatment options, and often fails to identify and treat trauma or the broader psychosocial needs of the individual. The biomedical model has, and continues to be, a source of significant trauma for LGBTI people, who have had their sexualities, genders, and bodies pathologised and dehumanised in the healthcare context; their bodily integrity, physical autonomy and right to self-determination violated; been verbally, physical, and sexually abused within treatment services; and been subjected to harmful conversion therapy practices.

Thus, the Alliance believes that a trauma-informed approach that focuses on cultural safety, alongside person-centred approaches, is needed for all interventions involving LGBTI mental health. Trauma-informed care is based on principles of safety, choice, collaboration, trustworthiness and empowerment, and will allow for recognition of past and ongoing traumas, and address the cumulative impact of discrimination, marginalisation and violence upon LGBTI individuals.

Recommendation: Adopt affirmative and responsive trauma-informed, person-centred care initiatives across the mental health sector.

Providing integrated, comprehensive support services and programs

The Productivity Commission's focus on responding to a fragmenting mental health care system is welcome. The Alliance would like to take this opportunity to emphasise its support for employing a 'no wrong door' approach in the context of providing integrated, comprehensive support services and programs. This will help to ensure LGBTI people have access to a tailored combination of supports when they first ask for assistance.

A 'no wrong door' approach that offers LGBTI people with mental health issues and their carers appropriate assessment, treatment and/or referral at the first service entry point will reduce access barriers and enhance support for LGBTI people who are already subject to marginalisation and stigma. This will also ensure LGBTI people have timely access to the supports and services they need, and prevent issues escalating to the point of crisis. This is crucial in addressing the disproportionately poorer mental health outcomes that LGBTI people already experience. Furthermore, to enable 'no wrong door' principles to be effectively implemented, staff must be culturally competent with working with LGBTI people so that their journey through the mental health system is safe and supported.

Recommendation: Employ 'no wrong door' approach principles across the mental health care system to ensure LGTBI people have equitable access to the supports the need and remain in the mental health system.

Early intervention, prevention and promotion

The Alliance recognises the Commission's recommendations to ensure schools and universities are a focus of early intervention mental health care, which includes each school employing a dedicated school wellbeing leader who will oversee activities to support mental health in schools. Research has consistently demonstrated that young LGBT experience minority stress in a different way to older LGBT people. This is in recognition of the fact that some young LGBT people face rejection from parents when disclosing their sexuality or gender identity, placing them at greater risk of homelessness and suicide. Fostering a safe and supportive school environment is incredibly important, as for some young LGBT people, school staff could be their only support network.

Therefore, it is imperative that wellbeing leaders in schools undertake mandatory LGBTI-inclusivity training. This will ensure that a deep knowledge and understanding of the individual needs of young LGBTI people are considered when overseeing school wellbeing policies, coordinating with other service providers and assisting teachers and students to access the support they need.

Additionally, it is important to reiterate the role that heteronormativity and cisnormativity play in driving discrimination, stigma, abuse and violence against LGBTI people more broadly. A core function of heteronormative and cisnormative culture is to position sexuality, gender and/or bodily people as a minority group and render them invisible or invalid. Evidence-based initiatives to reduce heterosexism and challenge rigid social norms around genders and bodies will enable services to be more responsive, and result in LGBTI individuals being more likely to seek early intervention and open to prevention programs. This includes capacity building initiatives developed and implemented by LGBTI people that promote resilience, healthy social networks and supportive relationships among their communities. This will inevitably have a preventative impact on the mental health and wellbeing of LGBTI people.

Recommendation: Training in LGBTI-inclusivity to be mandated for all wellbeing leaders in schools.

Recommendation: Invest in education campaigns that promote the inclusion of LGBTI people in society more broadly.

Recommendation: Invest in community capacity building initiatives to be developed and implemented with LGBTI people and communities, to increase their capacity to identify and respond to mental health needs of people in their communities.

Recommendation: Invest in evidence-based promotion, prevention and early intervention initiatives and primary mental health care supporting the prevention, early detection and treatment of mental health problems experienced by LGBTI people and communities.

Community-controlled services for LGBTI people

Community-controlled organisations that are governed and operated by and for affected communities are often best placed to provide trusted, safe and affirmative services in potentially sensitive areas of service provision for example, sexual health, drug and alcohol and mental health. Currently, there is a critical lack of LGBTI community-controlled mental health services, despite LGBTI health services currently established in each jurisdiction. These services are best placed to provide services that are for LGBTI communities. LGBTI people report feeling better supported by practitioners who have a deep and profound understanding of their distinct health needs, experiences and histories.[9] Specific investment in these services will enable them to truly fulfil their role.

The Alliance respectfully asks the Commission to give further consideration to building a mixed model of mental health service delivery that provides access to community-controlled, specialist LGBTI services in addition to culturally safe mainstream services when developing recommendations in its final report. This will ensure that a 'no wrong door approach' is applied across the mental health care system and enable LGBTI people to choose and have control over what services they access.

[9] Leonard, W., and Metcalf, A., (2014). 'Going upstream: A framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people'. (National LGBTI Health Alliance).

Recommendation: Increased investment in community-controlled LGBTI mental health and wraparound support services to enhance capacity, meet demand and expand geographical reach. These include in-person, phone-based and bed-based services.

Improvements to data collection on LGBTI populations

We note the draft report's recommendation for routine data collection, and its acknowledgement that significant knowledge gaps remain. One of those gaps is the Census. Currently the Census does not capture data on sexual orientation, gender identity and intersex status of the Australian population. Their exclusion means that vital data indicators will remain excluded from important data sets that are used across community, primary and tertiary health care services and programs. Asking appropriate questions on sexual orientation, gender identity and intersex status in the Census is crucial in fostering an evidence-informed environment for health and economic policy service planning and understanding health and social service utilisation. It is impossible for governments to truly meet the needs of the population if they do not capture clear demographic data. This means that we are constantly on the back foot when it comes to service planning. Access to data is essential to better managing the mental health of LGBTI people and communities.

Furthermore, it is vital that a consistent data set that appropriately captures LGBTI people is embedded in suicide registers across the jurisdictions. This must be supported by appropriate training and systems development to ensure these questions are asked sensitively and the information collected is treated with appropriate confidentiality. The federal government's welcomed focus on working towards zero suicides relies on good data. Data linkage, and access to coroner's data is essential to reducing the number of suicide attempts in LGBTI communities.

Establishing an evidence base about LGBTI populations that adequately represents their histories, lives, experiences, identities, relationships and accurate recording of deaths by suicide is fundamental to enabling targeted responses to the mental health care needs of LGBTI people.

Recommendation: The Australian Bureau of Statistics to appropriately collect data on the sexual orientation, gender identity and variations in sex characteristics of the Australian population in the national Census.

Recommendation: A consistent data set that captures sexuality, gender, intersex status and relationships included across health and social wellbeing services and suicide registers.

National coordination and investment

Currently there is no national coordination of goals and targets outlined in national health and wellbeing strategies where LGBTI people are identified as a priority population. A national coordinated approach to LGBTI health will ensure that money is better invested into our communities to effectively respond to the significant mental health disparities we experience. It is important that LGBTI health research is included in this national approach, as we currently have a siloed approach. The Alliance is attempting to bring all LGBTI health researchers together and our capacity to do this is hampered without the resources to do this. Other peak bodies are able to

undertake this important work as well as other important national peak functions because of core funding. Peak funding for the Alliance would enable us to undertake much needed national coordination in LGBTI health as well as meet the demands of members, governments and other stakeholders that rightly reach out to the Alliance as the national LGBTI health peak body.

Recommendation: The National LGBTI Health Alliance is incorporated into the Health Peak and Advisory Bodies Programme to fully execute its peak role and be able to contribute, engage and participate at the national level to improve the health outcomes for LGBTI communities.

Conclusion

The Alliance would like to thank the Productivity Commission for the opportunity to provide feedback on its draft inquiry report on mental health, and for taking into consideration our key recommendations. If you require any further information, please do not hesitate to contact myself on (02) 8568 1123 or via email at nicky.bath@lgbtihealth.org.au or the Policy and Research Coordinator Daniel Comensoli on (02) 8568 1132 or daniel.comensoli@lgbtihealth.org.au.