



**Analysis: National Suicide Prevention Adviser  
Final Advice to Government and Productivity  
Commission's Final Report**

**2021**

## Introduction

LGBTIQ+ Health Australia (LHA) is the largest national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals. LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all of the health portfolios that are of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

## Background

LGBTIQ+ Health Australia has engaged in the Productivity Commission's broad consultation process, providing an initial submission in April 2019 and subsequently a second submission in response to its draft report in January 2020. Further to this, representatives from the LHA gave evidence in a public hearing in Sydney to discuss the draft report's initial findings and present recommendations to ensure the needs of LGBTI populations were incorporated in the Final Report.

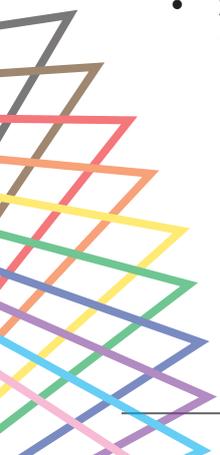
In July 2019, the Prime Minister announced that the Australian Government is working towards zero suicides and appointed Ms Christine Morgan as the first National Suicide Prevention Adviser reporting directly to the Prime Minister. LHA has followed the progress of the work of the National Suicide Prevention Adviser with keen interest and has participated in a range of consultations and supported the work of the National Suicide Prevention Taskforce. We are now responding to the Final Advice, which was released on Monday 19 April 2021.

LHA's calls to action are informed by recommendations provided in our submissions to the Productivity Commission's inquiry into mental health. It is our perspective that these recommendations are sound with regards to the issues of mental health and suicide prevention and provide a useful framework to analyse the National Suicide Prevention Adviser's Final Advice.

It is important to note that we will be releasing our updated National LGBTIQ+ Mental Health and Suicide Prevention Strategy in the coming months. Following its release, the analysis of this Final Advice will be more thorough.

The Final Advice is made up of four reports and an Executive Summary:

- The Executive Summary
- The Compassion First report details insights from people who have a lived experience of suicide and suicide distress
- Connected and Compassionate (Final Advice) report and recommendations
- Shifting the Focus guide and decision-making tool to support engagement of all government portfolios in suicide prevention



The table below provides a snapshot of where LHA's calls to action have been adopted and where there is still work to be done.

**Addressed** = specific recommendations related to LGBTIQ+ people included

**Referenced** = reference to the issue included, but no specific recommendation for LGBTIQ+ people

**Not addressed** = no mention of the issue

Theme	LGBTIQ+ Health Australia's calls to action	Productivity Commission	Christine Morgan's Final Advice
Causal factors	<ul style="list-style-type: none"> <li>LGBTI people from across all populations, backgrounds and circumstances experience an increase in social inclusion and a reduction in stigma and discrimination.</li> <li>Consideration of the negative impact of prolonged national debates and legislative processes on the mental health and wellbeing of LGBTI people.</li> </ul>	Partially addressed	Referenced <b>(Compassion First</b> pg. 14, 21)
		Not addressed	Referenced <b>(Connected and Compassionate</b> pg. 57)
Access barriers	<ul style="list-style-type: none"> <li>LGBTI people experience equitable access to mental health and suicide prevention services and receive support that is appropriate to their experience and responsive to their needs.</li> <li>Exemptions for religious-based organisations that deliver Commonwealth funded mental health and suicide prevention programs under <i>Sex Discrimination Act</i> to be removed.</li> </ul>	Not addressed	Referenced <b>(Compassion First</b> pg. 35)
		Not addressed	Not addressed
Person-centred and trauma-informed care	<ul style="list-style-type: none"> <li>Adopt affirmative and responsive trauma-informed, person-centred care initiatives across the mental health sector.</li> </ul>	Partially addressed - not LGBTI-specific	Not addressed
Intersectionality and inclusion	<ul style="list-style-type: none"> <li>Adopt an intersectional approach to LGBTI mental health and suicide prevention.</li> </ul>	Not addressed	Not addressed

<p>Integrated, comprehensive support services and programs</p>	<ul style="list-style-type: none"> <li>• Employ 'no wrong door' approach principles across the mental health care system to ensure LGBTI people have equitable access to the supports they need and remain in the mental health system.</li> </ul>	<p>Partially addressed – not LGBTI-specific</p>	<p>Not addressed</p>
<p>Data collection</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A consistent data set that captures sexuality, gender, intersex status and relationships included across health and social wellbeing services and suicide registers.</li> </ul>	<p>Not addressed</p> <p>Not addressed</p>	<p>Not addressed</p> <p>Referenced <b>(Connected and Compassionate pg. 27, 53, Shifting the Focus pg. 28)</b></p>
<p>Early intervention, promotion, and prevention</p>	<ul style="list-style-type: none"> <li>• Training in LGBTI-inclusivity to be mandated for all wellbeing leaders in schools.</li> <li>• Invest in education campaigns that promote the inclusion of LGBTI people in society more broadly.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Not addressed</p> <p>Not addressed</p> <p>Not addressed</p> <p>Not addressed</p>	<p>Not addressed</p> <p>Not addressed</p> <p>Not addressed</p> <p>Not addressed</p>

Workforce development	<ul style="list-style-type: none"> <li>Cultural safety and inclusive practice for LGBTI people applied across the entire mental health service system.</li> <li>National coordination and implementation of education, training, and professional development on LGBTI populations within the mental health and suicide prevention workforce.</li> </ul>	Not addressed	Referenced <b>(Compassion First</b> pg. 44, <b>Connected and Compassionate</b> pg. 33, <b>Shifting the Focus</b> pg. 25-26)
LGBTI community-controlled services	<ul style="list-style-type: none"> <li>Increased investment in community controlled LGBTI mental health and wraparound support services to enhance capacity, meet demand and expand geographical reach.</li> </ul>	Not addressed	Referenced <b>(Connected and Compassionate</b> pg. 39, 43, <b>Shifting the Focus</b> pg. 21)
National coordination and investment	<ul style="list-style-type: none"> <li>Federal government commit to the creation, implementation, and evaluation of a National LGBTI Health and Inclusion Strategy that focuses on mental health and suicide prevention.</li> </ul>	Not addressed	Not addressed.

### LGBTIQ+ Health Australia's position

We welcome the Productivity Commission's recognition in the Final Report that LGBTIQ+ 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 is 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. We also commend 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.

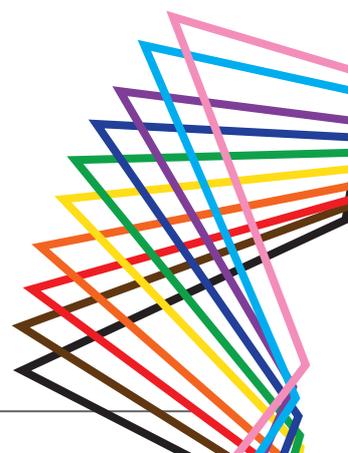
LHA welcomes the inclusion of LGBTIQ+ communities as a priority population for action in the National Suicide Prevention Adviser's Final Advice, and in particular its acknowledgment of the causal factors that contribute to experiences of suicidality among LGBTIQ+ communities. Furthermore, we welcome the acknowledgement of the importance of well-resourced community-controlled service responses, and improved access to data for LGBTIQ+ people in responding to these issues.

Despite a thorough discussion on the issues our communities face in both reports, LHA is concerned that they both fail to recommend specific solutions that focus on dismantling the structural drivers that contribute to the high prevalence of mental health disorders and suicidality among LGBTI populations.

**We believe urgent action is required to address the impact of Minority Stress - the chronic stressors that LGBTIQ+ 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.**

LHA reasserts its call for a strategic and coordinated approach, which considers meaningful change at the legislative, community and social level is needed to address the mental health disparities that exist between LGBTI populations and the general community. This will require an effort across multiple sectors beyond health, including education, employment, social services, housing and justice. A paradigm shift that decentres heteronormativity and embraces sexuality, gender and bodily diversity, coupled with the collection of quality and robust data and evidence will help increase social inclusion and reduce stigma and discrimination in the lives of LGBTI people. These measures will result in a more supporting and accepting societal environment that will act as a protective factor for the mental health and wellbeing of LGBTI people, and lead to an increase in Australia's economic and workforce participation and enhance productivity and economic growth.

LHA also supports the establishment of a well-funded and resourced National Suicide Prevention Office, located within the Department of the Prime Minister and Cabinet. The Office would enable a whole-of-government approach including suicide prevention policy, planning and program delivery. LHA calls for the Office to include a focus on specialised interventions for LGBTIQ+ populations, as they are an identified priority population group in the *Fifth National Mental Health and Suicide Prevention Plan*.





LGBTIQ+ Health Australia

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