



Queensland Mental Health Commission Strategic Planning Issues Paper – LGBTI Mental Health

Prepared and submitted by Healthy Communities

• Current Situation

LGBTI Queenslanders have poorer mental health outcomes and higher rates of suicidality and self-harm than the rest of the population. In the past 12 months, 41% of homosexual/bisexual people had a mental disorder compared to 20% of heterosexual people. This is higher than for any age group, any income level, any area of residence, any education level, and any employment status.

We know from the Survey of Mental Health and Wellbeing (2007)¹ that:

- 35% of LGB people have had suicidal thoughts in their lifetime compared to 13% of heterosexuals
- 17% of LGB people have made suicide plans, compared to 4% of heterosexuals
- 13% of LGB people have attempted suicide, compared to 3% of heterosexuals
- 18% of LGB people have a high to very high level of psychological distress, compared to 9% of heterosexuals
- 19% of LGB people had an anxiety disorder in the past 12 months, compared to 6% of heterosexuals
- 41% of LGB people had any mental disorder in the past 12 months, compared to 20% of heterosexuals
- 11.8% of LGB people have no contact with family or no family to rely on for serious problems, compared to 5.9% of heterosexuals

A review of research on LGBTI mental health and suicide by the National LGBTI Health Alliance (2010)² found that:

- 36.2% of trans people currently meet the criteria for experiencing a major depressive episode, compared with 6.8% of general population
- 20% of trans Australians report current suicidal ideation
- 50% of trans people have attempted suicide at least once in their lives

The elevated risk of mental ill-health and suicidality among LGBTI people is not due to sexuality, sex or gender identity in and of themselves but rather due to discrimination and exclusion as key determinants of health. Exposure to and fear of discrimination and isolation can directly impact on people's mental health, causing stress, psychological distress and suicidality.

The National Drug Strategy Household Survey (2010)⁶ found that:

- 33% of LGB people are smokers, compared to 18% of heterosexuals
- 29% of LGB people drink at risky levels over their lifetime, compared to 20% of heterosexuals
- 25% of LGB people drink at risky levels in a single session of drinking, compared to 16% of heterosexuals
- 34% of LGB people used illicit drugs recently, compared to 14% of heterosexuals

Despite this, national mental health and suicide prevention policy, programs and services do not currently address the specific needs of LGBTI people. Mainstream mental health and suicide prevention initiatives funded by the Commonwealth rarely provide the appropriate access to this at-

risk population and the few initiatives targeting LGBTI people are generally poorly resourced and occur in relative isolation from mainstream initiatives.

- **Models and Precedents for Innovation and A Better Way Forward**

Brief analysis of solutions or approaches relevant to the topic, with reference to 'better resources; better services; better accountability and transparency; better engagement'.

Better Resources

There is also a lack of resources for LGBTI targeted services, with very little dedicated funding for LGBTI community-based services. This results in the vast majority of LGBTI Queenslanders being unable to access the services due to their limited capacity, limited outreach and often limited ability to build the skills and provide the services LGBTI people seek.

Current services include

- MindOUT! – The first national project of its kind, MindOUT! is funded by the Commonwealth Government to work with LGBTI organisations and mainstream mental health organisations to improve mental health and suicide prevention outcomes for LGBTI people and populations. Facilitated by Queensland Association for Healthy Communities, and The National LGBTI Health Alliance, funded by the Department of Health and Ageing.
- Open Doors Youth Service – funded by federally by the Department of Social Services to implement the Reconnect program supporting LGBT young people aged 12 to 24 who are homeless or at risk of homelessness. Open Doors also facilitates a number of additional services that are maintained by donations and volunteers.
- Expanded Horizons Project (facilitated by Wesley Mission Brisbane) – funded federally via the National Suicide Prevention Strategy to support LGBTI young people ages 13 to 17 on the Gold Coast
- Gay and Lesbian Welfare Association (QLife) – funded federally by the Department of Health and Ageing to implement a national telephone counselling service for LGBTI people, staffed largely by volunteers.

A range of unfunded volunteer run community initiatives have also developed over the years to respond to the mental health needs of the LGBTI community that have provided a space for LGBTI people to connect in a safe space and talk to others about their mutual lived experience as LGBTI.

Ensuring that the targeted services available specifically for LGBTI Queenslanders are expanded will go some way to addressing the poor mental health of the community, alongside other strategies to improve the accessibility of mainstream services for LGBTI people.

Better Services

Key findings from the National LGBTI Health Alliance Mental Health and Suicide Prevention survey (2011)³ identified that community members have identified the need for mainstream mental health/suicide prevention services to be LGBTI sensitive and aware and also for LGBTI specific services that will better support the needs of the LGBTI community.

Lack of LGBTI knowledge and cultural competence in generic services resulting in poor quality service provision. This largely occurs as ill- or uninformed advice and inappropriate treatment (eg pathologising their sexual orientation or gender identity) and failure to take the person's (potential) strengths/social resources into account, and can make the mental health of LGBTI Queenslanders seeking treatment even worse.

Training and development for the broader health workforce, community organisations, and human service professionals is an important way that the service system can support them to become more accessible to LGBTI clients. This should be implemented widely across many sectors, including the mental health sector.

This training and development can be supported by other work currently under development to improve service delivery for LGBTI people, including:

- Cultural Competency Framework: outlines how mainstream mental health and suicide prevention services organisations are better able to recognise, understand and meet the specific needs of LGBTI people (May 2013 National LGBTI Health Alliance)
- LGBTI Mental Health Promotion Framework: which will outline best practice in how to undertake mental health promotion that is inclusive of LGBTI people and communities (due to be released in November 2013 National LGBTI Health Alliance)
- Via Network MindOUT! : an online community of practice that provides a space for mental health professionals to connect, engage and access professional development (Facilitated by The National LGBTI Health Alliance, funded by the Department of Health and Ageing.)
- An LGBTI Mental Health Professional Network has been established in Brisbane, to support participants to gain an understanding of topical mental health issues relevant to LGBTI people and communities and share current clinical approaches for providing accessible and inclusive support of LGBTI clients. (Facilitated by the Mental Health Professional Network and Queensland Association for Healthy Communities)
- Beyond Blue has released a literature review titled 'Feeling Queer and Blue', along side factsheets for LGBTI community members about depression and anxiety.

ACON (New South Wales) and Gay and Lesbian Health Victoria have developed and implemented a number of resources however these often aren't distributed widely throughout Queensland due to funding limitations.

Better accountability and transparency

One of the critical barriers to understanding the mental health of LGBTI Queenslanders is the lack of data. Services often do not ask for information about sexual orientation, sexuality and gender identity and this means that real time data at a service level or population wide level is difficult to obtain and often out of date. The reasons for this non-collection are complex, and often relate to a misplaced desire to address the sensitivity of issues around sex and sexuality. This could be addressed through funding agreements for non-government services, and via other arrangements for government services.

Improving the way data is collected to ensure that the mental health experience of LGBTI Queenslanders is properly represented should be a critical means of ensuring that we can track progress for that group.

Better Engagement

LGBTI people have specific mental health needs that are related directly to their experience of being LGBTI. In ensuring that strategies, programs and resources developed meet these needs, consultation directly with LGBTI people is a critical process.

This consultation should occur through service and policy planning processes, and can be coordinated by representative LGBTI groups. These consultation mechanisms should be supported by formal representation by LGBTI people in the governance and oversight of mental health representative and consultation bodies.

- **Implications for the Reform and Change Agenda in Queensland**

Three or four key implications

1. More dedicated resources are needed to specifically address the mental health needs of LGBTI Queenslanders. LGBTI community ownership reduces barriers and contributes to effectiveness of initiatives, for example by enabling peer support, empowerment and community development.

2. Generic mental health and suicide prevention initiatives (research, policy and practice) must be proactively inclusive of LGBTI people. This can be addressed through training, ensuring that this commitment is reflected in service contracts and/or a statement of commitment by the Commission.
3. LGBTI voices need to be heard when undertaking service planning and policy development, through targeted consultation and inclusion of LGBTI experts in governance and oversight structures.
4. Better data collection is required so that we properly understand the mental health experience of LGBTI Queenslanders.

References

1. ABS (2007) *Survey of Mental Health and Wellbeing 2007*. Canberra: Commonwealth of Australia.
2. Rosenstreich, G. (2011) *LGBTI People Mental Health and Suicide*. Sydney: National LGBTI Health Alliance.
3. *National LGBTI Health Alliance – Mental Health & Suicide Prevention Project Final Report 9th June 2011*