

Speaking Points
Peter Allan Memorial Address
Gay and Lesbian Welfare Association Inc (GLWA) 30th Annual General meeting
5 December 2014
QuAC Brisbane headquarters, 30 Helen St Newstead

Acknowledgements

- I acknowledge the traditional owners of this land where we are meeting today, and pay respects to their Elders, past and present. I acknowledge the other Aboriginal and Torres Strait Islander people among us here today.
- I also acknowledge the people living with mental health and drug and alcohol problems, their families and carers. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness, recovery and have fulfilling lives.

Thank you Rob Collins [Secretary GLWA] for the invitation to be here this evening

Background

- The Peter Allan Memorial Address is held each year to commemorate the long time GLWA member and benefactor Reverend Peter Allan.
- Peter Allan was an Anglican priest who joined the Association as a volunteer. He had joined the priesthood in the early 70's and served the church first in the diocese of the Northern Territory, where he saw firsthand the plight of Aboriginal people.
- When he served in parishes in Brisbane he supported the unionists, the poor, the battlers and other homosexual people like himself.
- Peter Allan was not with the Association for very long, as he died in late 1994 from an AIDS related illness.
- His contribution was however enduring, helping in the future planning of the GLWA, focusing on developing links with the gay and lesbian community and improving the organisations standing within the wider community.

Queensland Mental Health Commission Context

- The Queensland Mental Health Commission is established under legislation to provide advice to government to improve the mental health and wellbeing of Queenslanders. Our key mechanism is a whole of government strategic plan.
- But a strategic plan, no matter how well written, is no use if it does not influence those services, supports and attitudes that impact people in the community.
- We don't fund or deliver services. We need to use our credibility and our networks to persuade. So we need to listen to credible people, academics, practitioners, consumers and families.

What you told us?

- Healthy Communities sent us an issues paper in September 2013¹ that identified issues for the LGBTI community:
 - More dedicated resources are needed to specifically address the mental health needs of LGBTI Queenslanders.
 - Generic mental health and suicide prevention initiatives must be proactively inclusive of LGBTI people.
 - LGBTI voices need to be heard when undertaking service planning and policy development,
 - Better data collection is required so that we properly understand the mental health experience of LGBTI Queenslanders.
- Comments from individuals included:
 - I don't have a mental health problem, but as a transgender person I have a diagnosis of gender identity disorder. For this I require psychiatric assessment by two separate psychiatrists ... this is not currently possible in the public health system
 - ... telehealth consultations for people in regional areas
 - workers who are competent and knowledgeable and aware of the diversity of people requiring services such as LGBTI

Key Statistics

Mental Health

- 41% of LGB people had any mental disorder in the past 12 months, compared to 20% of heterosexuals;
- 36% of LGB people had an anxiety disorder in the past 12 months compared to 14% of heterosexuals;
- 18% of LGB people have a high to very high level of psychological distress, compared to 9% of heterosexuals;
- 36% of transgender people have a current major depressive episode compared to 7% of the general population.

Suicide and suicide attempts

- 13% of LGB people have attempted suicide compared to 3% of heterosexuals;
- 35% of LGB people have had suicidal thoughts in their lifetime compared to 13% of heterosexuals;

Alcohol and other drug use

- 29% of LGB people drink at risky levels over their lifetime compared to 20% of heterosexuals;
- 34% of LGB people used illicit drugs recently compared to 14% of heterosexuals;

¹ <http://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/Healthy-Communities.pdf>

What are we doing?

Strategic Plan

- The *Queensland Mental Health Strategic Plan 2014-19* recognises that Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people experience higher rates of mental illness and psychological distress, are more likely to drink at risky levels or use illicit drugs and are at greater risk of suicide than their heterosexual counterparts.
- The recognition that some groups are more vulnerable than others to risk factors and are more likely to experience poor mental health and well-being is embedded within the Strategic plan and underpins all of the eight shared commitments to action.
- Shared Commitment 1 is about empowering consumers, families and carers in system governance. We have yet to reach out to the LGBTI community with a specific focus but we will.
- Shared Commitment 7 requires a Mental Health, Drug and Alcohol Services Plan to govern service planning and delivery of the state funded mental health and drug and alcohol system.
- Two elements of this Plan should address some the issues raised by the LGBTI community:
 - prioritises that more effectively responds to individuals and communities with the highest incidence, prevalence and severity of mental illness or substance use disorders.
 - comprehensive high quality state-wide and specialist service system to achieve equity of access and outcomes in a decentralised system.

Practical examples of what we have done

- The new **Mental Health Bill** introduces the concept of nominated support persons to replace the allied person role that exists under the *Mental Health Act 2000*. Some of you may recall the allied person role was to be simply abolished.
- The strength of this new role is that it allows consumers to choose who supports them when they are not well and navigating the mental health system.
- This shift from an allied person to a nominated support person recognises that not everyone has or wants a family member as their key support person
- The Commission argued strongly for nominated support persons and I recall when I met with Healthy Communities earlier this year it was something they really wanted to see in the legislation

ARC Linkage Grant – non-fatal suicidal behaviours in LGBTI populations

- The Commission has recently partnered with the Australian Institute for Suicide Research and Prevention, the GLWA and others for an Australian Research Council Linkage Grant to obtain a better understanding of factors surrounding non-fatal suicidal behaviours in LGBTI communities.
- The specific aims are:
 - To determine the prevalence of non-fatal suicidal behaviour within LGBT communities in Australia;

- To identify the factors (demographic, psychological, medical, and lifestyle) related to suicidal behaviours within LGBT communities in Australia;
 - To investigate help-seeking behaviours for suicidality in LGBT communities;
 - To design, implement, and evaluate LGBTI-specific training for help-line staff dealing with individuals experiencing suicidal behaviours; and
 - To establish recommendations for suicide prevention in LGBT communities, including early detection of suicide risk in LGBT persons, enhancement of resilience and help-seeking behaviours, and provision of adequate health and community services addressing their needs.
- I would be interested in your feedback on how useful the final product is – and of course it will be a report, it will need to be IMPLEMENTED.

Finally

Changing big systems is not easy.

Here is my hint of the month.

I recently came across a great paper from the NHS on change and transformation². Advice from the NHS is that people who will enable this change need to be:

1. Disruptors, heretic, radicals and mavericks
2. Able to lead transformation from the edge
3. Ready to change the story, change the conversation to change the way people think
4. Curate rather than create knowledge
5. Builders of bridges to connect the disconnected

If there are disruptors, heretic, radicals and mavericks among you, I look forward to working with you

THANK YOU

² <http://www.nhs.uk/resource-search/publications/white-paper.aspx>