



9 April 2019

Productivity Commission
Level 12, 530 Collins Street
Melbourne VIC 3000

Submitted via email: Mental.Health@pc.gov.au

Dear Commissioners

Re: Mental Health Inquiry and Sexuality and Gender Diverse People

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and sexuality and gender diverse health. Established in 1985, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of people with diverse sexualities and genders and people living with HIV.

ACON welcomes the opportunity to respond to the Productivity Commission's Mental Health Inquiry in relation to the mental health of Australians with diverse sexualities and genders. Historically, sexuality and gender diverse Australians have been 'relatively invisible in mental health and suicide prevention strategies, policies and frameworks and thus excluded from program and project responses.'¹

Our submission will outline the key concerns for sexuality and gender diverse people accessing and engaging with mental health services, and the broader systemic issues which contribute to the number of barriers these communities experience in engaging with Australia's mental health system.

Sexuality and gender diverse people fall victim to societal discrimination which results in high rates of poor mental health

The impact of discrimination on lesbian, gay, bisexual, transgender and intersex (LGBTI) people is well documented. It includes negative impacts on mental health, higher levels of suicide, higher rates of substance abuse, extensive experiences of verbal and physical violence as well as economic disadvantage.

LGBTI people 'have one of the highest estimated rates of suicide in Australia, with LGBTI young people five times more likely to attempt suicide than the general population⁸ – elevated by their experiences of homophobia, transphobia and discrimination, violence and abuse, and social isolation.'² Mental health problems are not a result of having a diverse sexuality or gender identity, but rather the impact of minority status and subsequent stigma and discrimination.

¹ Jacobs, R. & Morris, S. 2016. 'National lesbian, gay, bisexual, transgender and intersex mental health and suicide prevention strategy: A new strategy for inclusion and action', *National LGBTI Health Alliance*.

² Mental Health Commission of New South Wales. 2018. 'Strategic Framework for Suicide Prevention in NSW 2018-2023', *NSW Government*.

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The following statistics provide a snapshot of the severity of mental health problems among Australian sexuality and gender diverse communities:

- HIV Futures 8 reported 51.8% of people living with HIV had been diagnosed with a mental health condition at some point in their life,³ and 42.4% had 'ever' been diagnosed with depression, and 28.5% had 'ever' been diagnosed with anxiety.³
- The Australian Institute of Health and Welfare estimate '32% of homosexual/bisexual people aged 16 and over in Australia met the criteria for an anxiety disorder in the previous 12 months, compared with 14% heterosexual people.'⁴
 - Evidence exists that 'LGBTI people are at a higher risk of suicidal behaviours⁵ and have the highest rates of suicidality⁶ compared with any population in Australia.'⁴
- Recent 2018 SWASH findings report 41% of lesbian, bisexual and queer (LBQ) women reported high or very high psychological distress, 62% of which were aged 16-24.⁷ 31% said they had felt life was not worth living in the past 12 months, and 14% had self-harmed.⁷
- The National LGBTI Health Alliance provides a snapshot of mental health statistics for LGBTI people, key highlights include:
 - LGBTI young people aged 16 to 27 are 5 times more likely to attempt suicide in their lifetime than the general population.⁸
 - Transgender people aged 18 and over are nearly 11 times more likely to attempt suicide in their lifetime than the general population.⁸

The Marriage Law Survey (Additional Safeguards) Act 2017 introduced to Parliament in September 2017 during the course of the national marriage law postal survey was intended to abate the effects of the public debate. These measures were belated, ineffective and difficult to monitor and enforce. During the time of the postal survey, LGBTI people were exposed to attacks on their identities, lives and rights on a daily basis.

Spikes in mental health services were witnessed across the country, with ReachOut reporting a '20% increase in people accessing LGBTI support services with many contacting them with anxiety over the

³ La Trobe University. 2018. 'HIV Futures 8: Health and wellbeing of people living with HIV', *Australian Research Centre in Sex, Health and Society, La Trobe University*, available online at: https://www.latrobe.edu.au/_data/assets/pdf_file/0006/766896/HIV-Futures-8-Broadsheet-1-on-Health-and-wellbeing.pdf.

⁴ Australian Institute of Health and Welfare. 2018. 'Australia's Health: 2018', *Australian Government*, Canberra: AIHW.

⁵ Skerrett, DM., Kölves, K. & De Leo, D. 2015. 'Are LGBT populations at a higher risk for suicidal behaviours in Australia? Research findings and implications', *Journal of Homosexuality*, 62:883–901.

⁶ Rosenstreich, G. 2013. 'LGBTI people: mental health and suicide', 2nd edn, rev. Sydney: National LGBTI Health Alliance.

⁷ Mooney-Somers, J., Deacon, RM., Scott, P. & Parkhill, N. 2018. 'Women in contact with the Sydney LGBTQ communities: Report of the SWASH lesbian, bisexual and queer women's health survey', *Sydney Health Ethics, University of Sydney, ACON*.

⁸ The National LGBTI Health Alliance. 2016. 'The statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia', *The National LGBTI Health Alliance*, available online at: https://lgbtihealth.org.au/statistics/#_edn5.

same-sex marriage survey results'.⁹ Across the nation, 'crisis support services, helplines, as well as phone-/web-counselling services experienced a surge in demand for their services from LGBTI+ Australians, with certain services experiencing up to a 40% increase in users during this time.'¹⁰

These communities are still recovering from the trauma of having their human rights subject to a public vote, and there has since been no substantial investment from governments to implement policy, strategies and services to meet the mental health needs of this already vulnerable population.

A recent study undertaken by La Trobe University, in partnership with Lifeline Australia, QLife and ACON, reported that 71% of sexuality and gender diverse people chose not to use a crisis service support during their most recent personal mental health crisis, 35.2% reported barriers that prevented them from accessing a service, and 21% felt unsafe while accessing a service.¹⁰

Key barriers reported by participants in accessing services included 'anticipation of discrimination'; narratives such as "I don't want to be a burden"; 'lack of awareness of mainstream crisis service supports and LGBTI specialist counselling and mental health support services; and physical, technological, and financial barriers to access'.¹⁰

There is clearly a need to urgently address a system when, one of the sub-populations who need it most, won't use it because they anticipate being poorly treated within it. This crisis of inclusivity and trust demands attention.

A study examining the impact of the Australian marriage law postal survey on LGB (lesbian, gay and bisexual) mental health found 'legislative processes related to the rights of stigmatised, minority populations have the potential to adversely affect their mental health.'¹¹ LGBTI communities have a long history of criminalisation, discrimination and stigmatisation, which continue at the present time in the fight for equal human rights.

It is critical that Australian governments respond and commit to addressing the barriers LGBTI Australians experience in mental health care services, to ensure all Australians have access to the highest attainable level of health.

⁹ ABC News. 2017. 'Same-sex marriage survey sparks spike in access of LGBTI mental health support', *ABC News*, available online: <https://www.abc.net.au/news/2017-09-18/same-sex-marriage-survey-lgbtqi-mental-health-support/8955956>.

¹⁰ Waling, A., Lim, G., Dhalla, S., Lyons, A. & Bourne, A. 2019. 'Understanding LGBTI+ lives in crisis', *Australian Research Centre in Sex, Health & Society, La Trobe University & Lifeline Australia*, Bundoora, VIC & Canberra.

¹¹ Verrelli, S., White, FA., Harvey, LJ. & Pulciani, MR. 2018. 'Minority stress, social support, and the mental health of lesbian, gay and bisexual Australians during the Australian Marriage Law Postal Survey', *School of Psychology, The University of Sydney*, Sydney Australia.

Recommendations:

Thorne Harbour Health have made a submission to this inquiry. ACON support the following recommendations made in their submission:

1. Endorse the proven mixed model of mental health service provision that includes both mainstream and community-controlled LGBTI and HIV mental health and wraparound support services, and which gives priority to community-controlled services.
2. Increase funding for LGBTI training of mainstream mental health services, and consider making such training a requirement of relevant accreditation bodies, and/or encourage organisations to undertake Rainbow Tick accreditation.
3. Increase sustained, ongoing funding for community-controlled LGBTI mental health and wraparound support services to enhance capacity to meet demand and expand their geographical reach.

Sexuality and gender diverse people must be included as a priority population

People with diverse sexualities and genders are estimated to account for 11%¹² of the Australian population, and are routinely left out of health service provision planning and health policies. This is predominantly due to a lack of appropriate and systemic population data collection at both national and state levels. It is near impossible to allocate funding and service delivery without key population data that captures the identities and needs of our communities.

Population health and public health are terms related to health systems that should support the population – the public. Those terms should be inclusive of all Australians, and the continuing inaction renders our population both invisible, and largely unsupported.

An example of the impact of an absence of adequate and appropriate data collection includes, in 2018 ACON had discussions with the Priority Populations Unit in the Directorate of Primary and Integrated Community Health in South Eastern Sydney Local Health District (SESLHD). The SESLHD's report profiling vulnerable and priority populations the Unit works, with had failed to mention LGBTI people as a priority population.

This Local Health District is known for having one of the largest populations of sexuality and gender diverse Australians in the country. When questioned as to why these communities were left out of the plan, ACON were advised that the report was based on 2016 Census data, and since our communities are invisible in Australia's population data collection, it was not possible to provide an analysis.

The Issues Paper¹³ for this Inquiry has also failed to identify LGBTI communities as a demographic group who experiences gaps in mental health services and supports. Data informs evidence-based policy and

¹² Wilson, T. & Shalley, F. 2018. 'Estimates of Australia's non-heterosexual population', *Australian Population Studies*, Volume 2, Issue 1, pgs. 26-28.

¹³ Productivity Commission. 2019. 'The social and economic benefits of improving mental health', *Productivity Commission*.

service provision, without which, it is obvious that there will be significant gaps for LGBTI communities in accessing the support they need.

Due to a lack of appropriate systematic data collection on LGBTI people in Australia, we are forced to regularly rely on small sample size research studies, international data and anecdotal evidence to advocate for LGBTI health policy and service development.¹⁴

The current mental health policy context identifies LGBTI people as a priority population in the *NSW Strategic Framework for Suicide Prevention in NSW 2018-2023*² and the *Fifth National Mental Health and Suicide Prevention Plan*¹⁵ however there has been no attached funding or programmatic response within the mental health sector.

Recommendations:

1. Implement appropriate sexuality and gender indicators in healthcare settings that receive government funding to address data gaps for LGBTI Australians.
2. Provide financial resourcing for the development and capacity building of mainstream mental health services and suicide prevention strategies that address barriers LGBTI people experience engaging with the mental health system in Australia.
3. Invest in training healthcare professionals nationally to provide inclusive healthcare that meets the needs of LGBTI Australians.
4. Include LGBTI people as a priority population in all mental health policy and program delivery, and audit the level of investment specifically for this group over ten years.

Sexuality and gender diverse communities are invisible in mainstream mental health promotion

ACON delivers targeted health promotion campaigns to LGBTI communities on a range of public health issues such as HIV, sexual health, cancer screening and smoking. The success of our campaigns are attributed to our peer-led approach, and emphasis on the importance of visibility of the diverse communities we work for in campaign messaging.

LGBTI people experience a number of barriers to accessing mainstream mental health services largely attributed to societal discrimination and consequent fear of prejudice, discrimination and lack of inclusive care. ACON health promotion campaigns are designed to overcome these barriers by using language the community uses in messaging, provide visibility of community members in media, and authentic consultation and evaluation with communities.

In February 2018 ACON launched 'How Do You Do It?' campaign which promotes condoms, pre-exposure prophylaxis (PrEP) and undetectable viral load (UVL) as effective HIV prevention options. This campaign was evaluated by community members via an online survey. When asked if they were prompted to take any

¹⁴ National LGBTI Health Alliance. 2018. 'LGBTI Health Alliance submission to Census 2021', Submission, 29 June 2018.

¹⁵ National Mental Health Strategy. 2017. 'The Fifth National Mental Health and Suicide Prevention Plan', *Department of Health, Commonwealth of Australia*.

further action as a result of seeing the advertisements, 51% (n=396) respondents said they had taken some action.

The positive response to health messaging from community is further evidenced in latest data from the NSW HIV Strategy 2016-2020 Quarter 4 & Annual 2018 Data Report which shows a decline in HIV notifications in 2018, with 17% fewer HIV diagnosis' in NSW than the average of the previous five years.¹⁶ This is the lowest number of new HIV infections since before 1985.

ACON has seen similar successes in data reports which have coincided with our health promotion campaigns. Another example includes a targeted smoking cessation campaign ACON ran in May 2016 in partnership with the Cancer Institute NSW. While smoking rates in LBQ women remain higher than the general population, a decrease in smoking rates was seen from 42% in 2016 to 24% in 2018.¹⁷

Recommendations:

1. Invest in targeted community-led mental health promotion, campaigns and education to engage sexuality and gender diverse Australians.

Sexuality and gender diverse people and HIV positive people are at risk of homelessness

LGBTI people face compounding stigmas and discrimination that affect their access to housing, including rejection from home after 'coming out', domestic and family violence (DFV) and unemployment resulting from discrimination. This is compounded by mental health issues: The Australian Human Rights Commission found that LGBT people are 3 times more likely to experience depression.¹⁸

In addition, substance use, HIV, Hepatitis C, ageing, disability and living regionally or remotely are intersecting factors that contribute to risk of homelessness and impact on ability to find appropriate accommodation. Where LGBTI people experience multiple disadvantages, co-morbidities and poorer connections to care, they are at risk of social isolation and homelessness.

The gap analysis of NSW DFV support services *One Size Does Not Fit All* identified gaps to appropriate service provision for LGBTI people, including challenges of faith-based services.¹⁹ In addition, the report *Outing Injustice* noted that transgender victims of DFV may face barriers to accessing women's

¹⁶ NSW Ministry of Health. 2018. 'NSW HIV Strategy 2016-2020 Quarter 4 & Annual 2018 Data Report', *NSW Ministry of Health*, available online at: <https://www.health.nsw.gov.au/endinghiv/Publications/q4-2018-and-annual-hiv-data-report.pdf>.

¹⁷ Mooney-Somers, J., Deacon, RM., Scott, P. & Parkhill, N. 2018. 'Women in contact with the Sydney LGBTQ communities: Report of the SWASH lesbian, bisexual and queer women's health survey', *Sydney Health Ethics, University of Sydney, ACON*.

¹⁸ Australian Human Rights Commission (2014). *Face the facts: Lesbian, Gay, Transgender and Intersex People*. Green, Jonathan (2016). 'Services urged to adopt Safe Schools approach to help homeless LGBTI youth', Australian Broadcasting Corporation Background Briefing.

¹⁹ Constable, Annalise. De Castro, Nancy. Knapman, Robert. Baulch, Moo (2011). *One Size Does Not Fit All Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs*. ACON's Lesbian and Gay Anti-Violence Project. Sydney.

accommodation if they have not had gender affirmation surgery, and that gay men leaving violent relationships had no specific services available.²⁰

Lack of available and appropriate health care services in regional and remote areas can also be a pathway to homelessness for sexuality and gender diverse people and HIV positive people. Because there are often inadequate health services for LGBTI people who live regionally or remotely, people leave stable housing to come to the city to meet their health needs. Similarly, people living with HIV arrive in Sydney seeking access to specialised health services but have difficulty finding affordable accommodation in close proximity to support services.

NSW has successful models of working inclusively with sexuality and gender diverse people and people living with HIV, however these services have limited capacity, limited resources and waiting lists. Twenty10 provides crisis accommodation as well as medium term (3-18 months) semi-supported accommodation specifically for LGBTI young people. The Gender Centre provides temporary accommodation in a safe and supportive environment to transgender people who are homeless.

The Haymarket Foundation Clinic operates from a trauma-informed model to provide crisis support for people with complex issues, including intoxication, addiction and mental illness. There is a clear need to build upon existing successful models like these and invest in support for LGBTI people seeking safe accommodation.

It is important to remember that homelessness is not only about physical shelter but is also about social connection and a sense of belonging. LGBTI people can leave stable accommodation because they experience vilification, harassment or abuse from neighbourhoods outside the home. In some cases, LGBTI people need to leave home in order to stay safe.

Addressing homelessness therefore requires tackling the root causes that make the home (whether it be the physical shelter, the neighbourhood or the family) unsafe for LGBTI people, including tackling homophobia and transphobia in community attitudes.

Recommendations:

1. Provision of LGBTI inclusivity training for homelessness services to promote non-discriminatory service delivery practices. This includes training to support metro and regional services to address the knowledge gap, develop resources, find appropriate referral pathways and provide respectful, tailored services that address the specific needs of LGBTI people.
2. Funding for targeted housing services to recognise and respond to LGBTI people experiencing episodic and chronic homelessness based on success of existing models to ensure LGBTI people receive adequate support at critical time-points.

Sexuality and gender diverse people have higher rates of substance use than the general population

The most recent comparative population-level data demonstrates that a substantially higher proportion of homosexual and bisexual people smoke tobacco daily, drink alcohol at risky levels and use illicit drugs, than

²⁰ Inner City Legal Centre (2011). *Outing Injustice: Understanding the legal needs of the lesbian, gay, bisexual, transgender and intersex communities in New South Wales*. Sydney.

heterosexual people.²¹ Evidence suggests these higher rates are attributed to coping with stigma and discrimination.⁴

The following statistics provide a snapshot of disproportionate substance use in sexuality and gender diverse populations in comparison to the general population:

- Illicit drug use in the last 12 months is higher among homosexual and bisexual people (42%) than heterosexual people (14%).⁴
- Homosexual and bisexual people are 'more likely to smoke cigarettes (35%), consume an average of more than 2 standard alcohol drinks per day (28%) and engage in illicit drug use (51%) than heterosexual people (29%, 22%, and 27%, respectively).'⁴
- The 2018 *Gay Community Periodic Survey: Sydney* (SGCPS) study of gay and bisexual men (GBM) reports 65.4% reported any illicit drug use in the six months prior to the survey.²²
- High rates of drug use are also seen among LBQ (lesbian, bisexual and queer) women in the recent SWASH 2018 study where 45% of participants identified they had used any illicit drug in the preceding 6 months (compared to 13% of Australian women²¹).²³
- HIV-positive men remain more likely to report drug use (79%) compared with HIV-negative men (64%).²¹
- Trans and gender diverse people were twice as likely to have used an illicit drug (29%) than the general population (15%) in the last 12 months.²⁴
- ACON Substance Support Service has seen an increase in the proportion of clients reporting alcohol as their primary drug of concern, from 13% in 2016-2017 to approx. 30% in 2017-18. 46% of clients in 2017-18 reported methamphetamine as their principal drug of concern.

The *National Drug Strategy 2017-2026* and the *Consultation Draft National Alcohol Strategy 2018-2026* recognise LGBTI people as a priority population. However, these high-level strategies lack specific information on or activities directed towards sexuality and gender diverse people, and the only data presented focuses on sexuality.

²¹ Australian Bureau of Statistics. 2017. 'National Drug Strategy Household Survey 2016', *Australian Bureau of Statistics*.

²² Broady, T., Mao, L., Lee, E., Bavinton, B., Keen, P., Bambridge, C., Mackie, B., Duck, T., Cooper, C., Prestage, G. & Holt, M. 2018. 'The Gay Community Periodic Survey: Sydney 2018', *Centre for Social Research in Health, UNSW Sydney*.

²³ Mooney-Somers, J., Deacon, RM., Scott, P. & Parkhill, N. 2018. 'Women in contact with the Sydney LGBTQ communities: Report of the SWASH lesbian, bisexual and queer women's health survey', *Sydney Health Ethics, University of Sydney, ACON*.

²⁴ 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, Australia*.

A greater focus is required on prevention and health promotion opposed to treatment, and a stronger emphasis on the importance of targeted approaches to health promotion and harm reduction among sexuality and gender diverse communities.

Recommendations:

1. Provide support and funding for LGBTI community based drug and alcohol services.
2. Mandate LGBTI sensitivity and inclusion training for existing drug and alcohol services.

Trans and gender diverse people experience poorer mental health outcomes than the general population

Trans and gender diverse (TGD) people have historically been invisible across the health sector, which means they often do not receive appropriate services that are responsive to their specific needs.²⁵ Historically, the TGD experience has been pathologised and classified as a mental health disorder. In June 2018 the World Health Organisation removed all trans-related categories from its mental health chapter. TGD people should have access to inclusive mental health care, if needed to work through any psychosocial issues related to affirming their gender, but this should not be a prerequisite for receiving gender-affirming healthcare.²⁵

In 2013 Curtin University in partnership with Beyond Blue, undertook the *First Australian National Trans Mental Health Study*, and is 'the largest study of its kind in Australia, and one of the largest in the world'.²⁶ Key statistics on the severity of poor mental health among this population include:

- 43.7% of the sample (n=946) 'were currently experiencing clinically relevant depressive symptoms; 28.8% met the criteria for a current major depressive syndrome; and 16.9% for another anxiety syndrome.'²⁶
- 20.9% 'reported thoughts of suicidal ideation or self-harm on at least half of the days in the 2 weeks preceding the survey', accounting for 1 in 5 participants.²⁶
- In comparison to the general population, 'trans people appear to be 4 times more likely to have ever been diagnosed with depression, and approximately 1.5 times more likely to have ever been diagnosed with an anxiety disorder.'²⁶
- The Study reported 'the proportion of participants who were *currently* affected by a depression or anxiety syndrome was greater than the *lifetime* prevalence of depression and anxiety disorders in the general population'.²⁶

Australian research²⁶ has demonstrated that access to gender-affirming care has led to reduced mental health risks and improved quality of life for TGD people.²⁵ International data has reflected similar results and as such, many countries (UK, Canada, Sweden, Argentina and Malta) cover gender-affirming care under

²⁵ ACON. 2019. 'A Blueprint for improving the health and wellbeing of the trans and gender diverse community in NSW', *AIDS Council of New South Wales*, Sydney, Australia.

²⁶ Hyde, Z., Doherty, M., Tilley, MPJ., McCaul, KA., Rooney, R. & Jancey, J. 2013. 'The first Australian national trans mental health study: Summary of results', *Curtin University of Technology*, Perth, Australia.

their public health systems.²⁷ Currently in Australia, not all standard medications recommended for use in hormone therapy are subsidised through the Pharmaceutical Benefits Scheme (PBS).²⁵

Recommendations:

1. Provide ongoing GP training, information and support so TGD people can access gender-affirming hormone therapy through primary healthcare, using an informed consent model, and gender-affirmation treatment plans that are based on the individual needs of the patient.
2. Increase the availability of specialists who are inclusive and have expertise in gender-affirming care, for those who may need specialist care in affirming their gender.
3. Cover gender-affirming healthcare as medically necessary services under Medicare and the PBS.
4. Undertake training and develop targeted resources for health professionals working in parts of the health sector that are key to addressing specific issues facing trans and gender diverse people. This includes for mental health professionals to ensure that trans and gender diverse people are treated for their presenting mental health issue, and not pathologised because of their gender identity.

We thank the Productivity Commission for the opportunity to provide comment to the Mental Health Inquiry. For all matters concerning this submission please contact Karen Price, ACON Deputy CEO

Kind regards

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²⁷ See UK National Health Service. Treatment: Gender Dysphoria (webpage). <https://www.nhs.uk/conditions/gender-dysphoria/treatment/>; McHardie, D. 2016. New Brunswick will now cover gender-confirming surgeries. <https://www.cbc.ca/news/canada/new-brunswick/gender-confirming-surgeries-1.3614766>; ILGA Europe. 2015. Swedish law proposals on legal gender recognition and gender reassignment treatment. <https://www.ilga-europe.org/resources/news/latest-news/swedishlaw-proposals-legal-gender-recognition-and-gender-reassignment>; World Health Organisation. 2018. Breaking down barriers to healthcare access for transgender people in Argentina. <https://www.who.int/gender-equity-rights/news/breaking-down-barriers-to-healthcare-access/en/>; Transgender Europe.2018. Trans Rights Europe Index 2018. https://tgeu.org/wp-content/uploads/2018/05/SideB_TGEU2018_Print.pdf.