

21st January 2020

Submission to Productivity Commission Mental Health Inquiry from Queensland Council for LGBTI Health (formally Queensland AIDS Council)

The Queensland Council for LGBTI Health (formerly Queensland AIDS Council) is a Queensland statewide non-profit, community based health promotion organisation focused on providing quality services that enhance the health and wellbeing of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy (LGBTI) peoples and communities in Queensland. Formed in 1984, the organisation has over three decades experience working with LGBTI communities to deliver health services and health promotion that are peer led and community based. The Queensland Council for LGBTI Health (QC) receives funding from the State and Commonwealth Governments for some of our work, generate our own income, and also rely on the contribution of volunteers, donors and other supporters from the LGBTI and wider communities to deliver our other services.

LGBTI people live in every part of Queensland and make significant contributions to cultural, economic, social, artistic and sporting life, however research has consistently demonstrated that LGBTI people have high rates of mental ill health due to systemic exclusion, stigma and discrimination. Specifically, LGBTI people are

- Twice as likely to be diagnosed and treated with a mental health disorder
- Six times more likely to meet the criteria for a depressive episode, and twice as likely to meet the criteria for an anxiety disorder
- Score moderate to high levels of psychological distress on the Kessler Psychological Distress (K10) Scale
- Six times more likely to have recent thoughts of suicide

Sub-populations within the LGBTI communities have been shown to have even higher rates of mental ill health

- Transgender and gender diverse people are five times more likely to be diagnosed with depression, and are nearly eleven times more likely to attempt suicide
- Intersex people are 7 times more likely to be diagnosed with post-traumatic stress disorder
- LGBTI young people aged 16 to 27 are five times more likely to attempt suicide

Significantly, LGBTI people who have directly experienced discrimination have higher rates of mental ill health than those who have not. Discrimination against LGBTI people is common and stigma towards LGBTI people is entrenched in our social, cultural and political climate, and it is perpetrated by our families,

communities, leaders, religions, legal systems, medical professionals, education institutions, and the media.

The Australia Human Rights Commission report that 72% of LGBTI people have experienced violence, harassment, or bullying on the basis of their sexual orientation, gender identity, or intersex status. Research also shows us that transgender and intersex people experience even higher rates of abuse once again.

The high rates of mental ill health of LGBTI people who have not experienced direct discrimination reveals the impact of an unsupportive social and political environment in and of itself can have on a group of people. Structural stigma, the discrimination it facilitates, and the resulting trauma directly affects LGBTI people's social and economic participation. This results in reduced contribution to productivity and a higher cost to the economy to provide mental health care.

The capacity of generalist mental health services to support LGBTI people and communities is limited due to a shortage of skilled health and service delivery workers, especially in rural, regional and remote areas and research identifies that fears of discrimination and positive service provision are a significant barrier to initiating help seeking.

Currently, services and supports provided to LGBTI people and communities are characterised by small, separate and disconnected projects which creates significant fragmentation and barriers to improving an individual's health and wellbeing.

The volunteer contribution to LGBTI health and wellbeing provided to The Queensland Council for LGBTI Health (QC) and other LGBTI organisations cannot be understated and indeed, QC would not exist if it weren't for volunteers and a peer led workforce. Peer workers have been identified as being able to contribute to better health outcomes, however, peer work cannot replace clinical or other services but instead can complement and support existing mental health and community care services.

At a systemic level, this lack of resource investment and coordination creates sector fragmentation and challenges to understanding population health needs and opportunities, especially for LGBTI sub-populations that have specific mental health needs that require targeted responses.

Aboriginal and Torres Strait Islander LGBTI Sistergirl and Brotherboy people.

Many Aboriginal and Torres Strait Islander LGBTI Sistergirls and Brotherboys experience ongoing violence, bullying, harassment and discrimination based on their sexual orientation, gender identity

and intersex status. This LGBTI discrimination is interlinked with and can exacerbate the effects of racism. This double discrimination in turn leads to increased isolation from Aboriginal and Torres Strait Islander, LGBTI and/or mainstream communities. For some this results in increased mental ill health, substance misuse, homelessness, and risk of suicide. These health outcomes are further compounded by shared many experiences of racism and discrimination within the service sector that has resulted in Aboriginal and Torres Strait Islander LGBTI people having difficulties in accessing a range of health care and mental health service. Many are faced with healthcare professionals who are ill-equipped to provide them with appropriate services and support, and some encountering unethical practices. Incidents that have been reported to QC include a GP laughing at a community member for talking about being transgender, and another GP breaching confidentiality and disclosing that their patient had a gender affirming operation.

As a result, health care services are considered unsafe spaces for many Aboriginal and Torres Strait Islander LGBTI people who are fearful of being judged and traumatised through visits to such services. This results in non-engagement with services altogether, rendering these services effectively inaccessible and contributing to further mental ill health as feelings of vulnerability and stress are intensified.

People with Intersex Variations.

As an organisation, we aim to work alongside peer-led organisations where this is the most appropriate approach and whenever and wherever our resourcing limits our meaningful contribution to a body of work. This is true for work that advocates and supports the needs of Intersex people. We respectfully suggest that the Commission and its deliberations are informed by our Intersex Led organisations in this piece of work, Intersex Human Rights Australia and Intersex Peer Support Australia. They, along with other Intersex Advocates have done extensive work on the needs of Intersex people, their families and carers including a central piece of work known as the Darlington Statement (<https://ihra.org.au/darlington-statement/>) which articulates the human rights demands of people with intersex variations in Australia and New Zealand.

In particular, we acknowledge the long-term physical and psychological implications of harmful and continuing medical practices, and limited access to support and peers. We support the statement that current forms of oversight of medical interventions affecting people born with variations of sex characteristics have proven to be inadequate. We note a lack of transparency about diverse standards of care and practices across Australia for all age groups. We note that the Family Court system in Australia has failed to adequately consider the human rights and autonomy of children born with variations of sex characteristics, and the repercussions of medical interventions on individuals and their families.

We call for the implementation of advisory bodies to develop appropriate human rights-based, lifetime, intersex standards of care with full and meaningful participation by intersex community representatives and human rights institutions. We commit to adopting the human rights and legal reform, health and wellbeing, peer support, education, awareness and employment objectives of the Darlington Statement alongside other allies, and intersex organisations and advocates.

We recommend to the Commission to consider the recommendations provided in Darlington Statement and the Australian Senate Report on Involuntary or Coerced Sterilisation of Intersex People in Australia 2013.

Transgender and Gender Diverse people.

Transgender and gender diverse people experience many systematic barriers to better mental health outcomes which we will reference in our recommendations, however to highlight the mental health experiences of transgender people, we provide a statement received from mental health professional Max MacKenzie, who has a transgender history.

‘It’s very hard to know how to put this succinctly in words that I can encapsulate in three minutes why it is so important that we work towards gender affirming surgeries being covered in line with all vital surgeries for Australian citizens.

Do I use my example, I am a tax paying professional. I have been my entire career. I dedicate my life to working alongside disenfranchised people from all walks of life, including military and front line responders. My client group are primarily heterosexual men.

I am a 43 year old man who had to afford the 150 thousand dollars that it took me to have my lower surgeries. I had to do so in order to live. To be all of who I am I needed these surgeries.

I was however, trapped by a system that both paternalises me by ignoring my dysphoria and then tells me in the next breath that if I do choose to no longer live, or suicide, this decision is because I was “unwell’ around being trans.

No. I, like so many others, was simply being denied access to surgeries, and told in the next breath by the government these surgeries are cosmetic. Of course, then for those of us who sit in this professional world, we are in a double bind. Do we acknowledge the suicidality, the lack of choice, and by doing so, risk our lives and careers being buried in stigma and shame, and buy into the paternalism, or do we deny it and deny our needs?

So, for me I made it happen. The surgeries that is. This meant for me, living in hostels for two years to save. It meant personal loans, outstaying my welcome in supportive friends’ homes. It meant I now have no super to speak of. It meant however, the end of my dysphoria, and the

ability for me to advocate continuously. For other professionals I know they have done similar things. Lived in their cars. Couch surfed. Asked their families to take out loans, stayed in positions they did not want, worked triple jobs.

But here is the rub. Not everyone has the ability to change their circumstances like me. What do I tell the suicidal young person I meet who will likely never make the income I do about our government? Do I tell him, they don't care about his access to surgeries, and that he will never be able to afford it so it's best for him to suicide now? Or do I tell him that instead of paying for his surgeries, he will instead more than likely, cost the government the same amount in mental health care, drug and alcohol rehabilitation or incarceration costs which they may well blame on him being trans?

Do I tell him about the reams of evidence from overseas that direct access to surgeries makes a profound difference in the mental health of the gender diverse community, that the choice to choose is the grounds to a foundation of good mental health? Do I tell him he was unfortunate enough to be born in Australia?

Trans and gender diverse people can suffer from a mental health epidemic which is directly linked about their inability to choose what access they need to surgeries and medical intervention they require. I can state these things because I am fortunate in that I have an education and I am not employed by an organisation which is reliant on government funding and I do not have to toe a party line.

The only thing I want to change is the suicides and poor mental health outcomes which are directly related to the inability for the gender diverse public to access surgeries and medical care they need.

Now to address the counter arguments. Not everyone needs surgery. No, not everyone does. But a lot do. And I think one of the unacknowledged fears is that if the government recognises this need, they feel there will be an enormous cost attached.

I think the point I am making is there is already a cost. It is young lives. It is poor mental health outcomes, its felt in other corners of the sector. Its lack of further connection to positive life outcomes. Not everyone has the ability to work when they battle crippling dysphoria or stigma related to their body and experience.

My friend said to me the other day, that like me, now that we are done with our surgeries, he just wants to shut down his profile, his support efforts and move on with his life. But he can't. Because he knows how many suicidal young men are living vicariously through us, through our public stories, hoping one day things will change so they too can truly live.

I understand also for many of our Trans sisters and non-binary folks many of the same problems apply. The public however are unaware of this crisis as the vast majority of them think these surgeries are already funded under Medicare.

I want a day where the people that come after me don't have to choose between buying a house or a penis. Where it is ok for them to build into their future planning the leave they require to access the help they need. Where the allied health systems can adequately prepare them for the challenges ahead where the sole barrier is not the government stance on health care. Where I actually have a real promise and response of help and support for the young people and families in my therapy rooms.

Where future generations don't have to choose between death, saving for a potential child or a surgery rather than a university degree, a first home, or a trip overseas. In short, where we can enjoy the rights of everyone else. I am happy to support all my fellow Australians through my tax paying dollars. I just want the same right'.

Young People

LGBTI young people in particular are significantly more vulnerable to poor mental health outcomes that can impact their long term educational, employment and productivity futures. Schools are often unsafe and unsupportive environments for LGBTI young people due to systemic discrimination and bullying, resulting in early disengagement from education. Early disengagement from education has long term implications on engagement in higher education, career pathways and employability. This in turn results in lower income capacity, meaning a higher dependence on social services and lower economic participation. Supporting LGBTI young people to maintain positive mental health is crucial to the long term wellbeing of LGBTI communities and the economic contribution that they make to broader society.

While Headspace are tasked with providing mental health services to LGBTI young people, they are often ill-equipped to do so. Consequently they turn to exiting LGBTI youth organisation Open Doors Youth Service for their skills, knowledge and expertise. This consultation is asked for and provided without compensation from an organisation who is under resourced and already stretched to capacity providing services to LGBTI young people who do not feel safe accessing generic services and support.

Engagement in school environments is clearly an effective strategy for providing support to LGBTI young people. While there are Department of Education policies on diversity that provide a useful platform, how this is implemented in each school is dependent upon each individual schools' Principal who is influenced by their own personal values and pressure from school. The consequence is that systematic stigma and discriminatory practices continue, and skilled LGBTI services are not available to the young people who are requesting assistance.

Recommendations

As mental ill-health of LGBTI people is clearly caused by the social environment, we recommend applying a social determinants framework to develop a comprehensive and integrated response to improve mental health LGBTI people and communities. We need to move to a system that coordinates skills and services to ensure that every interaction between LGBTI people and health and care providers achieves the best possible outcome within the scarce financial and human resources available. This approach could support better population health surveillance, guide policy, inform and lead service planning and create significant cost saving innovations and significant return on investment through shared operational decision-making.

There is a need to think about different ways to maximise the scarce resources available to improve mental health outcomes for LGBTI Queenslanders such as implementing a Hub and Spoke model of coordination that would reduce the risk of duplication, reduce sector fragmentation, better utilise financial and human resources, and create new solutions that can be integrated and scaled up across the statewide continuum of care.

Our recommendations are:

1. Create a supportive environment where LGBTI people experience social inclusion.

This can be supported by:

- Promoting the reduction of stigma, prejudice and discrimination towards LGBTI people in the community through stigma reduction campaigns, media communication guidelines, and education about the protections afforded LGBTI people under the Sex Discrimination Act.
- Schools being a safe environment that facilitate LGBTI young people remaining engaged in their education and achieve academic attainment that supports participation in employment.
- Enabling early intervention of supports for gender diverse and intersex children in early childhood and their families, through access to appropriate healthcare and information.
- Ceasing of medically unnecessary surgeries on intersex babies and children as per recommendations from Senate inquiry into the Involuntary or Coerced Sterilization of Intersex People in Australia.
- Developing mentally healthy and discrimination free workplaces where LGBTI people can actively participate in employment and remain engaged in the workforce, especially for transgender people who experience an increased rate of workplace discrimination resulting in unemployment.
- No legislation be permitted to facilitate the legal exclusion, prejudice or discrimination of LGBTI people, including the proposed Religious Discrimination Bill or exemptions currently embedded in the Sex Discrimination Act.

- Inclusion of demographic question that capture all LGBTI people in the 2021 census, and other ABS population health research.
2. Support individual capacity to implement personal health practices and build effective social support networks.

This can be supported by:

- Adequate income support that facilitates LGBTI people’s participation in community activities, volunteering, study or employment.
 - Access to long-term affordable, stable housing that is free from abuse, harassment and discrimination, especially for transgender and gender diverse people who experience high rates of discrimination, abuse and violence in accommodation.
 - Funding for and investment in the establishment, development and growth of LGBTI peer led programs, services, organisations and groups that provide services and support to LGBTI people and communities.
 - Facilitated connections and referrals between LGBTI community services and LGBTI clinical health services.
3. Facilitate the building of personal wellbeing to develop resilience, manage stress, and utilise coping skills.

This can be supported by:

- LGBTI people having access to advocacy and navigation support in mental health, especially in the event of discrimination encountered in in-patient mental health care units by perpetrated by mental health care professionals.
- Ensuring LGBTI people are able to access mental healthcare which is at the right level for their needs, including knowledgeable low intensity supports that facilitate early intervention prevention of future mental ill health.
- Ensure services and healthcare professionals are equipped to provide appropriate services and support, including in relation to culturally appropriate services and an understanding of the intersecting experiences regarding sexuality, gender identity, intersex status and cultural background to support the wellbeing of Aboriginal and Torres Strait Islander LGBTI people.
- Schools actively facilitating young people’s access to LGBTI support services for students that require specific support.
- Transgender and gender diverse people having timely access to gender affirming health care, which significantly contributes to the reduction of emotional distress that leads to mental ill health.
- Resourcing national LGBTI teleweb peer support service, QLife, to provide national 24 hour care for LGBTI people.

- Recognition of the value of non-clinical support plays in supporting mental health, and facilitate LGBTI people to have access to an expanded and skills LGBTI peer support network.

4. Ensure equitable access to mental health and healthcare services through systemic change.

This can be supported by:

- LGBTI people to be deemed a priority population in all mental health and suicide prevention programs, and ensuring responses consider and address the specific risk factors experienced by LGBTI people.
- Exemptions for religious-based organisations that deliver Commonwealth funded mental health and suicide prevention programs under Sex Discrimination Act to be removed and protections developed to ensure LGBTI people are free from all forms of discrimination in mental health services.
- Services that received funding to deliver mental health or suicide prevention services to have a contractual obligation to provide services to LGBTI people. If these services require subject matter experts to support their work, this expertise should be paid for.
- Mental health care pathways for LGBTI people are coordinated and integrated that facilitate timely access to a range of treatment supports that are culturally appropriate for LGBTI people.
- Healthcare workforce have access to quality LGBTI professional development education and training, and incentives to implement good practice frameworks and standards of care.
- An investment in LGBTI mental health research including the inclusion of LGBTI demographic question in mental health services data collection and the evaluation of mental healthcare services to ensure accountability of providing equitable and appropriate services to LGBTI people.

In each of these recommendations, we propose that they are developed and implemented with the contribution of LGBTI people themselves. This cannot be tokenistic, but LGBTI people must be meaningfully included in the planning, development, implementation, delivery and evaluation of any and all legislation, policy, strategy, frameworks, programs, research, services that affect their lives.

This inclusion of LGBTI people in these will assist with the identification of systemic stigma and ensuring that mistakes of the past are not repeated where damaging practices that increase rates of mental ill health are embedded in the structures and systems of our society.

This meaningful inclusion can take the form of community consultations, co-design processes, reference groups, focus groups, partnerships, or identified LGBTI positions to name a few options.

An investment in these interventions to address the social determinants of health of LGBTI people will:

- Improve social cohesion and social inclusion of LGBTI people.
- Increase LGBTI people's community participation and ability to effectively contribute to the wider community through volunteering, sports and arts.
- Increase engagement in education and therefore improve educational attainment and employability.
- Increase engagement in the workforce and support economic participation and productivity.
- Reduce reliance on social services, income support, housing services.
- Decrease need for mental health care and services.

Ultimately this investment will increase LGBTI people's economic contribution and decrease the cost of their reliance on the government for support.

Thank you for this opportunity to describe in depth the lives of LGBTI people in Queensland, and how improving their mental health will not only help the individual, but also the role that these individuals play in their families, communities, and workplaces.

If you require further information to support this submission, please contact:

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