# ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

## CONSUMER TALKING POINTS

DEVELOPED BY RAINBOW HEALTH VICTORIA AND THORNE HARBOUR HEALTH

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This resource has been provided by Rainbow Health Victoria and Thorne Harbour Health to support members of the LGBTI community and services in submitting statements to the Royal Commission into Victoria's Mental Health System. These talking points and recommendations are based on research evidence and are supported by both Rainbow Health Victoria and Thorne Harbour Health.

## Overview

All lesbian, gay, bisexual, transgender and intersex (LGBTI) Australians deserve to live happy and healthy lives, and to enjoy the benefits of a mental health system that is safe, affirming and supportive.

The life experiences of LGBTI people are varied and complex and the majority of LGBTI people are happy and content. However, a range of poor health outcomes, particularly mental health outcomes, are known to be associated with experiences of marginalisation, discrimination, stigma, violence and abuse.

While there is a strong evidence base that suggests LGBTI people are at greater risk of poorer mental health, there are gaps in the policy framework that would support effective interventions. There are no over-arching Commonwealth or state-based strategies for LGBTI health and wellbeing, and LGBTI people are often included as one group among many in mental health policy frameworks (Carman, et al 2012).

Programs to reduce heterosexism and challenge rigid gender norms would have a preventative impact on mental health for LGBTI people. Prevention strategies are needed that engage with the social reality for LGBTI people, and specific protective factors that promote resilience.

There is a critical lack of LGBTI community-controlled mental health services, and LGBTI people report barriers to accessing mainstream mental health services.

Models for mental health service delivery for LGBTI people must include access to community-controlled, specialist LGBTI services as well as access to mainstream services that have taken specific steps to become LGBTI safe and inclusive.

Note: LGBTI and LGBT will be used in this document to distinguish studies and findings that are relevant to, or inclusive of, people with intersex variations.

## LGBTI mental health

- LGBTI communities have much higher rates of depression, anxiety, substance abuse, self-harm, suicidal ideation and suicide compared to the general population.
- Young, bisexual and trans and gender diverse people are among those particularly at risk.
- The Royal Commission must recognise LGBTI as an "at greater risk" group, acknowledging and addressing gaps in mental health research and data on LGBTI experiences and much higher rates of mental illness experienced by our communities.
- There is a critical lack of LGBTI community-controlled mental health services, and LGBTI people report barriers to accessing mainstream mental health services

## Background

There is a significant body of evidence, both international and Australian, to suggest that LGBTI people experience anxiety and depression at higher rates than their heterosexual peers and are at greater risk of suicide and self-harm.

A number of systematic reviews of the literature have backed this finding (King, et al 2008; Corboz, et al 2008) also finding, along with others, that young people and lesbian or bisexual women are particularly at risk (McNair, et al 2005). According to Suicide Prevention Australia (2009) LGBT people are between 3.5 and 14 times more likely to attempt suicide than the national average.

In Private Lives, a national survey of the health and wellbeing of LGBT Australians, transgender participants reported the highest rates of diagnosis or treatment for a mental health problem while females reported higher rates than males (41.7% compared to 29.7%) (Leonard, et al 2015). The Trans Pathways study found significant levels of depression, anxiety, self-harm and suicidality amongst transgender young people (Strauss et al, 2017).

Bisexual people have consistently been found to have poorer mental health, with significantly higher rates of psychological distress and suicidality than gay, lesbian or heterosexual people (Taylor, 2019).
There is less available data on the mental health of intersex people. However, some studies have found significant levels of self harm and suicidality in participants who had an intersex variation. In many cases, participants identified unnecessary medical interventions and other people's comments and attitudes as drivers of their reduced mental health and wellbeing, rather than the intersex variation itself (Jones and Leonard, 2019).

## Causal factors

The reasons for higher rates or poor mental health and suicidality among LGBTI people are not always clear. However, there is an association between poor mental health and disconnection from family or communities, or discrimination and harassment.

Despite a legal and social environment that is increasingly supportive of LGBTI people, harassment and discrimination driven by homophobia and transphobia still occurs.

Results from Private Lives found:
- At least half of transgender participants reported harassment or abuse based on their gender identity in the past 12 months.
- 30-35% of lesbian, gay and bisexual people also reported experiences of harassment or abuse in the same time period (Leonard, et al 2015).

Reported levels of psychological distress were higher for those who had experienced both verbal and physical abuse.

In a study of young LGBT Australians, attempted suicide was reported by twice the number of respondents who had experienced verbal abuse, and by four times the number who had experienced physical abuse, compared to those who had not experienced abuse (Hillier, et al 2010). In another study, two thirds of transgender and gender diverse young people had experienced verbal abuse, and over 90% of young people who experienced physical abuse thought about suicide as a result (Smith, et al 2014).

Actual and perceived instances of stigma and discrimination devalue LGBTI people. One example of how this impacts is the recent debate around marriage equality. Verelli et al (2019) found that more frequent exposure to negative media messages was associated with greater psychological distress.

## Alcohol and other drug use

- The use of alcohol and other drugs has historically played a role in building LGBTI social networks, e.g. safe socialising in gay and lesbian bars.
- We must address the risk factors associated with considerably high rates of alcohol and other drug use in LGBTI communities. Targeted health-promotion strategies are needed to foster healthy lifestyles, inclusive connections to community, and healthy coping strategies.
- Rates and reasons for use appear to differ across LGBTI groups. Additional, ongoing funding is required to support integrated service delivery and research that clarifies the factors that drive harmful alcohol and other drug use across LGBTI groups and communities.

## Background

Overall, there is a range of risk and protective factors related to drug use and mental health. Some of these factors are relevant for both LGBTI and non-LGBTI populations. However, many of these risk factors are experienced to a greater extent by LGBTI populations than other populations (Ritter, et al 2012). Rates of drug use are considerably higher among LGBT people than the general population (Leonard, et al 2015).

The SWASH study revealed tobacco and alcohol use rates almost double the general population in lesbian, bisexual and queer (LBQ) women (Mooney-Somers, et al 2015). The reasons for this are not known. It is likely that for some women alcohol is a mechanism for coping with experiences of discrimination. However, this is not necessarily the case for all LBQ women. It is likely that alcohol and bar culture historically plays a key part in the social networks of LBQ women.

Similarly, gay and bisexual men have high rates of drug use, particularly party-drugs such as crystal-methamphetamine and MDMA (ecstasy) (Hammoud, et al 2017). This is not necessarily associated with poorer mental health. In some cases, it is associated with connection to community. However, long term or problematic drug use poses a risk to both mental and physical health.

Trans Pathways (Strauss, et al 2017) and Blues to Rainbows (Smith et al, 2014) found that transgender and gender diverse young people used alcohol as a way of coping. This association does not appear to be present in people with an intersex variation.

For some LGBT people their experiences of living in a homophobic and transphobic environment can trigger mental health problems and/or the use of drugs as a way of coping with the cumulative effects of being abused and discriminated against and made to feel less worthy than the heterosexual and gender normative majority.

This points to the need for integration of services and specific services for LGBT people.

## Prevention

- Mainstream health providers must address rigid gender norms and other drivers of discrimination, stigma, violence, and abuse in their services delivery and prevention activities. These factors contribute to high rates of mental ill-health in LGBTI people.
- Additional funding is required for evidence-based programs to foster supportive relationships, communities and social networks for LGBTI people that are known to have protective factors for mental health.
- The mental health system must promote resilience and healthy coping skills to deal with everyday life and the challenges associated with discrimination. Services must provide diverse forms of affirmative community engagement and targeted, strength-based therapeutic strategies.

## Background

Heterosexism and rigid gender norms are the drivers of discrimination, stigma, violence and abuse, which in turn have a negative impact on mental health.

Therefore programs to reduce heterosexism and challenge rigid gender norms would have a preventative impact on mental health for LGBTI people.

In general, social networks, supportive relationships and a feeling of belonging or connectedness, are recognised as protective factors for mental health. For LGBT people, connection and belonging to LGBT and mainstream communities and family are predictors of improved mental health (Carman et al., 2012; Lyons et al., 2014; Taylor, et al 2019).

The contribution of LGBTI peer relationships and connections appears to have a significant part to play in resilience.

In Private Lives, three quarters of respondents rated LGBT friends most highly for emotional support (Leonard et al., 2012). Respondents who had participated in LGBT community events had lower rates of psychological distress than those who had not, among all gender identity groupings. For transgender people, having frequent contact with LGBT peers was associated with greater resilience (Bariola, et al 2015).

Both Trans Pathways (Strauss, et al 2017) and Blues to Rainbows (Smith, et al 2014) found that for transgender and gender diverse young people, the most important protective factors included engaging in art, music, talking to friends and peers, and a supportive family.

Prevention strategies are needed that engage with the social reality for LGBTI people, and specific protective factors that promote resilience.

## Accessibility

- LGBTI people access health services less often and delay seeking treatment due to fear of bias, stigma and discrimination from service providers.
- Community-controlled LGBTI health services help overcome this issue, but LGBTI Victorians currently only have access to a limited range of LGBTI specific mental health services.
- These programs, including those delivered by Thorne Harbour Health, target common mental health issues such as depression and anxiety. There are no acute, bed based, forensic or complex care services available that specialise in supporting LGBTI Victorians.

## Background

Australian and international studies show that LGBTI people underutilise health services and delay seeking treatment due to actual or anticipated bias from service providers. In Private Lives, nearly 34% of LGBT Australians reported "usually or occasionally" hiding their sexual orientation or gender identity when accessing services to avoid possible discrimination and abuse (Leonard et al, 2012). This can lead to reduced screening for a range of physical and mental health conditions and an escalation of issues and poorer prognosis.

Heterosexist discrimination can also lead to social isolation and economic disadvantage, which, in turn, reduces access to health services generally and to private health care in particular.

The Trans Pathways study (Strauss, et al 2017) found that young people seeking mental health and other medical services encountered inexperienced or transphobic service providers, and long waiting lists to see providers who are 'trans-friendly'. Feeling isolated from services was found to have a significant negative impact on mental health.

A systematic review of research on counselling for LGBT people in the UK found that one of the major barriers to LGBT people seeking mental health care was the lack of an affirmative provider (King et al. 2007). Affirmation was linked to feeling not only safe and supported by staff and other clients but also to being valued and affirmed as LGBT by the service.

The provision of LGBTI affirmative services in potentially sensitive areas of services provision, such as sexual health, drug and alcohol and mental health, is often best delivered by community-controlled LGBTI organisations. Many LGBTI people want to be cared for and supported by practitioners and services that have a deep and profound understanding of the pressures they face every day (Leonard and Metcalf, 2014).

There is also a need to address the knowledge and skills of 'mainstream' health services and professionals in order to meet the full range of service needs for LGBTI people.

Particularly for people with intersex variations, 'Evidence shows health professionals may need training to better understand diversity and difference and apply a human rights and critical patient-centred approach to the treatment and care of people with intersex variations' (Jones and Leonard, 2019). There are important health and mental health supports required at specific life stages for those living with different intersex variations.

LGBTI Victorians currently only have access to a limited range of LGBTI specific mental health services. These programs, including those delivered by Thorne Harbour Health, target low-intensity high-prevalence mental health issues such as depression and anxiety. There are no acute, bed based or forensic services available that specialise in supporting LGBTI Victorians.

## Models of treatment and care

- We must support and build upon the mixed model of mental health service delivery that provides access to community-controlled, specialist LGBTI services in addition to mainstream services to ensure a “no wrong door” approach.
- We must prioritise funding for community-controlled mental health services and build capacity to meet demand.
- Models of treatment and care must be informed by evidence, best-practice health promotion, and a commitment to the principles of justice, equity and diversity.
- We must appropriately resource the mainstream mental health and coronial systems to gather data that represents the experience of LGBTI people
- We must ensure mainstream services are safe and inclusive for LGBTI and other marginalised communities through adequate training and workforce development.

## Background

All LGBTI Australians deserve to access high quality, safe and inclusive mental health services regardless of where they live. Models for mental health service delivery for LGBTI people must include access to community-controlled, specialist LGBTI services as well as access to mainstream services that have taken specific steps to become LGBTI safe and inclusive to ensure that there is ‘no wrong door’.

Models of treatment and care must be informed by evidence, best-practice health promotion, and a commitment to the principles of justice, equity and diversity.

Service delivery should be contextualised within the key social processes and determinants that impact on LGBTI people’s health and wellbeing. It must be informed by differences in mental health both between LGBTI and mainstream populations and within LGBTI communities.

*… mental health services need to be aware of and able to respond to differences within LGBT communities. These include differences in gender identity and sexual identity, and how LGBT people who are members of other minority and marginal populations may be subject to added pressures associated with other forms of discrimination and material disadvantage* (Leonard et al, 2015).

An effective service response requires strong partnerships and effective collaboration between mainstream services and LGBTI community-controlled organisations. Consumer consultation as well as expert, evidence-based advice is required to ensure the mainstream response is effectively co-designed and reviewed to meet the needs of LGBTI clients.

Historically mainstream services and coronial processes have not gathered data that represents the experience of LGBTI people within the mental health and suicide prevention system, and mental health and suicide prevention staff have voiced a lack of confidence and competence in sensitively and appropriately asking these questions (Price Waterhouse Coopers, 2011).

A consistent data set is required that captures sexuality, gender, intersex bodies and relationships, and must be also included in suicide registers. This must be supported by training and systems development to ensure these questions are asked sensitively, and the information treated with appropriate confidentiality.

Finally, while there is undoubtedly a role for peer support in LGBTI mental health services, there are risks in support being provided by people struggling with their own mental health. Trans Pathways found that young transgender people who helped others had higher rates of self harm, suicidal thoughts and depression (Strauss, et al 2017). This points to the need for LGBTI community-controlled services, where peer support is offered in a supported and integrated way.

## Workforce development

- Staff across the whole service system must be adequately trained in culturally safe LGBTI service provision. This must include GPs, psychologists, and mental health triage, bed based services, case management, complex care, forensic, and NDIS clinicians.
- Both Thorne Harbour Health and Rainbow Health Victoria provide training programs focussed on LGBTI inclusive practice, including introductory sessions and sector specific sessions looking at mental health, alcohol and other drug use, young people and family violence.
- Government funding must be provided to ensure these training programs are accessible to all organisations and organisations must be mandated to attend to ensure full participation.

## Background

Building effective models of treatment and care for LGBTI people means ensuring access to mainstream services that are safe and inclusive.

While training and professional development programs are important in increasing staff knowledge and skills, they cannot ensure safe and equitable access and effective service delivery. This requires training and individual professional development to be embedded in a comprehensive strategy for systemic culture change and service system re-design. Staff from across the whole service system must be adequately trained, as one poor episode of service can result in a client dropping out of care. This must include GPs, psychologists, and mental health triage, bed based services, case management, complex care, forensic, and NDIS clinicians.

A number of inclusive practice audit tools and self-assessment tools are available, along with resources and guides to assist organisations in undergoing this change.

The Rainbow Tick program is a quality framework that helps organisations demonstrate that they are safe, inclusive and affirming services and employers for the LGBTI community. It is made up of six standards designed to build lasting LGBTI cultural safety. The Rainbow Tick is a world first and was developed by Rainbow Health Victoria in consultation with Quality Innovation Performance (QIP), the organisation that conducts the accreditation process.

Achieving the Rainbow Tick requires organisations to review and develop their systems, facilitate cultural change and ensure their staff have been appropriately trained to provide services to LGBTI clients.

Rainbow Health Victoria supports organisations to do this by providing a range of resources, including the HOW2 program.

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