QUEENSLAND COUNCIL FOR LGBTI HEALTH

Committee Secretary
Mental Health Select Committee
Via email: mhsc@parliament.qld.gov.au

11th February 2022

Dear Committee

INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

Thank you for the chance to provide you a submission in response to the inquiry into the opportunities to improve mental health outcomes for Queenslanders. The Queensland Council for LGBTI Health (QC), has been a home for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy people and communities in Queensland for over 35 years. We are proud to be a community led and community owned health and wellbeing service, representing the diversity of our communities.

As part of our work, we offer services for individual care, including client services in the form of our clinic space and mental health services through QCGP+ (formerly Clinic 30) which has been operating for about a decade.

We are in a mental health crisis. Over 2 fifths of LGBTIQ+ people report having attempted suicide in the past 12 months, and over half of LGBTIQ+ people reported high or very high levels of psychological distress during the past four weeks [2. Private Lives 3 Study 2020; LaTrobe University]. In particular, experiences for our Trans, Gender-Diverse and Non-Binary communities are showing even worse outcomes, with numbers being one in seven. These statistics bring to light the crisis we are in and reflects the experience of many, including the people that we see at our service and communities we speak to.

Our communities have a long history of discrimination and systemic oppression. The toll that it takes to remain resilient is a heavy one, leading to increasing isolation and loneliness, as folks choose to live their authentic lives. This can lead to increased use of alcohol and other drugs, with LGBTIQ+ people two to four times more likely to abuse alcohol and drugs [1. Private Lives 3 Study 2020; LaTrobe University]. Our communities tell us there are many contributing factors to poor mental health outcomes including social isolation from families, friends and connection points all around society. At worst it signals that people are 'othered' and excluded, unwanted and discriminated against. At best we are 'not the norm.'

When consulting with our communities, we hear from their lived experience that connection helps improve their mental health, with peers, chosen families and reconnection back to families and friends. The need for more information about health and wellbeing, more services to reach out to

and safe spaces to meet other supportive and like-minded folks are some of what are being fed back to us again and again to improving mental health outcomes.

This is an opportunity for us to share a bit about how we are providing services, but also regularly consulting our communities about their health and wellbeing. We have an incredible team at our Families Practice, where our four mental health workers are regularly working to see at least eight sessions a day over zoom. Our service is currently booked out three months in advance. This clearly demonstrates a growing need for our communities to have greater access to expanded mental health services designed for them.

From our clinic to regular feedback from our communities, we are hearing very regularly that people are in desperate need of increased access to mental health services and improved quality of care as LGBTIQ+ Sistergirl and Brotherboy people. Working for our communities who are living with a disability, are deaf or have low hearing and who are blind or have low vision and improving their access to services is integral to improving their mental health outcomes. Our communities tell us about their trauma and societal trauma, as we live in a world where we've been told that our love, or attraction, gender or gender expression, bodies and reproductive abilities, or lack thereof are wrong.

Our LGBTIQ+ Sistergirl and Brotherboy communities, and people who are living with a disability experience barriers to accessing health and mental health care services. Improving accessibility can range from resources being created in alternative formats (such as plane text or Auslan), adequate disability support and client assistance around buildings and the use of the correct language. Our communities are telling us services lack knowledge and practice in this area, leading to further stigma for people and increased anxiety, discouraging people from accessing vital mental health services. Improving accessibility significantly improves delivery of health care and mental health services and leads to better mental health outcomes for our communities.

Since speaking with our communities recently during consultation regarding social isolation and loneliness, discrimination and what our Client Services Team are telling us on a daily basis, we would like to bring the following to your attention, as opportunities to improve mental health for Queenslanders;

- Increasing the capability and capacity of LGBTIQ+ specialised organisations to deliver mental health services, benefiting people who have diverse relationships, genders, bodies, varying sex characteristics and across the life span from early childhood with families to older folks and aged care;
- Strengthen acute care for people who are experiencing systemic care failures and increase medium and long-term care;
- Remove barriers for access to mental health services, including:
  - Increasing the primary health care space to provide adequate and safe referral pathways,
  - Reviewing and implementing accessibility in alternative formats to remove barriers to folks with disabilities, people with low hearing or who are deaf and people who have low vision or who are blind, accessing services,

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- Ensuring there is capacity for mental health care at primary health care sites such as at General Practices, Hospitals and other primary care health access points, with mental health staff present;
- Increase safe access, LGBTIQ+ knowledge and capability across mental health care points across the state;
- Increase opportunities to funding for community-controlled spaces, groups and organisations to deliver mental health capacity and capability activities, such as connection spaces, awareness and connection points for referrals and care;
- Strengthen accessibility to mental health for individuals through subsidies, expanding Medicare eligibility, removing the cost, looking at equal access to mental healthcare and increasing session numbers and ensuring ongoing mental health accessibility.
- Improve service delivery and service access for our folks and communities living with a disability, in regional and remote geographical settings and folks who are from Aboriginal, Torres Strait Islander and South Sea Islander backgrounds to access culturally safe health and wellbeing services.

When recently consulting with our communities about their mental health, our communities told us that:

1. Current access to supports need to be improved and strengthened to ensure folks and communities have adequate access to support for them, their families, friends and chosen families.
2. More sector funding is needed to expand existing LGBTIQ+ Sistergirl and Brotherboy services, expanding services to help our folks and communities access services.
3. Referral pathways need strengthening and improving sector capability to allow more culturally safe ways to access mental health supports, doctors, clinicians, and crisis support.
4. Better access is needed for our folks and communities living with a disability, in regional and remote geographical settings and folks who are from Aboriginal, Torres Strait Islander and South Sea Islander backgrounds to access culturally safe health and wellbeing services to reduce social isolation and loneliness.

Thank you for the chance to provide you a submission in response to the inquiry into the opportunities to improve mental health outcomes for Queenslanders. QC hopes to be a part of consultations into the future with the Committee so that more voices can be heard.

Yours sincerely

Rebecca Reynolds
CEO
Queensland Council for LGBTI Health

Ref: Private Lives 3 [PL3], The Health and Wellbeing of LGBTIQ People in Australia, A. O. Hill, A. Bourne, R. Mcnair, M. Carman, A. Lyons.

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Executive Summary from Private Lives 3

Mental Health and Wellbeing

- More than half (57.2%; n = 3,818) of participants reported high or very high levels of psychological distress during the past four weeks.
- Three fifths (60.5%; n = 3,965) reported having ever been diagnosed with depression and almost half (47.2%; n = 3,093) with generalised anxiety disorder.
- Over two fifths (41.9%; n = 2,848) reported that they had considered attempting suicide in the previous 12 months and almost three quarters (74.8%; n = 5,084) had considered attempting suicide at some point during their lives.
- One 20th (5.2%; n = 274) reported having attempted suicide in the past 12 months and almost one third (30.3%; n = 1,606) reported having attempted suicide at some point during their lives. These rates are considerably higher than those observed within studies of the general population.
- One seventh (13.7%; n = 36) of trans men, 10.9% (n = 27) of trans women, 6.8% (n = 54) of non-binary participants, 4.2% (n = 76) of cisgender women and 3.3% (n = 56) of cisgender men reported having attempted suicide in the past 12 months.
- In total, 7.8% (n = 33) of pansexual, 6.0% (n = 69) of bisexual, 5.1% (n = 35) of queer, 4.2% (n = 8) of asexual, 4.1% (n = 42) of lesbian and 3.3% (n = 46) of gay identifying participants reported having attempted suicide in the past 12 months.

Health Services

- Mainstream health services were more frequently accessed by participants than health services that were known to be LGBTIQ inclusive or that catered only to lesbian, gay, bisexual, trans and/or intersex people.
- Of a range of health services, mainstream medical clinics had the lowest proportion of participants who felt that their sexual orientation or gender identity was very or extremely respected (58.6% and 37.7% respectively).
- The proportion of participants who felt that their sexual orientation or gender identity was very or extremely respected was highest for those who attended a medical clinic that caters only to lesbian, gay, bisexual, trans and/or intersex people (94.9% and 90.2% respectively) or a mainstream medical clinic that is known to be LGBTIQ-inclusive (90.9% and 81.9% respectively).
- Over three quarters (75.3%; n = 5,133) of participants reported that they would be more likely to use a service if it has been accredited as LGBTIQ-inclusive.

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Alcohol, tobacco and other drug use

- One sixth (16.9%; n = 998) of participants reported experiencing a time in the past 12 months when they had struggled to manage their alcohol use or a time where it negatively impacted their everyday life.
- Almost half (44.4%; n = 2,781) reported using one or more drugs for non-medical purposes in the past 6 months. The most frequently reported drugs were cannabis (30.4%; n = 1,904), ecstasy/MDMA (13.9%; n = 872) and cocaine (9.6%; n = 601).
- One seventh (14.0%; n = 388) reported experiencing a time within the past 6 months when they had struggled to manage their drug use or where it negatively impacted their everyday life.

Trans and gender diverse people

- Overall, trans and gender diverse participants reported higher rates of psychological distress, suicidal ideation and attempts and poorer self-rated health than cisgender women and cisgender men in PL3.
- Three fifths (61.8%; n = 113) of trans women reported gaining legal recognition for their gender identity in their passport, followed by 45.4% (n = 90) of trans men and 17.2% (n = 72) of non-binary participants.
- Less than one third of trans women (32.0%; n = 74) and trans men (29.0%; n = 75), and one 10th (10.0%; n = 48) of non-binary participants, reported gaining legal recognition for their gender identity in their birth certificate.
- Less than half of trans women (49.5%; n = 142) and trans men (49.5%; n = 136), and one quarter (25.8%; n = 154) of non-binary participants, agreed or strongly agreed with the statement, 'I have been easily able to access gender affirming care when I have needed to.'

People with an intersex variation/s

- Almost one fifth (19.6%; n = 9) of participants with an intersex variation/s reported having one or more family members with an intersex variation/s and more than half (51.8%; n = 28) reported having one or more friends with an intersex variation/s.
- More than three fifths (61.7%; n = 29) of participants with an intersex variation/s reported having experienced an occasion where they felt they did not have sufficient say over medical decisions that related to them.
- More than half (54.4%; n = 25) reported having undergone a medical intervention relating to their intersex variation/s. Of these, almost seven in ten (68.0%; n = 17) responded that this had occurred when they were a child.
- Of those who had undergone a medical intervention relating to their intersex variation/s, less than one quarter (24.0%; n = 6) responded that they were mostly or completely able to provide full and informed consent and 27.3% (n = 6) responded that their parent/s or carer/s were mostly or completely able to provide full and informed consent.
- More than half (55.6%; n = 25) of participants reported having experienced discrimination in a healthcare setting related to their intersex variation/s.

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Recommendations

While not all LGBTIQ people experience challenges in their lives, many do, as reflected in the PL3 data. Mental health challenges, suicidal thoughts and attempts, harassment and abuse, homelessness, challenges with alcohol and drug use and intimate partner and family violence are some of the areas that are disproportionately experienced by LGBTIQ people, with specific subgroups experiencing additional burdens. At a minimum, addressing these requires further policy and program development, service development and improvements to future data collection. Specific recommendations include:

- Inclusion of sexual orientation, gender identity and intersex variation/s in all government health and wellbeing policy frameworks as key priority populations, including trans and gender diverse populations;
- Broader campaigns, in partnership with LGBTIQ community-controlled organisations, that tackle stigma directed towards LGBTIQ communities;
- Ongoing funding of surveys to track LGBTIQ health and wellbeing over time and review of national and state-based health and coronial data reporting to ensure inclusion of questions that adequately capture sexual orientation, gender identity and intersex variation/s;
- Campaigns within LGBTIQ communities and in the broader community to further embrace diversity and to ensure full inclusivity of all groups, particularly LGBTIQ people with disabilities, LGBTIQ people from multifaith and culturally and linguistically diverse backgrounds and LGBTIQ people from Aboriginal and/or Torres Strait Islander backgrounds;
- Expansion of funded services specifically catering to the needs of lesbian, gay, bisexual, trans and gender diverse and/or people with an intersex variation/s, including in regions outside inner suburban areas, that are fully informed and shaped by consultation with all relevant communities;
- A requirement for organisations providing support in areas such as mental health, alcohol and other drugs or homelessness and in receipt of public funding, to take steps to ensure LGBTIQ-inclusive practice, such as undertaking organisational cultural safety training and working in partnership with community-controlled LGBTI health organisations
- Increased funding of LGBTIQ community-controlled organisations to support LGBTIQ-inclusive services and service development, including the establishment and recourses of communities of practice and other capacity building initiatives;
- Ongoing evaluation of the outcomes of LGBTIQ-inclusive care for LGBTIQ people to help inform and drive further improvements;
- Significant investment in outreach and peer support initiatives in consultation with intersex community organisations and sufficient funding and resources for intersex organisations to increase outreach initiatives, as well as the provision of dedicated funding for community participatory research specifically directed to people with an intersex variation/s, for example, surveys that only involve people from this population;
- Further funding for community participatory research to attend to the diversity and heterogeneity of LGBTIQ people more broadly in Australia, including the specific needs of sub-populations such as LGBTIQ Aboriginal or Torres Strait Islanders, LGBTIQ people with

disabilities or long-term health conditions and LGBTIQ people from culturally and linguistically diverse backgrounds;

- Priority community participatory research that focuses on a broader diversity of gender and sexual identities. In particular, nonbinary identities are rapidly changing and non-binary participants reported poorer health outcomes when compared with other participants. People who identify as queer, bisexual or pansexual also appear to be growing and reported poorer health outcomes compared to lesbian and gay identifying participants. These groups also require specific attention in future research.

Ref: Private Lives 3 [PL3], The Health and Wellbeing of LGBTIQ People in Australia, A. O. Hill, A. Bourne, R. Mcnair, M. Carman, A. Lyons.