



Submission to:

The Senate Community Affairs References
Committee inquiry into the Commonwealth
Funding and Administration of Mental
Health Services

July 2011

About ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Lesbian and Gay Anti-Violence Project (AVP), the Community Support Network (CSN), the Positive Living Centre (PLC) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

ACON's work in mental health includes prevention (e.g. youth projects) and early intervention (e.g. counselling services). ACON's counselling service is open to the GLBT community, people living with HIV and sex workers. It provides priority/emergency counselling, counselling for people newly diagnosed with HIV as well as more general day time and after hours counselling.

ACON is currently also the recipient of a grant from NSW Health to develop a pilot project to improve the mental health literacy of the GLBT community.

General Comments

ACON welcomes the opportunity to provide feedback on the funding and administration of mental health by the Commonwealth Government. This is a very important matter to ACON as we service the gay, lesbian, bisexual and transgender (GLBT) community and people affected by HIV. In our experience, many of our clients have raised issues of marginalisation, social exclusion and discrimination as barriers to good mental health and wellbeing.

As mental health is a broad area, ACON's focus will be on the impact of the changes to the *Better Access* scheme and mental health services for the GLBT community.

Section 1. Mental health services for the GLBT community

ACON is pleased that the Commonwealth government recently announced \$1.1m funding for the National LGBTI Health Alliance to address suicide in our community. This project is an important first step in mainstreaming GLBT mental health issues and improving access to mental health services for the GLBT community.

Research has consistently demonstrated that GLBT people experience affective mental illnesses, suicidal ideation and self harm at alarmingly high rates.¹ It has been widely noted

¹ M Pitts, A Smith, A Mitchell, *et. al.*, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, The Australian Research Centre in Sex, Health & Society, La Trobe University, (2006), p. 33; L

that suicide in the GLBT community is between 3.5 to 14 times higher than their peers who are not gay, lesbian, bisexual or transgender.² Further, it is well recognised that suicide and self harm rates for same-sex attracted youth and GLBT Aboriginal and Torres Strait Islander people are even higher.³ ACON's own experience confirms these data with a high percentage (20%) of our clients at intake presenting signs of suicidal ideation.

The higher instances of mental ill-health in the GLBT community have been linked to the individual experiences of discrimination. A study published in the American Journal of Public Health also confirms the direct correlation between discriminatory public policy and increased rates of depression in the GLBT community.⁴

This evidence is starting to be reflected in government policy. For example, the *NSW Suicide Prevention Strategy 2010-2015* noted that: "The experience of homophobia, transphobia and discrimination, violence and abuse, social isolation, abuse of alcohol and other drugs and mental health issues all contribute to the elevated risk of suicide in the GLBT community."⁵

Whilst attitudes are slowly changing towards the GLBT community, homophobia, especially that which is targeted at young people when they are coming to terms with their own sexual orientation and/or gender identity has been linked to mental illness and suicide attempts by young GLBT people.⁶ Therefore, it is crucially important that appropriate support programs are provided for the GLBT community, especially young GLBT people. It is also important to consider how underlying issues related to discrimination, violence and homophobia can be addressed.

The impacts of discrimination, homophobia and violence are also reflected in an analysis of Australian Bureau of Statistics data which shows that gay, lesbian and bisexual people were more than twice as likely to experience 'any mental disorder'.⁷ Alarming, homosexual and bisexual people were more than three times as likely to have had an affective disorder compared to heterosexuals.⁸

hillier, T Jones, M Monagle, *et. al.*, *Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, The Australian Research Centre in Sex, Health & Society, La Trobe University, (2010), p. 51.

² Suicide Prevention Australia, *Position Statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities*, (2009), p.2, at <http://suicidepreventionaust.org/notitia/FileHandler.ashx?id=EF740238ACF5729B7B20F25703BFD96611BF6D12> (accessed 13 November 2009).

³ *Ibid.*, p. 2.

⁴ M Hatzenbuehler, K McLaughlin, K Keyes, *et. al.*, 'The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study', *American Journal of Public Health*, vol 100 (3), March (2010), pp. 453-459.

⁵ NSW Government, *NSW Suicide Prevention Strategy 2010-2015: a whole of government strategy promoting a whole of community approach*, (2010) p. 14.

⁶ Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Commonwealth of Australia, June (2010), p. 102, referring to the Mental Health Council of Australia, *Submission 212*, p. 25.

⁷ Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing*, (2007).

⁸ *Ibid.*

The GLBT community intersects with many other at-risk groups, such as Aboriginal and Torres Strait Islander peoples, young people, people who live in rural or remote areas and people from culturally and linguistically diverse backgrounds. Often, being a member of multiple at-risk groups compounds the risk factors facing an individual. Therefore, it is important that GLBT issues are not considered in isolation from other issues, and that in a whole-of-government and whole-of-community approach, all service providers and community partners are aware of and sensitive to the issues relevant for all at-risk groups. This is important for building understanding but also to facilitate culturally appropriate and effective service delivery and referrals.

In light of the mental health challenges facing the GLBT community, and the experience that ACON has had in working with our clients through a range of counselling and support services, ACON developed a *Mental Health and Wellbeing Strategy* to inform our work in this area. A copy of the strategy is enclosed with this submission to provide more detailed information.

In ACON's experience, the provision of and access to mental health services are important, as are mental health promotion and the prevention of mental illness. It is clear from the research evidence that mental health programs need to target the individual through service provision, communities through mental health promotion and social marketing, as well as addressing social determinants of mental health at the wider society level. In particular, it is important to challenge the homophobia, transphobia, discrimination and violence experienced by the GLBT community, which are widely accepted as factors in the poorer mental health of our communities.

In addition to the broad social determinants of mental health, the following areas are also key to improving mental health and wellbeing in the GLBT community:

- Increasing the GLBT community's mental health literacy, resilience and capacity to manage mental health.
- Promoting social inclusion, encouraging prevention and early intervention to minimise the impact of mental illnesses on the GLBT community.
- Assisting service providers to understand GLBT mental health issues and respond appropriately.
- Improving research and evaluation on effective interventions.

ACON encourages the Committee to consider these areas for future action by the Department of Health and Ageing in improving the mental health and wellbeing of the GLBT community.

Recommendations:

2. That the Commonwealth Government fund initiatives to reduce homophobia, transphobia, discrimination and violence against the GLBT community.
3. That the Commonwealth Government examines further ways to improve the mental health and wellbeing of the GLBT community.

Section 2. The Better Access Scheme

ACON provides mental health and primary care co-ordination services to people with HIV, sex workers, drug users and the GLBT community. A large proportion of our clients experience mental health co-morbidities. We provide our services from grant funding and thus we do not participate directly in the *Better Access* scheme. However, many of our clients continue treatment beyond the limited number of sessions that ACON can offer through the *Better Access* scheme. The *Better Access* scheme has also enabled us to refer more clients accessing our intake and assessment service to a prompt and affordable service, a valuable outcome as demand for our services exceeds availability.

Our Enhanced Primary Care service works with general practitioners with a high HIV and GLBT caseload to co-ordinate and manage a range of services for people with chronic illness. The introduction of the *Better Access* scheme significantly increased our capacity to take on new clients as a consequence of increased access to extended mental health services for clients with mental health co-morbidities.

The reduction in the number of renewable sessions with a qualified psychologist or social worker under the *Better Access* scheme to a maximum of 10 sessions has significant negative impacts for our clients, especially clients with co-morbidities or complex needs. Previously, up to 18 sessions per year were available if a doctor assessed it as necessary and appropriate. The significant reduction in the maximum sessions available would mean clients who have complex needs may not receive the number of sessions required for recovery. For a client with complex or co-morbid mental health issues, 10 sessions per year is often inadequate. This may lead to a deterioration in mental health if treatment is ceased prematurely due to the cap of 10 sessions.

Deterioration in mental health can also lead to an array of other negative outcomes, including problematic alcohol and/or drug use, homelessness and a risk of harm to self or others.

ACON welcomes the increase in mental health funding, and understands the importance of effectively utilising taxpayer resources. However, we are concerned that the reduction in the number of sessions available may lead to unintended costs as recovery of mental health issues may be delayed due to the insufficient number of sessions. To reduce the negative impact of this policy, exemptions could be made for people who experience co-morbidities or complex mental health needs so that they can access the mental health assistance that they require.

Recommendation:

4. That the Commonwealth Government reverses the capping of sessions under the *Better Access* scheme for clients with mental health co-morbidities and/or complex needs as assessed by general practitioners.
5. That the Commonwealth Government facilitate a discussion between the Department of Health and Ageing, general practitioners, psychologists, social workers, consumers and

community organisations on identifying ways to improve access and continued care for clients with mental health co-morbidities and/or complex needs.

ACON is happy to discuss this submission with the Senate Community References Committee or to appear as a witness before the Committee. If the Committee wishes to receive further information, please contact Alan Brotherton on 02 9206 2048 or email abrotherton@acon.org.au.