

29 March 2010

Senate Community Affairs References Committee
Parliament House
Canberra ACT 2600
Email: community.affairs.sen@aph.gov.au

Re: Inquiry into Suicide in Australia

Dear Senator Siewert and members of the Senate Community Affairs References Committee,
Thank you for the opportunity to speak with you at your public hearing on 3 March 2010 relating to your Inquiry into Suicide in Australia.

At that hearing Senator Moore inquired whether the National LGBT Health Alliance has been involved or consulted by Wesley Mission in regard to their funded LifeForce program, which includes community suicide prevention networks. During the Committee hearing Wesley Mission explained that this national suicide prevention program develops and delivers educational programs in communities to help people look at wellbeing and related issues and to deal with the issues of potential and actual suicide. Rev. Dr Rev. Dr Garner, CEO of Wesley Mission, noted that the program works collaboratively with other organisations and local communities with an interest in suicide prevention and mental health and explained its work in detail (Hansard CA22f proof copy, 3 March 2010).

I was able to inform the Committee that the National LGBT Health Alliance has not been approached by Wesley Mission, however I also undertook to ask our members whether any of them had been approached or had any involvement in the LifeForce program This was put on notice.

The National LGBT Health Alliance is a national peak body for organisations working to promote the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse (LGBT) people. We were established in 2009 and currently have 69 members in every state and territory of Australia, with membership steadily growing. Many of our members have a strong interest in suicide prevention and mental health as is to be expected given the significance of this issue for LGBT people.

I can now inform the Committee that my inquiries indicate that none of the current members of the National LGBT Health Alliance has been approached or involved in any way by Wesley Mission in regard to its LifeForce program. We note that Wesley Mission is not an exception in this regard. Few generic programs or organisations seek to engage with the LGBT sector or respond to documented needs of these populations in a proactive way, thereby reproducing the exclusion of LGBT people from efforts that aim to assist all Australians.

The National LGBT Health Alliance would welcome involvement in programs seeking to improve mental health. We note that there is increasing acknowledgement in the mental health sector of the specific risks and needs of LGBT people. However, there is currently a lack of expertise in the mental health sector in relation to inclusion of and responsiveness to LGBT people. Unless LGBT people are involved in needs assessment, program design, development and implementation it is unlikely that efforts to reach *all* Australians will succeed in including LGBT Australians and effectively responding to their issues. We refer to the principles of the recent National Compact in this regard.

We note also that to date the work of the National LGBT Health Alliance to assist other service providers and the Federal government to take the issues of LGBT people into account has been enabled by LGBT community raised funds. The LGBT health sector is very poorly resourced, with no dedicated Federal funding, and its capacity stretched. With increased recognition of the needs of LGBT

people also come increased demands on the National LGBT Health Alliance and its members, which it will have difficulty fulfilling without resources.

We suggest that all government funded programs seeking to address mental health issues in general and suicidality in particular be required to demonstrate their inclusion of LGBT people and their specific issues as a condition of their funding agreement. We recommend that this requirement specify consultation and partnerships with LGBT organisations and recompense for the time and efforts of those organisations.

We also suggest that the Committee consider the value of a national framework to effectively coordinate input from the disparate and hard-to-reach LGBT health sector into generic and targeted suicide prevention and intervention programs.

In addition, we would like to take this opportunity to reiterate the necessity of prioritizing targeted efforts to address the issues faced by transgender and intersex Australians with regard to suicidality alongside those of lesbian, gay and bisexual Australians. Evidence demonstrates that transgender people experience the highest rates of suicidal ideation and attempted suicide of any population group and significant barriers to receiving appropriate care, yet causal factors and the experiences and needs of trans and intersex people are overwhelmingly excluded in research, policy and practice.

We have raised some of the issues of LGBT Australians in relation to suicide in our written and oral submissions to the Committee and would welcome the opportunity to provide further information and work in partnership with the federal government and other stakeholders address them.

Thank you again for the opportunity to contribute to your important work in reducing suicide in Australia.

Best regards

Gabi Rosenstreich
Executive Director