



Submission to the

Senate Select Committee on Mental Health

October 2005

1. THE AIDS COUNCIL OF NSW INC (ACON)

ACON was formed in 1984 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Since 2000 ACON has been a health promotion organisation based in the gay, lesbian, bisexual and transgender (GLBT) community, with a central focus on HIV/AIDS.

ACON provides education, health promotion, care, support, and advocacy services for members of the GLBT community, including injecting drug users and Indigenous people, to sex workers, and all people living with HIV/AIDS (PLWHA).

ACON has offices in Sydney, Western Sydney, Illawarra, Northern Rivers, Hunter and Mid North Coast with an extensive range of outreach services. ACON is also home to the Community Support Network (CSN), the Positive Living Centre (PLC), the Lesbian and Gay Anti-Violence Project (AVP) and the Sex Workers Outreach Project (SWOP).

ACON provides a range of mental health clinical and support services for people living with HIV/AIDS (PLWHA) and GLBT people with a diagnosed mental health condition. Services include short term solution focussed counselling, assessment and referral to mainstream mental health services and enhanced primary care coordination through general practitioner surgeries specialising in HIV. We also provide volunteer home carers for people with a dual diagnosis of HIV and a mental health condition

2. GENERAL COMMENTS

ACON is pleased to provide a submission to the Senate Select Committee on Mental Health.

Our comments contained within this submission focus particularly on terms of reference a, b, c, d, f, g, h, i, n and o. These comments are predicated by a brief outline of mental health issues for GLBT people and PLWHA.

3. OVERVIEW

Research demonstrates there are particular challenges to effective social and emotional wellbeing for GLBT people.

It has been established that mental health problems are higher in GLBT people than for the general community. This is the case not because of something innate to being homosexual or transgender but resulting from society's response to homosexual and transgender people. A cursory review of the research literature reveals:

- Higher rates of psychiatric morbidity in lesbian, bisexual and gay people than in heterosexual populationsⁱ
- Higher prevalence of anxiety mood disorders and substance abuse disorders in homosexual/ bisexual peopleⁱⁱ
- Higher prevalence of suicidal ideation and suicide attempts in homosexual/ bisexual adolescentsⁱⁱⁱ
- GLBT young people may be up to 6 times more likely to attempt suicide than the population in general^{iv}

The relationship between sexuality discrimination and mental health is also well established. An American study found a robust association between experiences of sexuality discrimination and indicators of psychiatric morbidity and that experience with sexuality discrimination and stigmatisation have been shown to lead to vulnerability to depressive stress and anxiety^v.

Heterosexism is the term commonly used to describe discrimination against gay men, lesbian, bisexual and transgender people^{vi}. The assumption that all people should be heterosexual is taken for granted and is accompanied by a construction of homosexual people as “alien” or “unacceptable”.

Heterosexism encompasses homophobia and is useful because it includes other manifestations of discrimination. The discrimination implicit in heterosexism can be both covert, enshrined in normative social structures and

practices that do not acknowledge GLBT people, or overt, expressed through homophobic attitudes, verbal abuse and physical violence.

An Australian study into same sex attracted young people found that the experience of homophobic abuse significantly increases the likelihood of self harming behaviour and attempted and completed suicide in GLBT young people. The study found that young people reporting physical abuse, because of their sexuality, were three times as likely to self harm as those young GLBT people who experienced no abuse, and half as likely again to self harm as those experiencing verbal abuse only.^{vii}

The Human Rights and Equal Opportunity Commission reports that gay men and lesbians face widespread discrimination on the basis of their sexual identity, as do persons of trans-gender identity^{viii}.

Discrimination is a significant issue that results in conflicted familial relationships and diminished resources for practical support. Social isolation in the face of life-disrupting crisis is a major factor in many of the individuals ACON supports.

An American study found that compared with heterosexual people, lesbian and gay people with mental illness have suffered significantly more day-to-day and lifetime discrimination, almost half of which they relate directly to their sexuality^{ix}. Given that experiences with discrimination and stigmatisation have been linked to greater vulnerability to depression and anxiety^x, GLBT people who suffer from mental illness are a very vulnerable population.

4. THE NATIONAL MENTAL HEALTH STRATEGY

ACON supports the population based approach outlined in the *National Mental Health Action Plan 2003-2008*^{xi} that recognises mental health and illness result from the complex interplay of biological social, environmental and economic factors at all levels, family, community, national and global.

When we talk with our communities they tell us that these issues impact not only on their mental wellbeing but also on their capacity to access mental health services. It is important that all state and national strategies and policies recognize this and work to eliminate homophobia and discrimination on the basis of sexuality and gender identity.

The National Strategy would benefit from explicitly recognising the impact of discrimination on the mental health and wellbeing of GLBT people.

In order to ensure that initiatives funded through the strategy are effective and appropriate for GLBT people, it is important that community organisations are consulted in the development of mental health programs and initiatives.

To protect the mental health and wellbeing of GLBT populations it is important that the mental health population based promotion and prevention activities are supported by whole-of-government approaches that aim to reduce discrimination.

Recommendation:

- That the Australian Government, in partnership with state and territory governments and community organizations, develop a National approach to eliminating discrimination and homophobia.

5. APPROPRIATENESS OF HEALTH CARE

Mental health is an important resource for living, and this is especially true for people living with HIV/AIDS and GLBT people, who experience stigma and discrimination in their daily lives.

Negative attitudes and experiences within society and with the health care system can influence patterns of help seeking behaviour, health risks and specific health issues^{xii}. For many GLBT people discrimination places them in a double bind - they may be unable or unwilling to seek help for mental health issues for fear of suffering ongoing discrimination in the health care system.

In the existing mental health service system a lack of understanding of issues affecting GLBT people has resulted in poor comprehensive assessment, the neglect of serious health and safety issues, and poor health outcomes for ACON's communities. Even where the specific mental health needs of GLBT people are recognised, often generalist health services and mental health services rely on 'referral' rather than ensuring their own services are culturally appropriate. This can be the case even where there are no specialised services to refer to.

Community based organisations such as ACON are well positioned to provide culturally appropriate health services and support and advocacy for GLBT people to assist them in navigating the health system. However it should be noted that funding for this has been limited and we are currently unable to meet the demand for such services within existing resources.

The experience of multiple discrimination on the basis of sexuality and mental health status is also reflected in GLBT people's experience of accessing other services including housing, employment, law enforcement and general health services.

When GLBT and PLWHA do access services there are systemic issues that impact negatively on the quality of care. Deficits in the mental health system for people who are seeking treatment include:

- Lack of awareness by primary care providers of mental health problems
- Limited access to specialist support, such as Medicare reimbursed psychiatrists
- Limited access to acute mental health care
- Inadequate access to community care
- Lack of exit planning upon release from mental health units
- Limited access to early intervention and prevention programs

We recognize that these are systematic problems and are shared by all people who need to access mental health services. However, for quality care to be provided to GLBT people, improvements to the existing service system should include initiatives that address discrimination such as cultural awareness training and policies and procedures that institutionalize the valuing of rights and diversity.

Recommendations:

- That funding is provided to specialist GLBT mental health services to service the referral needs of generalist health services.
- That model policies and procedures are developed for government and non government services on culturally appropriate service delivery for GLBT people.
- That the Australian Government funds the development of competency based cultural awareness training on working with GLBT people and work with the states and territories to ensure training is delivered to mental health services.

6. THE ROLE OF GOVERNMENT AND NON GOVERNMENT ORGANISATIONS

ACON supports the delineation of roles, responsibilities and accountability set out in the *National Mental Health Action Plan 2003-2008*. The Australian Government has an important responsibility in providing leadership in mental health and in providing funding to the states and territories to implement mental health initiatives.

The Australian Government also has an important role to play in insuring that access to primary health care providers, such as general practitioners, is maintained. As general practitioners are the principle source of treatment for people with mental health problems^{xiii} the ongoing maintenance and strengthen of the Medicare system is a priority.

State and territory governments need to ensure that people have access to timely inpatient and community health services. There is a need for an increased commitment to ensuring the participation of GLBT people in the planning and delivery of mental health services. Ensuring linkages across the health system will improve the state response to issues such as comorbidity.

ACON provides professional support and advice to mainstream health services and their staff to assist effective service provision to patients from our communities. This should be supported by government commitment at both state and national levels to ensuring all health staff have access to training and are required to demonstrate competencies in working with GLBT people.

We aim to build a community environment in which there is support for sustaining mental health. We support social and emotional wellbeing by raising awareness of mental health within our communities and promoting increased mental health literacy.

ACON views health as a social justice issue. The stigma associated with living with HIV and/or identifying as gay, lesbian, bisexual or transgender can impact upon the stigma associated with having a diagnosed mental illness to prevent early intervention and effective service delivery which prevents life-disrupting crisis. Social isolation, familial disunity and discrimination can negatively impact on GLBT people.

Recommendations:

- That the Australian Government commits to the ongoing maintenance and strengthening of the Medicare system.
- That the Australian Government, in funding agreements with the state and territory governments, includes the participation of GLBT people in programs as a performance indicator for mental health initiatives.

- That the Australian Government establishes a senior policy position on GLBT social and emotional wellbeing to coordinate new policy and program initiatives for GLBT health.

7. SPECIAL NEEDS GROUPS

Young people

An overwhelming majority of young GLBT people experience discrimination, harassment and abuse because of their sexuality or perceived sexuality. In a 2004 survey of 1749 same sex attract young people aged 12-21, 35% of respondents reported being treated unfairly because of their sexuality, a further 44% reported experiencing verbal abuse because of their sexuality and a further 16% reported experiencing physical abuse because of their sexuality.^{xiv}

In the Youth Services Census 2002, a survey of 770 youth services in NSW, the Youth Action and Policy Association found that only 28% of projects actively implemented access and equity policies for young gay men, lesbians, bisexuals or transgender people.

Perceptions of positive attitudes from heterosexual friends and acquaintances uniquely contribute to the wellbeing of young GLBT people.^{xv} Focusing on improving context connectedness and inclusion – such as schools, youth services and the general community is a vital step in minimizing the risk for mental health problems in young GLBT people as a group.

Recommendations:

- That the elimination of bullying and homophobia in schools is included as a performance indicator in education funding agreements.
- That existing school based anti-bullying and anti-homophobia policies and programs in schools are strengthened and that same sex attraction is included in curricular and extra-curricular activities.

PLWHA (People Living With HIV /AIDS)

Whenever we talk about mental illness in people with HIV/AIDS we are mindful of the stigma associated with both HIV and psychological morbidities.

HIV is a unique condition. An HIV-diagnosis comes with serious social and intimacy implications, such as rejection by friends and family, rejection by sex partners and life partners and fear of disclosure in the workplace or to friends and colleagues. People with HIV report isolation and loneliness as a common result of these social and intimacy difficulties. HIV Futures 4, the largest survey of people with HIV/AIDS in Australia, reported that more than one-third of participants self-reported depression and anxiety. Many of these participants were taking anti-depressant medication^{xvi}.

The National HIV AIDS Strategy 2005-2008^{xvii} recognizes that HIV/AIDS can have complex mental health impacts and that PLWHA may have psychiatric illnesses that may or may not relate to HIV/AIDS infection. It should be acknowledged that the majority of people with HIV/AIDS will not experience life disrupting mental illness. However it is important that PLWHA have adequate and timely access to mental health services.

In our experience people living with HIV/AIDS and a mental health diagnosis have on occasion received sub-optimal care due to misunderstandings of HIV infection by mental health practitioners and limited capacity of mental health facilities to refer to AIDS services or for some AIDS services to appropriately identify and refer to mental health services. This is due in part to resource allocation and misinterpretation of definitions related to mental health and the roles and responsibilities of carers and their coordination.

In order for PLWHA to receive quality mental health care there needs to be an investment in training of mental health professionals in the interactions between HIV and psychiatric medications, and the nature of AIDS-related illnesses.

Recommendation:

- That mental health professionals are provided with training and resources to increase their knowledge generally about HIV/AIDS, the interactions between HIV and psychiatric medications, and the nature of AIDS illnesses.

Transgender and Transsexual People

The decision to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV)*, and recognize same sex attraction as a form of sexual orientation or expression rather than a mental illness, has been instrumental in improving the health and welfare of gay and lesbian people^{xviii}. Since that time psychiatric and psychological industry bodies have championed the rights of gay and lesbian people internationally.

Many transgender people are still considered to be “mentally ill” by health care professionals as gender dysphoria remains a *DSM IV* listed disorder. This clearly places a prima facie stigma on transgender status and can be a barrier to accessing support for mental health problems for individuals.

Recommendation:

- That research is conducted into the mental health needs of transgender people with a focus on identifying barriers to accessing mental health services.

Drug and alcohol issues

People with mental health issues who also have problematic drug and alcohol use have difficulty accessing appropriate services. Whilst there has been improvement in the recognition of comorbidity and the development of programs to address these problems, some amount of demarcation remain and this can be a barrier to GLBT people accessing services.

ACON recognises that drug use is normative in some segments of the GLBT population and is working to increase our community's awareness of the

harms of use and to encourage help seeking behaviour. Early intervention and the promotion of healthy lifestyles is an important component of a holistic approach to drug and alcohol misuse. Young GLBT people report higher use of alcohol and other drugs and are more vulnerable to developing mental health problems than their heterosexual peers^{xix}. They are also less likely to seek help and support from professionals than from family and friends.

Recommendation:

- That funding is provided for specific early intervention strategies and programs for GLBT people to reduce AOD use amongst GLBT people and to promote healthy lifestyles for young people.
- That the Australian government work with states and territories to ensure that services are provided to GLBT people to address comorbidity.

8. RESEARCH AND DATA COLLECTION

There is limited Australian research on the prevalence of mental health problems in GLBT communities. Currently population surveys do not routinely include questions on sexual orientation and there is limited research on mental health issues for GLBT people. This lack of information serves to reinforce the invisibility of GLBT people and is also a significant barrier to the development of evidence based programs.

Improving the collection of data on prevalence of mental health problems for GLBT people is a priority area for activity.

Recommendation:

- That all population surveys routinely include questions on sexual orientation.
- That the Australian Government commissions national research into mental health in GLBT people.

9. SUMMARY OF RECOMMENDATIONS

1. That the Australian Government, in partnership with state and territory governments and community organizations, develop a National approach to eliminating discrimination and homophobia.
2. That funding is provided to specialist GLBT mental health services to service the referral needs of generalist health services.
3. That model policies and procedures are developed for government and non government services on culturally appropriate service delivery for GLBT people.
4. That the Australian Government funds the development of competency based cultural awareness training on working with GLBT people and work with the states and territories to ensure training is delivered to mental health services.
5. That the Australian Government commits to the ongoing maintenance and strengthening of the Medicare system.
6. That the Australian Government, in funding agreements with the states' and territories' governments, includes the participation of GLBT people in programs as a performance indicator for mental health initiatives.
7. That the Australian Government establishes a senior policy position on GLBT social and emotional wellbeing to coordinate new policy and program initiatives for GLBT health.
8. That the elimination of bullying and homophobia in schools is included as a performance indicator in education funding agreements.
9. That existing school based anti-bullying and anti-homophobia policies and programs in schools are strengthened and that same sex attraction is included in curricular and extra-curricular activities.
10. That mental health professionals are provided with training and resources to increase their knowledge generally about HIV/AIDS, the interactions between HIV and psychiatric medications, and the nature of AIDS illnesses.
11. That research is conducted into the mental health needs of transgender people with a focus on identifying barriers to accessing mental health services.

12. That funding is provided for specific early intervention strategies and programs for GLBT people to reduce AOD drug amongst GLBT people and to promote healthy lifestyles for young people.
13. That the Australian government work with states and territories to ensure that services are provided to GLBT people to address comorbidity.
14. That all population surveys routinely include questions on sexual orientation.
15. That the Australian Government commissions national research into mental health in GLBT people.

10. REFERENCES

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