



**A NEW STRATEGY
FOR INCLUSION
AND ACTION**

NATIONAL LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX MENTAL HEALTH & SUICIDE PREVENTION STRATEGY





**NATIONAL LESBIAN, GAY, BISEXUAL,
TRANSGENDER AND INTERSEX MENTAL HEALTH
AND SUICIDE PREVENTION STRATEGY:
A NEW STRATEGY FOR INCLUSION AND ACTION**

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FOREWORD

Through a strategic and coordinated approach, we know that the mental health and wellbeing of LGBTI people, families and communities can be improved and their risk of suicide decreased.

Historically, LGBTI people and communities have been relatively invisible in mental health and suicide prevention strategies, policies and frameworks and thus excluded from program and project responses.

This document aims to provide you with Strategies for Action that will ensure that targeted responses adequately and appropriately support the needs of LGBTI people and communities as a priority. This is overdue and essential if we are truly to work towards the targets we have set ourselves as a country to tackle suicide.

We know that there are many nuances between the bodies, relationships genders and identities that are captured by the acronym LGBTI in an Australian context, and this strategy is based on bringing that extensive knowledge and expertise to organisations, services, Government Departments, individual practitioners and community supports so that we can all work together to reduce the incidence of self-harm and suicide.

REBECCA REYNOLDS

Executive Director
National LGBTI Health Alliance

ABOUT NATIONAL LGBTI HEALTH ALLIANCE

The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.

We recognise that people's genders, bodies, relationships and sexualities affect their health and wellbeing in every domain of their life.

The National LGBTI Health Alliance is a member-based organisation. Our members connect us to the experiences and knowledge of LGBTI people throughout Australia. We connect our members to each other and to opportunities for partnership. The Alliance provides a national framework supporting members to collaboratively pursue our shared objectives.

The National LGBTI Health Alliance is positioned to lead on national coordination and implementation of this National LGBTI Mental Health and Suicide Prevention Strategy.

ABOUT THE STRATEGY

This is a plan for strategic action to prevent mental ill-health and suicide, and promote good mental health and wellbeing for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people and communities across Australia.

This strategy includes recommendations across the breadth of approaches in Australian mental health work including promotion, prevention, intervention, treatment and maintenance.

The purpose of the strategy is to respond to LGBTI people in current need, to provide interventions to those who are at risk, and to interrupt the structural factors that contribute to overrepresentation of LGBTI people in mental health and suicide statistics.

A STRATEGIC FOCUS ON MENTAL ILLNESS AND SUICIDE

While certain mental illnesses are associated to some degree with suicidal behaviour, not all people who are vulnerable to suicide experience mental illness, and not all people who experience mental illness will be at risk of suicide.

Although it is not possible to explain suicide as a result of mental illness, mental illness is nevertheless a significant risk factor for suicide and there needs to be an awareness of the vulnerability to suicide that people experiencing mental illness can have. This is also true for LGBTI people and populations, and may in fact be heightened.

Currently, mental health and suicide prevention are served by focused responses under separate strategies that provide targeted and specific initiatives. However, since mental illness and suicidal behaviour are strongly linked and impacted by a shared range of social and economic circumstances it is important to consider shared solutions to overlapping risk areas. These risks can include responses to stressful life events, unemployment or underemployment, insecure housing, chronic illness, alcohol and substance use, and past experiences of trauma or abuse, as well as the comorbidity of many of these factors.

An additional compounding factor for LGBTI people and communities is their experiences of stigma, prejudice, discrimination, abuse, violence, isolation and exclusion. Coupled with the expectation and fear that these experiences may happen at any time creates a hostile and stressful social environment that impacts on mental wellbeing, often described as Minority Stress. There is evidence that such experiences, in conjunction with existing predisposing risk factors, result in a heightened vulnerability to various mental health issues, in particular depression and anxiety, as well as an elevated risk for suicidal ideation and behaviours.

This strategy will also consider the role that other sectors play in improving mental health and reducing suicide for LGBTI populations including organisations and services working in physical health, sexual health, drug and alcohol, homelessness, and domestic and family violence.

The strategy supports policy interventions that aim to reduce stigma and discrimination in the lives of LGBTI people, which will result in a more supportive and accepting societal environment that will act as a protective factor for the mental health and wellbeing of all LGBTI Australians.

This strategy is designed to:

- ✓ Clearly identify effective mental health and suicide prevention strategies for LGBTI people and communities across Australia
- ✓ Set an agenda for coordinated action and a commitment to the prevention of mental ill-health and suicide for LGBTI people and communities
- ✓ Frame future promotion of mental health and wellbeing for LGBTI people by both specialist and mainstream agencies, as well as Australian society as a whole
- ✓ Commit to the appropriate resourcing of the above through articulated and achievable goals

STRATEGY AUDIENCE

This strategy has been written for a broad audience who have an investment in mental health and suicide prevention across the population, including:

- ✓ National, state and local government;
- ✓ Primary Health Networks;
- ✓ Policy makers and researchers;
- ✓ Mental health and suicide prevention organisations;
- ✓ Mental health practitioners
- ✓ LGBTI community organisations; and
- ✓ LGBTI people and communities.

This strategy will also be of relevance to other sectors that must be a part of the national solution to mental health and suicide prevention for LGBTI people and communities, such as health, Indigenous health, education, housing, consumer advocacy, and media.



LGBTI POPULATIONS, PEOPLE AND COMMUNITIES

LGBTI people make up a significant part of Australian society, and each letter in 'LGBTI' contains a diverse range of real people, living real lives. LGBTI people can be found in all walks of life, professions, faith communities, cultural groups, political parties, and locations throughout Australia.

In Australia, the initials 'LGBTI' to refer collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex. The category of 'LGBTI' people and populations is recognised by the Commonwealth Government in some federal legislation, policies, and programs, and are estimated to represent 11% of the population.

'LGBTI' are five distinct but sometimes overlapping groupings and it is acknowledged that the finite acronym of 'LGBTI' can exclude many people and communities who have additional ways of describing their distinct histories, experiences, and needs. We acknowledge the limitation of 'LGBTI' language when attempting to speak about the full breadth of people's bodies, genders, relationships, sexualities, histories, and lived experiences.

For the purpose of this document, 'LGBTI' will be used as a strategic choice to aid effective communication about complex concepts, however this will be used in the broadest possible way with the intention of including as many communities as possible. When using 'LGBTI', this document is intended to be applicable to people and populations who have lived experiences at different points across the lifespan related to the following key concepts;

- ✓ Bodies
- ✓ Genders
- ✓ Relationships
- ✓ Sexualities
- ✓ Attractions
- ✓ Experiences
- ✓ Identities
- ✓ Behaviours
- ✓ Legal Classifications
- ✓ Medical Classifications
- ✓ Living with HIV

Additionally, it is also helpful to remember each group of people within 'LGBTI' has distinct health needs and that LGBTI individuals:

- ✓ May or may not be involved publicly with LGBTI organisations
- ✓ May or may not know anyone else who is LGBTI
- ✓ May or may not feel welcome or comfortable attending LGBTI events/services
- ✓ May or may not live as and identify as heterosexual

A NEW STRATEGY IN CONTEXT

Through a strategic and coordinated response, it is believed that the mental health and wellbeing of LGBTI people, families and communities can be improved and their risk of suicide decreased.

The Australian Human Rights Commission 2015 report *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights* outlined concerns about the adequacy of mental health services supporting LGBTI people. The report highlighted that the current Australian mental health system has fundamental structural shortcomings, preventing the system from providing adequate, inclusive and accessible services and support to LGBTI people and communities.

Despite progress being made in recent years towards LGBTI inclusive practice within the mental health and suicide prevention sectors, significant movement towards accessibility can only be achieved via strategic leadership. Specific policy interventions that aim to reduce stigma, prejudice and discrimination within mental health and suicide prevention services will interrupt these known barriers for LGBTI people and communities.

MENTAL HEALTH EXPERIENCES OF LGBTI PEOPLE

Although most LGBTI Australians live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. Specifically, LGBTI populations have a heightened risk of mental health diagnosis, psychological distress, self-harm, suicide ideation, and suicide attempts. *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People*, prepared by the National LGBTI Health Alliance, provides an overview of what evidence is currently available on the mental health outcomes of LGBTI people in Australia.

Evidence demonstrates that the elevated risk of mental ill-health and suicidality among LGBTI people and communities is not related to sexuality, gender identity or intersex characteristics in and of themselves, but are due to the psychological distress that can occur as a result of experiences of discrimination, prejudice, abuse and exclusion in relation to their LGBTI identity, experience or history. Consequently, LGBTI people and communities form a unique group in terms of risk factors for poor mental health and risk of suicide and who need unique responses in terms of policy and programs.

While Australian and international research provides evidence that demonstrates significant concern regarding mental health outcomes and suicidal behaviours among LGBTI people, it is vital to note that significant knowledge gaps still remain. This has been caused by the lack of inclusion of standardised questions regarding sex, gender, gender identity, sexuality,

relationship status, and intersex status in general population research, and by data collected by mental health services about their service users. As data informs evidence-based policy, this exclusion has led to inaccuracy in reporting and significant underestimates that has left LGBTI populations as relatively invisible in mental health and suicide prevention policies, strategies and programmes. However, with the introduction of the Standards for the Collection of Sex and Gender Variables by the Australian Bureau of Statistics in 2016, future research may support greater inclusion of Transgender people and people with Intersex characteristics in population research.

Consequently, to date, Australian national evidence on the health and wellbeing of LGBTI populations relies upon a growing but limited number of smaller scale studies that target LGBTI people and communities, or parts thereof. While uniquely valuable, these small studies can have methodological issues relating to representative data collection and have a limited ability to provide a comprehensive data set for analysis. Currently available data is therefore unable to represent a holistic picture of LGBTI people in Australia, nor is able to fully explore the experience or impact of intersecting identities.

This means that it is difficult to compare rates and the burden of mental illness and suicidal behaviours between Lesbian, Gay, Bisexual, Transgender, Intersex, and non-LGBTI populations. It makes it even more difficult to consider how sexuality, intersex variations, gender and other social determinants intersect with other minority populations involving culture, disability, faith or location.

INCLUSION OF LGBTI POPULATIONS IN NATIONAL POLICIES

Historically LGBTI populations have been relatively invisible in mental health and suicide prevention strategies, policies and frameworks, and thus excluded from project and programmes responses.

The **National Mental Health Strategy** is the framework that guides mental health reform that aims to promote, prevent and reduce poor mental health as well as focusing on the rights of people with a mental illness. Comprising of three documents including the *National Mental Health Policy* (2008), the *Fourth National Mental Health Plan* (2009), and the *Mental Health Statement of Rights and Responsibilities* (2012), only the latter names LGBTI people and communities, and is solely focussed on rights pertaining to sexual orientation, gender and gender identity. People with intersex characteristics are not included in this strategy. The development of the *Fifth National Mental Health Plan* which is currently under development is an opportunity for greater inclusion and action.

The **National Suicide Prevention Strategy** (2007) provides the platform for Australia's national policy on suicide prevention with an emphasis on promotion, prevention and early intervention. The *LIFE Framework* sets an overarching evidence base that remains the current strategic framework guiding the NSPS. In outcome 5.3, the *LIFE Framework* supports interventions for groups identified as high risk, which does include gay and lesbian communities.

However, this is the sole mention of gay and lesbian people in the document, and contains no further detail for strategic intervention or policy. Bisexual people, transgender people and people with intersex characteristics are not included in this strategy.

The Australian Government Response to Contributing Lives, Thriving Communities: Review of Mental Health

Programmes and Services (2015) outlines the reform and actions that the Government will implement based on the recommendations from a review of mental health programmes and services undertaken by the National Mental Health Commission. Despite a number of recommendations focused on LGBTI populations included in the review, this document has no explicit inclusion of LGBTI populations. However, this document does state '*Reform must build programmes and integrated pathways around the individual needs of consumers, including particular subgroups with or at risk of mental illness*' (p.7), which can pertain to LGBTI populations.

LGBTI people and communities are unique subpopulations in terms of risk factors for suicide and poor mental health but are not being reached by existing strategies and their specific health and wellbeing needs are not being addressed. The absence of a strategic and coordinated approach to the wellbeing of LGBTI populations results in many gaps in care for LGBTI people and communities. Additionally, the exclusion of LGBTI populations in these core overarching strategies and policies contributes to a culture of invisibility of LGBTI people from program and services. This sees LGBTI people and communities discouraged from accessing services and support contributes to further passive engagement of LGBTI populations in prevention and early intervention help seeking behaviours that aid recovery and wellness.

INCREASING LGBTI RECOGNITION AND INCLUSION

LGBTI populations have been slowly gaining increased recognition of mental health and suicide outcomes and resulting in greater inclusion in both the mental health and suicide prevention sectors.

A turning point in increased recognition of LGBTI people and communities was *The Hidden Toll: Suicide in Australia* report which clearly recommended that LGBTI populations be recognised as a higher risk group in suicide prevention strategies, policies and programs. The report highlighted that LGBTI people and communities should be provided with culturally sensitive and appropriate information and services.

In response, the Commonwealth Government encouraged targeted interventions and support for LGBTI populations through community prevention activities for high risk groups. It is from this targeted initiative that in 2011 the National LGBTI Health Alliance was tasked to deliver the *MindOUT National LGBTI Mental Health and Suicide Prevention Project* to support the development of the sector to be increasingly responsive to the mental health needs of LGBTI people and communities.

Despite this initiative, many national mental health and suicide prevention strategies that are fundamental to the development and implementation of mental health and suicide prevention policy and practice continue to have only minimally and partially identified LGBTI people and communities as a priority group. Consequently, the mental wellbeing of LGBTI populations has not been supported by national coordinated action to implement responses that adequately support the needs of LGBTI people and communities as a priority population, which is overdue and essential.

Regardless of the lack of adequate inclusion of LGBTI populations in overarching strategies, other key mental health and suicide prevention policy documents have gone partway to identify the specific needs of LGBTI people and communities.

These include:

- ✓ **Contributing Lives, Thriving Communities: National Mental Health Commission 2015 Review of Programmes and Services** identifies that LGBTI people with mental health difficulties face compounding disadvantage and includes three recommendations that include direct reference to LGBTI people around inclusive services, research and a specific recommendation regarding the establishment of guidelines around surgical interventions for babies and children with Intersex characteristics.
- ✓ **Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights (2015)** released by the Australian Human Rights Commission provides a road map for inclusion in response to state-sanctioned discrimination that has legitimised institutional and

interpersonal discrimination across society. This report includes information regarding equitable access to health care and mental health services.

- ✓ **National Practice Standards for the Mental Health Workforce 2013** identifies a standard of 'Meeting Diverse Need' whereby the social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners and incorporated into practice, including gender identity, sexuality and sexual identity.
- ✓ **Roadmap for National Mental Health Reform 2012–2022** prioritises improved access to high quality services and supports that are tailored to meeting the needs of at-risk subgroups, including LGBTI people who can experience multiple barriers that discourage them from accessing mental health services and support.
- ✓ **National Mental Health Commission Strategies and Action 2012–2015** identifies LGBTI communities as a vulnerable and at-risk group that needs particular focus.
- ✓ **A Contributing Life: The 2012 National Report Card on Mental Health and Suicide Prevention** advocates for routine practice program evaluation to measure rates of access, including LGBTI people and states 'we cannot be complacent about... suicides in populations where vulnerabilities exist such as lesbian, gay, bisexual, transgender and intersex people' (p.129).
- ✓ **National Standards for Mental Health Services 2010** includes sexual orientation in two of their standards regarding diversity responsiveness and in considering the needs of carers.

This National LGBTI Mental Health and Suicide Prevention Strategy seeks to identify and rectify gaps in intervention and prevention initiatives to specifically address the heightened risk factors for LGBTI populations for mental-ill health and suicide that are often overlooked or underserved. Achieving such an outcome will require Government support and be guided by overarching national mental health and suicide prevention strategies.

STRATEGIC PRINCIPALS

INTERSECTIONALITY

The diversity of LGBTI people and communities is identified, acknowledged and respected with individual experiences being recognised as fundamental to appropriate care.

- ✓ Services that approach the needs of LGBTI people by having policy of 'treating everyone the same' are deficient in this regard.
- ✓ The LGBTI population consists of a diverse group of people living diverse lives. LGBTI people are found in all walks of life, cultures, professions, faith communities, political parties, and locations throughout Australia
- ✓ The diversity of LGBTI people, as well as the diversity within and between LGBTI populations and communities needs to be recognised. This diversity, makes any 'one-size fits all' approach disruptive to help seeking. Services that approach the needs of LGBTI people by having policy or practices of 'treating everyone the same' are deficient in their ability to meet the specific needs of LGBTI people.
- ✓ The mental health experiences of LGBTI people may be unrelated to their LGBTI identity or experience, however this does not negate the need for LGBTI accessible services.
- ✓ Consideration should be given to other identity-driven needs and roles an LGBTI person may have. These overlapping communities include Aboriginal and Torres Strait Islander People, culturally and linguistically diverse people, people with disabilities, people living in rural, regional and remote locations, children and young people, and older people. The context of these identities should be considered at the same time, rather than in isolation.
- ✓ A person-centred mental health system approach is fundamental, where services are organised around the needs of people, rather than people having to organise themselves around the system. It recognises the importance of non-health supports such as housing, justice, employment and education, and emphasises cost-effective, community based care. The first priority of a person-centred system is to enable individuals and their families to look after themselves.

EVIDENCE

Evidence must be informed from both practice and research and form the foundation of quality care to meet the support needs of LGBTI populations.

- ✓ National leadership is crucial to building informed evidence on the experiences and needs of LGBTI populations.
- ✓ Quality and robust evidence is supported by national population research and data collection from mental health programmes and services. This should routinely include questions relating to LGBTI populations, including sexuality, gender, intersex bodies and relationship status.
- ✓ Gaps in evidence often results in invisibility of populations. When mainstream services do not ask appropriate questions about the LGBTI people using their services, exclusion is the result.
- ✓ Understanding the mental health experiences of LGBTI people, identifying patterns of help seeking behaviours, and assessing barriers for LGBTI populations is key to prevention and early intervention.
- ✓ Evidence is not only informed by research, but is also built by evaluation of peer-led programmes, services, resources and activities that have been working individually and collaboratively to support the wellbeing of LGBTI people and communities.

Invisibility of people who have died by suicide is a key concern in the underrepresentation of LGBTI populations in such statistics.

ACCESS

LGBTI people and communities must receive welcoming, equitable and inclusive care without encountering barriers to accessing support on the basis of their sexuality, gender, body, relationships, identities or history.

- ✓ The rights of LGBTI people to receive the care they need should be explicitly acknowledged. This may include individuals choosing to receive support from LGBTI identified services, practitioners or peers.
- ✓ While it is important to acknowledge that mainstream services are able to provide excellent service to LGBTI people, it is also critical to acknowledge that many others have structural barriers between LGBTI people and best practice care.
- ✓ Poor mental health outcomes for LGBTI people are compounded by being turned away from a service because of the lack of knowledge, skills and confidence from service providers including those who actively refuse to engage with potential LGBTI clients.
- ✓ Religious exemptions endorsed by legislation frequently act as discriminative barriers to LGBTI individuals, and should never exclude a person from getting the help they need.
- ✓ Where appropriate support cannot be given, existing care pathway for LGBTI people should be established ahead of client presentation and on a service-to-service level. Such pathways need to be realistic, and to not negatively impact on the client.
- ✓ Referral pathways should not exclude LGBTI people from mainstream services who are best positioned to provide care. Becoming better at meeting the needs of LGBTI people should be the goal of such services, rather than referring clients out to LGBTI focused services which are typically smaller and less resourced services.
- ✓ Complaints of poor care experienced by LGBTI people should be structurally supported, not a burden on the LGBTI client to deal with social and overt discrimination received by care providers. Mechanisms to lodge formal complaints and to alert services to discriminatory practices should be streamlined, centralised, and where possible, de-identified.
- ✓ Structural barriers can exist in many different parts of the care framework for LGBTI people, above and beyond seeking mental health services, such as in housing services, employment services, legal services and a host of others. Anyone working with the Australian public at large has a responsibility to make their service as open and accessible as possible to people of all backgrounds, including LGBTI individuals and populations.

LIVED EXPERIENCE

LGBTI people and communities are acknowledged as the experts in their own lives which have been shaped by personal and cultural history of both stigma and resilience.

- ✓ LGBTI people have the right to receive the care they need. This may include choosing to receive support from LGBTI identified services, practitioners or peers.
- ✓ Experiences of discrimination can explain, in part, why some LGBTI individuals choose to access care through LGBTI specific purposes even when mainstream options are available. Within LGBTI specific services there is an assumption, if not an explicit policy, that personnel are suitably trained in the needs of LGBTI people, and may themselves have a lived experience of being LGBTI.
- ✓ Peer participation is core to good mental health and suicide prevention for LGBTI populations.
- ✓ The needs of LGBTI people can exist on multiple levels at the same time. LGBTI people are individuals with their own stories and developmental experiences and also may have needs as an overall non-homogenous population and as smaller distinct groups with similar characteristics.
- ✓ Policy makers and professionals should understand that the heightened risk of poor mental health outcomes and suicidality for LGBTI people does not supersede or mitigate existing risks faced by Australian populations as a whole, but rather is cumulative in nature.
- ✓ To acknowledge this heightened risk, specialist services for LGBTI people need to operate Australia wide, based on real population data and demographics, where known.

SOCIAL INCLUSION

LGBTI people and communities must be included in the fabric of Australian society through reducing discrimination, eliminating violence and removing legal barriers that affect the ability of LGBTI people to experience connection.

- ✓ Societies function best when all participants feel welcome and involved. Acknowledging the histories and experiences of LGBTI people has a positive impact on the social cohesion of wider Australian society.
- ✓ Discrimination and exclusion are the key causal factors of mental-ill health and suicidality for LGBTI people. Addressing societal prejudice is arguably the best prevention measure for LGBTI person suicide and self-harm that can be achieved.
- ✓ Discrimination against LGBTI people can take both obvious and subtle forms. It is common that LGBTI people negotiate stigma on an almost daily basis, including structural exclusion that limits full access to social participation and which is embedded in legislation, policy and practice.
- ✓ A 'treating everyone the same' framework response to discrimination only shifts the burden to individuals to make sure their own needs are met, which is often too great a burden for vulnerable individuals. If there is any possibility of a hostile response from a service provider, LGBTI people are less likely to engage in help seeking behaviours.
- ✓ An adequate response to exclusion requires services to be explicitly inclusive of LGBTI people, without expecting LGBTI people themselves to solve systemic barriers.
- ✓ In spaces in which LGBTI discrimination has been historically prominent, such as within religious-based help services or police forces, inclusion may need to explicitly name and reverse past injustices against LGBTI individuals for LGBTI people to be able to trust that organisational cultures have made a change for the better.





NATIONAL LGBTI
MENTAL HEALTH AND SUICIDE PREVENTION STRATEGY

STRATEGIC GOALS AND ACTIONS

1

INCLUSIVE AND ACCESSIBLE CARE

LGBTI people will experience equitable access to mental health and suicide prevention services and receive support that is appropriate to their experiences and responsive to their needs.

2

EVIDENCE, DATA COLLECTION AND RESEARCH

Establish an evidence base about LGBTI populations that adequately represents their histories, lives, experiences, identities, relationships and accurate recording of deaths by suicide.

3

DIVERSITY OF LGBTI POPULATION

The diversity within and between LGBTI populations will be recognised and responded to with strategies and approaches that take into account their individual and unique needs.

4

INTERSECTIONALITY AND SOCIAL INCLUSION

LGBTI people from across all populations, backgrounds and circumstances will experience an increase in social inclusion and a reduction in stigma and discrimination.

5

SKILLED AND KNOWLEDGEABLE WORKFORCE

The mental health and suicide prevention sector workforce will be knowledgeable regarding LGBTI people, and skilled, confident, and competent in responding to their support needs.

6

PROMOTION AND PREVENTION

Mental health promotion and suicide prevention programs, activities and campaigns will address the underlying factors that compound the mental health outcomes for LGBTI populations.



1

Inclusive and accessible care

LGBTI people will experience equitable access to mental health and suicide prevention services and receive support that is appropriate to their experiences and responsive to their needs.

ACTION AREAS

- 1.1. National LGBTI Health Alliance to lead on national coordination and implementation of LGBTI inclusion in mental health and suicide prevention programs and services.
- 1.2. Mental health and suicide prevention programs and services that receive Commonwealth funding are to have specific LGBTI inclusion in their service agreements and program guidelines that clearly describe service delivery expectations and standards for LGBTI people, and require implementation of the *Australian Government Guidelines on the Recognition of Sex and Gender, and Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)*.
- 1.3. Exemptions for religious-based organisations that deliver Commonwealth funded mental health and suicide prevention programs under *Sex Discrimination Act* to be removed.
- 1.4. Mental health and suicide prevention programmes and services will be resourced and supported to proactively and strategically increase their accessibility to LGBTI people and communities.
- 1.5. Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI populations, and where available to be implemented and delivered by LGBTI peer based organisations or agencies that have a core mission of providing programmes and services to LGBTI people and communities.
- 1.6. Develop strategies, policies and procedures for use in acute care and crisis intervention response services that are inclusive of and responsive to the needs of LGBTI populations.
- 1.7. Person-centred approach to services provides timely access to clinical and non-clinical services mental health and suicide prevention support to LGBTI people and communities to be delivered via integrated, multi-disciplinary services that are tailored to meet the individual needs of LGBTI people and their families. This should include hospital based, community based, physical health, sexual health, employment, justice, drug and alcohol, homelessness, social inclusion, bereavement, and domestic and family violence services.
- 1.8. Programmes and service referral databases to use clear, visible indicators to identify services with specific knowledge, expertise and experience in meeting the needs of LGBTI people and communities. In addition, resourcing to support the maintenance of a single, nationally oriented referral database for use by local services, to aid the overall development of best practice in referral management.
- 1.9. Recognition and specific inclusion of LGBTI populations in the development of any national standards for the mental health and suicide prevention services.

Evidence, Data Collection and Research

Increasing evidence base and knowledge about LGBTI populations that adequately represents their histories, lives, experiences, identities, and relationships.

ACTION AREAS

2.1 National LGBTI Health Alliance to lead on national coordination and implementation of LGBTI inclusion in research, data collection and evaluation.

2.2 Where available, application of existing research knowledge to policy and practice areas as they relate to LGBTI mental health and suicide prevention.

2.3 Demographic Data Collection

- i. *National Minimum Data Set* and other demographic information about sexuality, gender, intersex bodies and relationships to be standardised and mandatorily collected to facilitate understanding of LGBTI people behaviours, experiences and identities within mental health and suicide prevention services.
- ii. Suicide registers and standardised reporting on suicide to include LGBTI identifiers and population indicators.
- iii. Government funded mental health and suicide prevention programs and services to implement the *Australian Government Guidelines on the Recognition of Sex and Gender*.
- iv. Development of a best practice intake and assessment form template for mental health and suicide prevention programs and services with accompanying procedures to help ensure implementation is inclusive and appropriate for LGBTI people and populations.
- v. Analysis of demographic information regarding LGBTI people to be conducted regularly to inform resourcing and service planning of LGBTI supports.
- vi. Establish and implement national targets and local organisational performance measures and targets for services provided to LGBTI populations.
- vii. With guidance from National LGBTI Health Alliance, Australian Bureau of Statistics to include culturally secure and inclusive LGBTI indicators in the Australian Census and any national surveys which collect mental health and suicide indicators.

2.4 Research

- i. Encourage the inclusion and consistency of demographic questions on LGBTI populations (including sex, gender, gender identity, sexuality, relationship status and intersex status) within all mental health and suicide prevention research projects.
- ii. LGBTI populations to be a priority for mental health and suicide prevention research, and to be resourced to increase depth of research and representative data collection.
- iii. Analysis of research and data conducted with LGBTI populations should be analysed separately for different identities, populations and demographics.
- iv. Adoption of a collaborative research approach and partnerships between LGBTI organisations and communities.

2.5 Evaluation

- i. Evaluation of programmes and services that provide mental health and suicide prevention activities to LGBTI people and communities to identify and further develop good practice frameworks, methods and strategies.
- ii. Implement regular evaluation of mental health and suicide prevention service provision to assess the level of inclusion and accessibility to LGBTI people and communities.
- iii. Development of a national evaluation framework for programmes and services supporting LGBTI populations that is in line with the *National Research Plan for Suicide Prevention 2015*.

3

Diversity of LGBTI population

The diversity within and between LGBTI populations will be recognised and responded to with strategies that take into account their individual and unique needs.

ACTION AREAS

- 3.1 Mental health and suicide prevention programmes, services, research and evaluation recognise that some groups within LGBTI populations are at higher risk of psychological distress than others according to gender identity, sexual identity, age and socio-economic status, and develop responses
- 3.2 Mental health and suicide prevention programmes, services, research and evaluation recognise that individuals may occupy a multiple number and diverse range of histories, identities and experiences within the LGBTI population.
- 3.3 Person-centred approach initiatives are to acknowledge and respond to the specific and individual needs of people and communities within LGBTI populations, with the recognition that different approaches will be required for different individuals and population groups including Bisexual people, Transgender people and people with Intersex characteristics.

3.4 People with Intersex Characteristics

- i. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for people with Intersex characteristics and their families.
- ii. Support and resourcing for the establishment, development and growth of peer led Intersex programmes, services organisations and support groups.
- iii. Establishment of guidelines about how clinical and non-clinical mental health and suicide prevention programmes and services respond to the birth of a child with Intersex characteristics that are directed by Intersex-led organisations.
- iv. Mental health and suicide prevention programmes and services to develop clear referral pathways and protocols for responding to the support needs of people with Intersex characteristics.
- v. Develop and resource mental health and suicide prevention initiatives that specifically target people with Intersex characteristics, and where available be implemented and delivered by Intersex-led organisations that have a core mission of providing programmes and services to people with Intersex characteristics.

3.5 Transgender People

- i. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for Transgender people and their families.
- ii. Support and resourcing for the establishment, development and growth of peer led Transgender programmes, services organisations and support groups.
- iii. Establishment of good practice guidelines about how clinical and non-clinical mental health and suicide prevention programmes and services respond to transition as led by transgender-led organisations.
- iv. Develop and resource mental health and suicide prevention initiatives that specifically target Transgender people, and where available be implemented and delivered by Transgender peer led organisations that have a core mission of providing programmes and services to Transgender people.
- v. Mental health and suicide prevention programmes and services to develop clear referral pathways and protocols for responding to the support needs of Transgender people.
- vi. Services within the public health system to provide affordable access to the health care that Transgender people need that support mental wellbeing and reduce risk of suicide, including psychosocial assessments, hormone therapy and surgery.

3.6 Bisexual People

- i. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for Bisexual people and their families.
- ii. Support and resourcing for the establishment, development and growth of peer led Bisexual programmes, services organisations and support groups.
- iii. Develop and resource mental health and suicide prevention initiatives that specifically target Bisexual people, and where available be implemented and delivered by Bisexual peer led organisations that have a core mission of providing programmes and services to Bisexual people.

4

Intersectionality and Social Inclusion

LGBTI people and communities from across all populations, locations and life stages will receive information, services and support that is relevant to their identities and lived experiences.

ACTION AREAS

- 4.1 Support and resource national LGBTI lead organisations to support stakeholders in the LGBTI sector to implement this strategy.
 - 4.2 National LGBTI Health Alliance to engage and work collaboratively with peak organisations across diverse populations to ensure recognition and inclusion of LGBTI populations in development of strategies, frameworks, policies, programmes and services.
 - 4.3 Person-centred approach initiatives developed are to acknowledge and respond to the specific and individual needs of LGBTI people and communities who belong to multiple marginal identities, with the recognition that different approaches will be required for different individuals and population groups including Aboriginal and Torres Strait Islander People, culturally and linguistically diverse people, people with disabilities, people living in rural, regional and remote locations, children and young people, and older people.
 - 4.4 Aboriginal and Torres Strait Islander People**
 - i. Recognition and specific inclusion of LGBTI, Sistergirl and Brotherboy people in the development of any Aboriginal and Torres Strait Islander strategies, frameworks, programmes and services.
 - ii. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for Indigenous LGBTI people and their families.
 - iii. Support and resourcing for the establishment, development and growth of Indigenous and LGBTI peer led programmes, services organisations and support groups supporting Indigenous LGBTI people and communities.
 - iv. Develop and resource mental health and suicide prevention initiatives that specifically target Indigenous LGBTI people and communities, and where available be implemented and delivered by Indigenous LGBTI peer led organisations that have a core mission of providing programmes and services to Indigenous LGBTI people and communities.
- ### 4.5 People living in Rural, Regional and Remote areas
- i. Recognition and specific inclusion of LGBTI populations in the development of any strategies, frameworks, programmes and services that target people living in rural, regional or remote locations.
 - ii. Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI people and communities living in rural, regional and remote locations and where available be implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to LGBTI people and communities.
 - iii. Development of online mental health support initiatives and online therapeutic counselling initiatives targeted to LGBTI populations, by consulting services already doing face-to-face mental health work with LGBTI people and communities, and other services providing generalist online services.
 - iv. The Department of Health Teleweb initiative should be further supported and resourced to expand provision of specific information, connection and support via the telephone, internet and emerging technologies to LGBTI people and communities living in rural, regional and remote areas, including Aboriginal and Torres Strait Islander people.

4.6 Culturally and Linguistically Diverse People

- i. Recognition and specific inclusion of LGBTI populations in the development of any multicultural strategies, frameworks, programmes and services.
- ii. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for culturally and linguistically diverse LGBTI people and their families.
- iii. Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and support groups supporting LGBTI culturally and linguistically diverse people and communities.
- iv. Develop and resource mental health and suicide prevention initiatives that specifically target culturally and linguistically diverse LGBTI people and communities, and where available be implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to culturally and linguistically diverse LGBTI people and communities.

4.7 People with Disability and Chronic Illness

- i. Recognition and specific inclusion of LGBTI populations in the development of any disability strategies, frameworks, programmes and services.
- ii. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for LGBTI people with disabilities and their families.
- iii. Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and support groups supporting LGBTI people and communities with disabilities.
- iv. Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI people and communities with disabilities and where available be implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to LGBTI people and communities with disabilities.
- v. Continue and strengthen current peer-led HIV services and initiatives across Australia, particularly in regards to addressing the role mental health services play in the prevention of suicide of people living with HIV.
- vi. Adequate research into the relationship between suicide and various stages of HIV diagnosis, treatment and lived experience should be funded.

- vii. More support to prevention initiatives and how people at risk of contracting HIV can be best supported within a mental health context should be a strategic priority.

4.8 Children and Young People

- i. Recognition and specific inclusion of LGBTI populations in the development of any child, youth or family strategies, frameworks, programmes and services.
- ii. Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for LGBTI children and young people, and their families.
- iii. Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and support groups for LGBTI children and young people.
- iv. Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI children and young people and where available be implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to LGBTI children and young people.

4.9 Older People

- i. Recognition and specific inclusion of LGBTI people in the development of any ageing and aged care strategies, frameworks, programmes and services.
- ii. Ongoing implementation of the *LGBTI Ageing and Aged Care Strategy*.

4.10 Family and carers

- i. Recognition and specific inclusion of LGBTI people in the development of any family and carers strategies, frameworks, programmes and services, including:
 - ✓ Parents of LGBTI people,
 - ✓ Carers of LGBTI people,
 - ✓ LGBTI people who are parents,
 - ✓ LGBTI people who are carers,
 - ✓ Children of LGBTI people, and
 - ✓ LGBTI people who have carers.

5

Skilled and Knowledgeable Workforce

The mental health and suicide prevention sectors paid and volunteer workforces will be knowledgeable regarding LGBTI people and communities, and will be skilled, confident, and competent in responding to their support needs.

ACTION AREAS

- 5.1 National LGBTI Health Alliance to lead on national coordination and implementation of education, training and professional development on LGBTI populations within the mental health and suicide prevention workforce.
- 5.2 Recognition and specific inclusion of LGBTI populations in the development of any national practice standards for the mental health and suicide prevention workforces.
- 5.3 Resourcing and support for the implementation of standards in the *National Practice Standards for the Mental Health Workforce* that relate to LGBTI populations.
- 5.4 Professional development resources that support the implementation of *National Practice Standards for the Mental Health Workforce* to be reviewed and updated to ensure adequate and accurate inclusion of LGBTI populations.
- 5.5 Promote awareness and understanding across the mental health and suicide prevention sectors about the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)*.
- 5.6 Development of guidelines for the inclusion of core competencies on LGBTI populations in tertiary education programs and courses relevant to the mental health and suicide prevention sectors, including TAFE, VET, university, professional colleges for obstetricians, paediatricians, psychiatrists and general practitioners vocational training programs.
- 5.7 Develop, resource and facilitate opportunities for training and professional development on LGBTI populations to be accessible and available for the mental health and suicide prevention workforce, including the implementation of the *Australian Government Guidelines on the Recognition of Sex and Gender* in Commonwealth funded mental health and suicide prevention programs.
- 5.8 Facilitate the dissemination of existing resources, and creation of new resources on LGBTI populations that support the ongoing professional development of the mental health and suicide prevention sector.

6

Promotion and Prevention

Mental health promotion, mental illness prevention and suicide prevention programs, activities and campaigns will address the underlying factors that compound the mental health outcomes for LGBTI populations.

ACTION AREAS

- 6.1 The implementation of this National LGBTI Mental Health and Suicide Prevention Strategy to be coordinated through the *National Suicide Prevention Strategy*.
- 6.2 Recognition and specific inclusion of LGBTI populations in the development of any mental health and suicide prevention strategies, frameworks, programmes and services, including the *Fifth National Mental Health Plan*.
- 6.3 Development of mental health and suicide prevention health promotion and prevention campaigns, resources, programmes and services that target and focus on LGBTI people and communities utilising *Going Upstream: LGBTI Mental Health Promotion Framework*.
- 6.4 Promotion that focuses on increasing the awareness and understanding of *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)* and the *Australian Government Guidelines on the Recognition of Sex and Gender* amongst LGBTI people and communities.
- 6.5 Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and groups supporting LGBTI people and communities
- 6.6 Community capacity building initiatives to be developed and implemented with LGBTI people and communities, to increase their capacity to identify and respond to mental health needs of people in their communities.
- 6.7 LGBTI-inclusive language and representation to be used when developing or reviewing mental health and suicide prevention health promotion campaigns, resources, programmes and services.
- 6.8 Mental health and suicide prevention and intervention skills training to be inclusive of content pertinent to LGBTI populations.
- 6.9 Focus on development, implementation and integration of LGBTI mental health and suicide prevention strategies across sectors including health, HIV, housing, employment, education and training, justice, drug and alcohol, domestic and family violence and social and community engagement.
- 6.10 Resourcing community-based social and emotional wellbeing promotion, prevention activities and primary mental health care supporting the prevention, early detection and treatment of mental health problems experienced by LGBTI people and communities.
- 6.11 Psychosocial and non-clinical support connection with and participation in LGBTI-specific community events, social networks, employment, education, sport, clubs and other activities.
- 6.12 Legislative and policy reform to ensure freedom from all forms of discrimination on the basis of Sexual Orientation, Gender Identity and Intersex status, specifying violence, harassment and the provision of goods and services.

LGBTI INCLUSIVE LANGUAGE GUIDE

WHAT IS 'LGBTI'?

In Australia, the initials 'LGBTI' to refer collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex.

The category of 'LGBTI' people and populations is now recognised by the Commonwealth Government in some federal legislation, policies, and programs including within the *Sex Discrimination Act 1984* which from 1 August 2013 provides federal protection from both direct and indirect discrimination on the basis of sexual orientation, relationships status, gender identity, and intersex status.

The National LGBTI Health Alliance is aware that many people and communities have additional ways of describing their distinct histories, experiences, and needs beyond the five letters in 'LGBTI'. For this reason, the Alliance considers people and populations beyond those letters as our understanding of 'LGBTI' continues to change and mature alongside our partnerships with the people and communities that make up the Alliance.

WHO ARE 'LGBTI' PEOPLE?

'LGBTI' are five distinct but sometimes overlapping groupings with each letter in 'LGBTI' containing a diverse range of real people, living real lives. 'LGBTI' people can be found in all walks of life, professions, faith communities, political parties, and locations throughout Australia.

When you speak about 'the general population' or 'the mainstream', you are talking about 'LGBTI' people in those communities, too. LGBTI people have many different ways of living their lives; there is no such thing as 'the LGBTI lifestyle'. There are many 'LGBTI communities' (plural!) – there is no single 'LGBTI Community'.

Historically, the National LGBTI Health Alliance has used 'LGBTI' in the broadest possible way and with the intention of supporting as many populations and communities as possible. We have deliberately acknowledged the limitations of 'LGBTI' language when attempting to speak about the full breadth of people's bodies, genders, relationships, sexualities, and lived experiences.

Updates to inclusive language regarding LGBTI populations can be found on the National LGBTI Health Alliance website (<http://lgbtihealth.org.au/inclusivelanguage/>)

WHAT DOES 'LESBIAN' MEAN?

A lesbian is a person who self-describes as a woman and who has experiences of romantic, sexual, and/or affectional attraction solely or primarily to other people who self-describe as women. Some women use other language to describe their relationships and attractions.

WHAT DOES 'GAY' MEAN?

A gay man is a person who self-describes as a man and who has experiences of romantic, sexual and/or affectional attraction solely or primarily to other people who self-describe as men. Some men use other language to describe their relationships and attractions.

WHAT DOES 'BISEXUAL' MEAN?

A bisexual person is a person of any gender who has romantic and/or sexual relationships with and/or is attracted to people from more than one gender. Some people who fit this description prefer the terms 'queer' or 'pansexual', in recognition of more than two genders. Although 'bi-' technically refers to two, it is often used by people who have relationships with and/or attractions for people of more genders than just women or men.

WHAT DOES 'TRANSGENDER' MEAN?

Trans and Transgender are umbrella terms often used to describe people who were assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression, or behaviour. Most people of trans experience live and identify simply as women or men; most do not have 'a trans identity'. In addition to women and men of trans experience, some people do identify their gender as transgender, or as a gender other than woman or man. People from Aboriginal/Indigenous and Torres Strait Islander communities often use Sistergirl or Brotherboy. People from societies around the world with more than two traditional genders often use culturally specific language.

WHAT DOES 'INTERSEX' MEAN?

A person with an intersex characteristic is a person born with physical characteristics that differ from modern medical norms about strictly 'female' and strictly 'male' bodies. Intersex is not about gender, but about innate physical variations. Most people with intersex characteristics describe their gender as simple women or men, not as a 'third gender'.

Updates to inclusive language regarding LGBTI populations can be found on the National LGBTI Health Alliance website

<http://lgbtihealth.org.au/inclusivelanguage/>

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