



Health and wellbeing for lesbian, gay, bisexual, trans, intersex, queer [LGBTIQ+] people and sexuality, genders, and bodily diverse people and communities throughout Australia.

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Submission on the (Draft) National Stigma and Discrimination Reduction Strategy

About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers and individuals.

LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

LHA leads key national initiatives that work directly to improve mental health and reduce psychological distress and suicidality among LGBTIQ+ people in Australia:

- **QLife** provides anonymous and free LGBTIQ+ peer support and referral for people in Australia wanting to talk about sexuality, identity, gender, bodies, feelings or relationships. QLife includes telephone and web-based peer support and referral service for LGBTIQ+ people and is staffed by highly experienced LGBTIQ+ staff and volunteers Australia-wide.
- **MindOut** develops and delivers national suicide prevention initiatives for the mental health and suicide prevention sectors to assist those sectors to better meet the needs of LGBTIQ+ populations. MindOut achieves this through developing resources for and providing capacity building initiatives to the mental health and suicide prevention sectors; and providing mental health and suicide prevention education for LGBTIQ+ people.

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EXECUTIVE SUMMARY

LGBTIQ+ Health Australia (LHA) welcomes the development of the National Stigma and Discrimination Reduction Strategy and the opportunity to provide input into the draft.

LHA supports the Consultation Draft's vision for an Australian community where everyone has equal dignity, respect and value and can live a life of meaning and purpose free from mental health-related stigma and discrimination.

Available data shows that LGBTIQ+ people experience significantly worse mental health outcomes across the range of indicators. These adverse mental health outcomes are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities.

LGBTIQ+ people are a priority population that need tailored strategies. To effectively address mental health stigma and discrimination, it is essential to apply an intersectional approach that integrates action on stigma and discrimination against LGBTIQ+ people with action on mental health stigma and discrimination.

Following research and consultation in 2020 and 2021, LGBTIQ+ Health Australia (LHA) developed *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy* to provide direction for urgent action on mental health and suicide prevention for LGBTIQ+ communities.

This submission recommends that the National Mental Health Commission, in finalising the National Stigma and Discrimination Reduction Strategy, implements an intersectional approach that integrates the recommendations of *Beyond Urgent* to address the compounding impacts of stigma and discrimination against LGBTIQ+ people. Key areas include:

- Visible, active leadership at a national and state/territory/local level.
- Campaigns and programs targeting personal wellbeing and self-esteem.
- Campaigns and programs targeting the broader community.
- Legislative reform to protect and strengthen rights.
- Capacity building to deliver critical services that are safe and affordable.
- Knowledge and capacity building in the relevant workforces providing support services.
- School-based programs and support.
- Access to peer support by people with lived experience.

Given the fundamental role of lived experience and contact-based initiatives, LHA urges engagement with LGBTIQ+ community-controlled organisations, which are uniquely placed to work with their communities, provide services in potentially sensitive areas of health, deliver highly valued peer-based support, and training mainstream organisations for providing inclusive care. These organisations need to be funded equitably to ensure their stability, sustainability and internal capacity to meet the needs of LGBTIQ+ communities.

We recommend urgent and broad-based action to strengthen research and data collection, especially to support and extend existing LGBTIQ+ research and to implement of the Australian Bureau of Statistics (ABS) Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables, 2020 (2020 Standard).



BACKGROUND

LGBTIQ+ Mental Health and Wellbeing

Although many LGBTIQ+ people live healthy and happy lives, a disproportionate number experience poorer health outcomes, especially poorer mental health outcomes, compared with the broader population.

LHA developed its *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People*² to make the available data on the mental health crisis for our communities more accessible. The data shows that LGBTIQ+ people experience significantly worse mental health outcomes across the range of indicators. For example:

- LGBTIQ+ people are nearly six times more likely to experience and be diagnosed with depression.
- Transgender and gender diverse people aged 18 and over are five and a half times more likely to experience and be diagnosed with depression.
- People with an intersex variation are over twice as likely to experience and be diagnosed with depression.
- LGBTIQ+ people are two and a half times more likely to have been diagnosed or treated for a mental health condition in the past year.³

Recognising significant health disparities, LGBTIQ+ people are identified as a priority population in a range of national strategies, including the National Preventive Health Strategy 2021-2030⁴, National Men's Health Strategy⁵, National Women's Health Strategy⁶, National Action Plan for the Health of Children and Young People⁷, National Drug Strategy⁸ and National Mental Health and Suicide Prevention Plan⁹.

Adverse mental health outcomes for LGBTIQ+ people are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities. Intersections with other identities and experiences also impact on wellbeing and access to health care, including but

¹ While this submission uses the term 'LGBTIQ+', LHA notes that the *National Stigma and Discrimination Reduction Strategy: Draft for Consultation* uses the comparable term LGBTIQ+.

² LGBTIQ+ Health Australia (April 2021), *Snapshot of Mental Health and Suicide Prevention*.
<https://www.lgbtiqhealth.org.au/statistics>.

³ LGBTIQ+ Health Australia (October 2021), *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021-2026*. https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy.

⁴ <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>.

⁵ <https://www.health.gov.au/sites/default/files/documents/2021/05/national-men-s-health-strategy-2020-2030.pdf>.

⁶ <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>.

⁷ <https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-of-children-and-young-people-2020-2030>.

⁸ <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>.

⁹ <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>.



not limited to, being Aboriginal and/or Torres Strait Islander; racial and cultural background; age; having a disability; socioeconomic status; and geographic location.

Understanding diversity within diversity

The term 'LGBTIQ+' includes distinct and overlapping population groups that have a range of commonalities as well as diverse needs and characteristics. It refers to people of diverse sexual orientation, gender and sex characteristics. For example, the experiences of Trans and gender-diverse people are distinct from those of intersex people.

Many also have intersecting identities and life experiences that expose them to overlapping forms of discrimination and marginalisation, which may compound the risk of poor health outcomes. This can be significant for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, people with disability, people from culturally and linguistically diverse backgrounds or people of faith, who can face rejection from each of their communities.

The term 'LGBTIQ+' needs to be used with care to recognise the significant diversity within these population groups and to ensure it does not obscure an issue that is important for a particular population but not for others.

'BEYOND URGENT'

After research and consultation, LGBTIQ+ Health Australia (LHA) developed *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy*¹⁰ in 2021 to guide urgent action on mental health and suicide prevention for LGBTIQ+ communities.

A copy of this strategy is included as an attachment to this submission.

Beyond Urgent aligns with the Consultation Draft's framework of structural, public and self-stigma.¹¹

It confirms the conclusions in the Consultation Draft that 'there are multi-faceted, mutually reinforcing relationships between different sources of stigma. People with certain experiences or who belong to certain groups or communities are often disproportionately affected by stigma and discrimination relating to their personal lived experience. These people's experiences of mental health-related stigma and discrimination are often amplified by other forms of discrimination.'¹²

LHA endorses the acknowledgement that LGBTIQ+ people face stigma and discrimination related to their sexual orientation, gender and sex characteristics that can provide an 'additional layer of risk on top of biological, social, environmental and psychological factors which negatively impact mental health and wellbeing.'¹³

¹⁰ https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy.

¹¹ National Stigma and Discrimination Reduction Strategy consultation draft, page 11.

¹² *Ibid*, page 11.

¹³ *Ibid*, page 11.



To effectively address mental health stigma and discrimination, an intersectional approach that integrates action on stigma and discrimination against LGBTIQ+ people is essential.

Promoting LGBTIQ+ mental health and wellbeing

Beyond Urgent recognises a range of protective factors that enable LGBTIQ+ people to flourish and enjoy good mental health and a good quality of life, including:

- Healthy self-esteem and resilience are key protective factors for psychological wellbeing.
- A sense of purpose is linked to psychological strength and a sense of belonging.
- Feeling included and safe in one's family and in all communities is a pre-requisite for psychological health.
- Positive relationships, including relationships with family, friends and intimate partners create a sense of belonging, and can affirm identity and value.
- Community connectedness, including connectedness to LGBTIQ+ communities and culturally diverse communities, creates a sense of belonging and can affirm identity and value.
- Self-determination and human rights, especially for Aboriginal and Torres Strait Islander peoples and people with disability, play a critical role in supporting social and emotional wellbeing.
- The right to practice culture and apply cultural protocols, especially for Aboriginal and Torres Strait Islander peoples, is linked to psychological strength, belonging, identity and value.
- Gender affirmation and gender affirming health care promotes autonomy and self-determination for trans and gender diverse people.

Action is needed to address the impact of minority stress, the chronic stressors that LGBTIQ+ people are exposed to due to sexuality, gender and bodily diversity being socially stigmatised. This includes heteronormativity, cis-genderism, homophobia, transphobia and biphobia which result in experiences of discrimination, social exclusion, harassment and physical violence.

A paradigm shift that embraces sexuality, gender and bodily diversity will create a more supportive societal environment that is a protective factor for mental health and wellbeing.

Action Goals and Action Plan

Beyond Urgent sets out four central goals with actions to achieve those goal:

- 1 **Preventive action and early intervention** to reducing the rate of psychological distress and suicidality among LGBTIQ+ communities caused by stigma, discrimination and other body, gender and sexuality shaming.
- 2 **Increased access to safe and inclusive mental health care** through investment in LGBTIQ+ specialist and inclusive care, including peer support, while strengthening systems to deliver safe and effective mainstream services.
- 3 **Empowerment to improve wellbeing for LGBTIQ+ Aboriginal and Torres Strait Islander peoples**, Sistersgirls and Brotherboys, with an onus on all mental health services to be culturally safe and support initiatives that strengthen healing among Aboriginal and Torres Strait Islander peoples.
- 4 **Reform to deliver effective responses** to LGBTIQ+ mental health and suicidality through improved governance in collaboration with LGBTIQ+ communities, sustainable resourcing, accurate and timely data, and development of more evidence-based strategies.



Some key themes and recommendations include the need to:

- Provide visible, active leadership.
- Deliver evidence-based campaigns and programs targeting personal wellbeing and self-esteem.
- Deliver evidence-based campaigns and programs targeting the broader community.
- Pursue legislative reform to protect and strengthen rights.
- Build capacity to deliver critical services that are safe and affordable.
- Build knowledge and capacity in the relevant workforces providing support services.
- Expand school-based programs and support.
- Scale up access to peer support by people with lived experience.

LHA recommends that the National Mental Health Commission consider the actions in *Beyond Urgent* to adopt an intersectional approach that integrates action on stigma and discrimination against LGBTIQ+ people with action to address mental health-related stigma and discrimination.

DATA AND RESEARCH

Current data collection through national and jurisdictional surveys, including the national Census of Population and Housing, does not accurately or adequately count LGBTIQ+ people and communities. Questions that accurately record sexual orientation, gender diversity or variations of sex characteristics are not consistently included.

This means that LGBTIQ+ communities are routinely excluded or not adequately considered in program development. These data are critical to inform policy development and health planning.

ABS 2020 Standard

In 2020, the Australian Bureau of Statistics (ABS) updated the Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables, 2020 (2020 Standard). The 2020 Standard was developed in conjunction with a range of stakeholders, including LHA as part of the Sex, Sex Characteristics, Gender and Sexual Orientation Reference Group.

The purpose of the 2020 Standards is achieve consistent collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation.

The 2020 Standard uses four variables—sex, gender, variations of sex characteristics and sexual orientation. These four variables, when cross-classified with other variables, provide comprehensive data on a particular topic, issue or population group.

The 2020 Standard still needs to be consistently embedded in government data sets, research and service level data, coroners court data to ensure crucial data on LGBTIQ+ communities is captured.

Current Research

The lack of population level data means that LGBTIQ+ health policy and evaluation rely on several vital but underfunded research projects.



Particularly important are two flagship research projects run by the Australian Research Centre in Sex, Health and Society at LaTrobe University, the leading Australian research centre on sexuality, gender, health and human relationships:

- **Private Lives** is a series of national surveys of the health and wellbeing of lesbian, gay, bisexual, transgender and queer Australians. Private Lives 3 (PL3) is the third and most recent iteration of the Private Lives surveys¹⁴
- **Writing Themselves In** is the largest national study series exploring the health and wellbeing of LGBTIQ young people in Australia. Writing Themselves In 4 is the most recent iteration of this survey.¹⁵

Both Private Lives 3 and Writing Themselves In 4 represent Australia's largest surveys of LGBTQA+ adults and young people, more than double the samples these projects achieved the last time they operated.

These vital projects are particularly critical in the absence of Census data. Without them, there would be no current national data on LGBTIQ+ populations. However, funding is not secure and ongoing.

Due to lack of resources and focus, there is a significant amount of data that has not been analysed in existing data sets for Australia's leading LGBTQ+ studies including other specialised projects such as SWASH¹⁶, Pride and Pandemic¹⁷, TransPathways¹⁸, Walkern Katatdjinn (Rainbow Knowledge)¹⁹ and UnLEASH²⁰.

LHA strongly supports the inclusion of LGBTIQ+ populations in the recommendation to collect longitudinal data on stigma and discrimination among priority populations (page 26). We also recommend urgent and broad-based action to strengthen research and data collection. This work must support, integrate with and build on existing work, rather than duplicate.

LGBTIQ+ COMMUNITY-CONTROLLED ORGANISATIONS

LHA strongly supports the focus on the role of lived experience and the need to develop appropriately tailored and culturally-safe contact-based initiatives in collaboration with key communities (page 77).

LGBTIQ+ community-controlled organisations are governed and operated by and for LGBTIQ+ communities, which enables them to deliver trusted and culturally appropriate services. They are often

¹⁴ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. <https://www.latrobe.edu.au/arcshs/work/private-lives-3>.

¹⁵ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. <https://www.latrobe.edu.au/arcshs/work/writing-themselves-in-4>.

¹⁶ https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020_Final.pdf.

¹⁷ <https://www.latrobe.edu.au/arcshs/work/pride-and-pandemic>.

¹⁸ <https://www.telethonkids.org.au/projects/trans-pathways>.

¹⁹ <https://www.rainbowknowledge.org>.

²⁰ <https://www.unleashstudy.org.au/>.



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best placed to provide services in potentially sensitive areas such as drug and alcohol, suicide prevention and mental health. Peer support, especially by people with lived experience, is a unique attraction of community-controlled organisations and a deeply valued form of support.

LGBTIQ+ community-controlled organisations, such as LGBTIQ+ Health Australia's full members, are also essential for providing capacity building and training to generalist organisations to deliver safe and inclusive mainstream services for LGBTIQ+ individuals and communities.

Australia has a relatively broad and strong network of LGBTIQ+ community-controlled health and wellbeing organisations, all of which are under-resourced and ill equipped to respond to increased demand. LGBTIQ+ Health Australia's full member organisations play an integral role in delivering services to LGBTIQ+ people and communities, but there is a substantial gap between demand and supply of services, particularly in outer metropolitan, regional and remote areas.

These health organisations need to be funded equitably to build their stability, sustainability and internal capacity to meet the needs of LGBTIQ+ communities.

Currently, LGBTIQ+ community-controlled organisations rely on inconsistent one-off project or program funding that lasts between 12 months to three years. These funding arrangements are not consistent with developing a resilient sector with sustainable organisations. Investment is needed in both core funding to provide stability and build capacity for basic services, along with project and program funding for service development and resourcing to deliver training to mainstream organisations.

A key issue is the development of effective and verifiable collaboration, including realistic remuneration for the expertise of LGBTIQ+ community-controlled organisations providing support and capacity building and training for generalist organisations engaging with LGBTIQ+ populations.