

CULTURAL DIVERSITY AND MENTAL HEALTH

Exploring mental illness
through different lenses

LGBTI people in mental health and suicide prevention: a new strategy for inclusion and action



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The National LGBTI Mental Health and Suicide Prevention Strategy, developed by the National LGBTI Health Alliance, 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.

In the first comprehensive document of its kind in Australia, the 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 effectively to LGBTI people and provide interventions to those who are at risk by addressing the structural factors that contribute to overrepresentation of LGBTI people in mental health and suicide statistics.

It also recognises that the needs of LGBTI people are unique in several ways. This includes from an individual lived experience perspective – of how being a lesbian, gay, bisexual, transgender and/or a person with an intersex variation involves frequent incidents of discrimination and minority stress. It also acknowledges how structural barriers can be seen through a 'cultural' lens and how the collective needs of LGBTI communities subgroups can be overlooked by mainstream service providers if these concerns are not actively addressed.

Invisibility in policies and strategies

In Australian policy and planning prior to the launch of this strategy, LGBTI people and communities have been relatively invisible. In all existing mental health and suicide prevention strategies, policies and frameworks, LGBTI people characteristically are given only cursory attention; often simply named as a high risk group but not at all addressed in outcomes – and thus excluded from program and project responses.

This occurs despite LGBTI people and communities being unique subpopulations in terms of risk factors for suicide and poor mental health. Australian and international research demonstrates significant concern regarding mental health outcomes and suicidal behaviours among LGBTI people. Specifically, LGBTI populations have a heightened risk of mental health diagnosis, psychological distress, self-harm, suicide ideation, and suicide attempts (National LGBTI Health Alliance, 2016a; Australian Bureau of Statistics, 2007; Dhejne C et al, 2016; Hillier L et al, 2010; Hyde Z et al, 2014; Jones T et al, 2016; Leonard W et al, 2015; Skerrett D et al, 2015; Smith E et al, 2014).

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The Fourth National Mental Health Plan – as a core document to the National Mental Health Strategy – has no explicit inclusion of LGBTI populations (Commonwealth of Australia, 2009). In the National Suicide Prevention Strategy, which guides program responses to reduce the risk, suicide support interventions for groups identified at high risk, "gay and lesbian" communities are only mentioned once with no further detail as to how strategic intervention should be implemented. Bisexual, transgender and people with intersex characteristics are excluded completely (Department of Health and Ageing, 2007, p 32). The recently released draft Fifth National Mental Health Plan also fails to include LGBTI populations in its considerations.

For many, this invisibility in mental health and suicide prevention strategies may not seem problematic, because these strategies are a 'whole of population' response to mental health and suicide. Surely, goes the assumption, a 'catch all' approach would capture LGBTI people as well?

However, the Australian population is not homogenous, and the LGBTI population itself consists of diverse people living different lives and found in all walks of life, cultures, professions, faiths, political parties and locations. This diversity makes any 'one-size fits all' approach deficient in its ability to meet individual and specific needs, including those of LGBTI people.

Invisibility in program and service delivery

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. Rather they 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 (National LGBTI Health Alliance, 2016b; Hillier L et al, 2010; Leonard W et al, 2015; Meyer I, 2003). Current strategies therefore fail to address these underlying causes of poor mental health.

The exclusion of LGBTI populations in core strategies and policies then contributes to a culture of invisibility of LGBTI people in program and service delivery. Again the policy or practices of 'treating everyone the same' obstructs help seeking and reduces the ability of services to meet the specific needs of LGBTI people (Meyer I, 2003; Hillier L et al, 2010; Leonard W et al, 2015; McNair R & Bush R, 2015).

This lack of explicit inclusion discourages LGBTI people from accessing services and inhibits engagement in prevention and early intervention supports that aid recovery and wellness, which further contributes to poor health outcomes (Leonard W et al, 2015; McNair R & Bush R, 2015). This is despite many organisations identifying the need for inclusive practice and the progress being made in recent years towards LGBTI accessible services within the mental health and suicide prevention sectors. The absence of a clearly articulated strategic and coordinated approach to the wellbeing of LGBTI populations results in many gaps in care for LGBTI people and communities, resulting in their specific health and wellbeing needs being ignored.

Structural shortcomings and data gaps

The Australian Human Rights Commission report *Resilient Individuals: Sexual orientation, gender identity and intersex rights* (2015) 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.

MindOUT argues that not only is the inclusion of LGBTI populations within mental health and suicide prevention initiatives long overdue, but essential, if targets to reduce suicide across the whole Australian population are to be achieved. We encourage specific strategic and policy interventions to address and reduce systemic stigma, prejudice and discrimination within mental health and suicide prevention services, knowing this will interrupt these known barriers for LGBTI people and communities.



MindOUT argues that not only is the inclusion of LGBTI populations within mental health and suicide prevention initiatives long overdue, but essential if targets to reduce suicide across the whole Australian population are to be achieved.

Similarly, although there is much that research tells us about the mental health of LGBTI people, it is vital to note that significant knowledge gaps remain. This is due to the lack 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 (Ansara G, 2016). As data informs evidence-based policy, this exclusion has led to inaccuracy in reporting and significant underestimates. This has left LGBTI populations relatively invisible in mental health and suicide prevention policies, strategies and programmes.

It is heartening to see that despite inadequate inclusion of LGBTI populations in overarching strategies, other key mental health and suicide prevention policy documents have gone some way towards identifying the specific needs of LGBTI people and communities. LGBTI populations are slowly gaining increased recognition in mental health and suicide outcomes and this has resulted in greater inclusion in both the mental health and suicide prevention sectors.

The need for a national coordinated response

A turning point in increased recognition of LGBTI people and communities was *The Hidden Toll: Suicide in Australia* report, published by the Senate's Community Affairs Reference Committee (2010), 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 sector to be increasingly responsive to the mental health needs of LGBTI people and communities.

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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 only minimally and partially identify 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. This is long overdue and essential in meeting the needs of this group.

To fill this much needed gap, this new strategy has been developed to systematically address the dramatic over-representation of LGBTI people in measures of suicidality and mental ill-health. Providing a broad and practical framework that will support nationwide efforts to reduce the high incidence of suicide, suicidality, and mental illness amongst LGBTI people will lead to a more supportive and accepting society that will act as a protective factor for the mental health and wellbeing of all LGBTI Australians.

The strategy is yet to be endorsed, adopted or implemented, but requires a national coordinated response that supports efficient and effective implementation and delivery of actions across the mental health and suicide prevention sectors. Collaboration across sectors, between levels of government, and from the individual level through to the whole population is vital.

In this way, we can develop achievable goals and support them with adequate resourcing for implementation. A national commitment to this strategy is required from the Federal Government, with the allocation of appropriate resourcing to ensure that mental health and suicide prevention programs and services across Australia have clear guidance and strong support about the inclusion of LGBTI people in their care.

The National LGBTI Mental Health and Suicide Prevention Strategy can be downloaded at lgbtihealth.org.au/resources/national-lgbti-mental-health-suicide-prevention-strategy/

Strategy Principles

- **Intersectionality** – the diversity of LGBTI people and communities must be identified, acknowledged and respected with individual experiences recognised as fundamental to appropriate care.
- **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.
- **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.
- **Lived experience** – LGBTI people and communities must be acknowledged as the experts in their own lives which have been shaped by personal and cultural history of both stigma and resilience.
- **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.

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 experience and responsive to their needs.
- 2. Evidence, data collection and research** – An evidence base will be established about LGBTI populations that adequately represents their histories, lives, experiences, identities, relationships and accurate recording of deaths by suicide.
- 3. Recognition of diversity** – 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.

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