



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

beyondblue on the Draft Clinical
Practice Guidelines: Depression in
Adolescents and Young People.

May 2010

About ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON delivers a range of projects and services, including: HIV education and prevention; care and support services for people with HIV; sexual health programs; mental health services; alcohol and other drugs programs; anti-violence and lesbian health work. ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

ACON has two youth based projects, the Fun and Esteem Project for same-sex attracted men aged 26 or under, and the Young Women's Project for same-sex attracted women aged 26 or under. Over 10,000 participants have benefited from participating in one of the youth projects over the past 20 years. In addition to working with youth, the Mature Aged Gays Project, the Gay Asian Men's project and the Aboriginal Project work with other groups within the GLBT community.

ACON has also engaged with the development of policy on mental health, especially through our public submissions. These submissions can be viewed on our website and have included submissions to the Senate Community Affairs References Committee Inquiry into Suicide in Australia, the House of Representatives Standing Committee on Family, Community, Housing and Youth inquiry into the impact of violence on young Australians, and the NSW Review of the Mental Health Act.

As a part of ACON's work with people with HIV and the GLBT community more broadly, mental health has always been a part of our service delivery. In recent years, ACON has expanded the mental health services that we deliver to the community. In 2008-2009, ACON serviced over 400 clients with mental health issues, conducted eight twelve-week therapeutic groups, and assisted hundreds of other clients with either short or long term counselling and one off advice on counselling. Recently, ACON has also developed a mental health strategy.

This work underpins our submission to *beyondblue* on this issue – one of the most important for ACON's communities.

General Comments

ACON is very disappointed that *beyondblue* has not included in the mental health experiences and needs of same-sex attracted adolescents and young people in the *Draft Clinical Practice Guidelines: Depression in Adolescents and Young People* (the draft *Guidelines*). ACON is particularly disappointed in this outcome, given *beyondblue* had a heightened awareness of the importance of this issue to the GLBT community following the GLBTI Mental Health Round Table Discussion convened by *beyondblue* in December 2009. ACON has also expressed its disappointment during the public consultation forum that *beyondblue* held in Sydney on 7 April 2010.

The importance of including same-sex attracted young people in the draft *Guidelines* is important for two central reasons. Firstly, same-sex attracted young people (and the GLBT population more generally) experience depression, anxiety and other mental health illnesses at a disproportionate rate in comparison to their heterosexual peers. According to the *National Survey of Mental Health and Wellbeing* from the Australian Bureau of Statistics, homosexual and bisexual people are twice as likely to have any mental disorder in the past 12 months as heterosexuals.¹ Indeed, *beyondblue's* own review of the literature on depression among the GLBT community confirmed that same-sex attracted young people exhibit significantly more depressive symptoms than their heterosexual counterparts.²

Secondly, same-sex attracted young people have different sets of risk factors and protective factors in relation to mental health disorders, the most obvious being discrimination, which leads to higher rates of psychiatric disorders.³ Thus it is imperative that a reputable group such as *beyondblue* adequately convey these facts to health professionals and help develop specific skills and knowledge so that health professionals can better diagnose and deliver culturally appropriate services to same-sex attracted young people.

Part A. Research and Evidence

ACON understand that the literature review conducted by *beyondblue* applied very strict scientific criteria for inclusion, with the result that only one research paper on depression and same-sex attracted young people was included in the literature review.

There are however, other sources of data and academic research that provides an evidentiary basis for GLBT people's experience of depression. The data from the Australian Bureau of Statistics,⁴ as well as research from the Australian Centre for Sex, Health and Society⁵ and other peer reviewed papers⁶ demonstrates that depression is a significant problem and that the GLBT community experience depression at about twice as much as the general community.

ACON supports the need for more scientific research in this area, however, the guidelines should reflect the current research available in relation to GLBT communities. There is a moral imperative and obligation to take the academic research evidence and present health professionals with the best advice possible to guide their diagnoses and treatments with all young people.

¹ Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing*, (2007).

² J Corboz, G Dowsett, A Mitchell, *et al.*, *Feeling queer and blue: a review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people*, *Beyondblue*, (2008).

³ M Hatzenbuehler, K McLaughlin, K Keyes & D Hasin, 'The impact of institutional discrimination on psychiatric disorders in lesbian, gay and bisexual populations: a prospective study', *American Journal of Public Health*, vol 11 (3), (2010), pp.452-459.

⁴ Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing*, (2007).

⁵ L Hillier, A Turner, A Mitchell, *Writing Themselves In Again: 6 years on The 2nd national report on the sexuality, health & well-being of same sex attracted young people in Australia*, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, (2005), and M Pitts, A Smith, A Mitchell & S Patel, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, Australian Research Centre in Sex, Health & Society, La Trobe University, (2006).

⁶ R McNair, A Kavanagh, P Agius & B Tong, 'The mental health status of young adult and mid-life non-heterosexual Australian women', *Australian and New Zealand Journal of Public Health*, vol 29(3), (2005), pp. 265-271.

In a 'research poor' environment, there is an additional obligation to advocate and take other actions to increase the funding of research into depression and same-sex attracted young people so that this situation can be remedied.

GLBT mental health research has been disgracefully underfunded for some time, and it is a further insult that the evidence we do have is being ignored by mainstream organisations.

As a minimum, the draft *Guidelines* need to acknowledge that the GLBT community, including same-sex attracted young people are a priority group that disproportionately experiences depression.

Recommendations:

1. *beyondblue* acknowledge in the draft *Guidelines* that same-sex attracted young people are more likely to experience depression based on the current evidence.
2. *beyondblue* advocate for increased research and funding to specifically examine depression in same-sex attracted young people using the most most rigorous scientific methodologies.
3. *beyondblue* itself fund specific research examining depression in same-sex attracted young people.

Part B. Experiences of Depression

Same-sex attracted young people are exposed to high levels of discrimination, violence, victimisation, bullying and the resultant social isolation. For example, 44% of same-sex attracted young people in a large Australian study experienced verbal abuse and 16% experienced physical abuse.⁷ These factors have been recognised as risk factors for same-sex attracted young people for depression by *beyondblue* in *Feeling Queer and Blue*.⁸ The *Feeling Queer and Blue* report also contained protective factors such as social support, a relationship and belonging to the GLBT community.⁹

ACON encourages *beyondblue* to include a discussion of risk factors and protective factors in the draft *Guidelines* so that more health professionals understand these issues, which would lead to better diagnosis and more appropriate interventions.

It is also important to provide a context in which same-sex attracted young people are likely to experience risk factors to depression. For example, 74% of same-sex attracted young people who experienced violence, harassment and discrimination experienced it in an educational context. This would be very important for health professionals working in the school environment and for health professionals designing interventions that would be effective in preventing depression.

ACON's mental health services are over subscribed. Demand is high, and clients present with complex needs. Alarming, 20% of ACON's counselling clients at intake present with suicidal ideation – a rate that underscores the criticality of more action for GLBT individuals and the community more generally.

⁷ L Hillier, A Turner, A Mitchell, *Writing Themselves In Again: 6 years on The 2nd national report on the sexuality, health & well-being of same sex attracted young people in Australia*, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, (2005).

⁸ J Corboz, G Dowsett, A Mitchell, *et al.*, *op. cit.*

⁹ *Ibid.*

Recommendation:

4. *beyondblue* provides a discussion of risk factors and protective factors that influence depression in same-sex attracted young people in the draft *Guidelines*.
5. *beyondblue* discusses the context in which depression and its risk factors are experienced by same-sex attracted young people in the draft *Guidelines*.

Part C. Culturally Appropriate Services

The inclusion of the scientific data and the context of depression for same-sex attracted young people is important to assist the culturally appropriate delivery of health services. Providing such information in the draft *Guidelines* is important to alert health professionals to be aware of the experiences of depression by same-sex attracted young people.

A principle that *beyondblue* publicly embraces is “recognition of diversity and special needs”. In the spirit of this principle ACON requests that *beyondblue* acknowledges that the evidence clearly establishes same-sex attracted young people as a priority group in the case of depression. This would also have flow on impacts of assisting more health professionals to deliver a higher standard of health service provision through culturally appropriate services.

GLBT community based organisations such as ACON are willing to contribute to a greater understanding within mainstream service delivery systems of GLBT issues, and the means by which to promote a more inclusive service for GLBT clients.

Recommendation:

6. *beyondblue* advocate and support GLBT sensitivity training for mainstream service providers by GLBT community based organisations.

Part D. Conclusion

ACON provides this submission in the earnest hope that *beyondblue* takes this advice seriously and develops a fair document that is inclusive of GLBT people.

ACON is happy to discuss this submission with *beyondblue* or to meet with the writing Committee. If *beyondblue* wishes to receive further information, please contact Karen Price, Director, Policy, Strategy and Research, on 9206 2048 or email kprice@acon.org.au.