

6 March 2015

Senator Deborah O'Neill  
Chair  
Senate Select Committee on Health  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Senator O'Neill

**Re: Senate Select Committee on Health Inquiry into health policy, administration and expenditure**

We are writing to follow up on the discussions that took place during the 19<sup>th</sup> February hearing of the Senate Select Committee on Health Inquiry into health policy, administration and expenditure. As Australia's largest community based lesbian, gay, bisexual, transgender and intersex (LGBTI) health and HIV/AIDS organisation, we appreciate the opportunity to expand on the discussion of mental health and ageing.

Mental Health

A growing body of evidence from overseas and Australia reveals significant disparities in the mental health status of LGBTI communities and individuals relative to either general community or heterosexually identifying samples. Among the most significant are:

- Higher rates of anxiety and depression among gay men, lesbians, bisexuals and transgender people (Ritter et al 2012, Hillier et al 2008, Carman et al 2012, Leonard et al 2012, Couch et al 2007)<sup>i</sup>
- Higher rates of attempted suicide, suicidal ideation and self-harm, especially among younger people (Hillier et al 2008, Hillier et al 2010)<sup>ii</sup>
- Higher rates of suicidal ideation among GLBT adults than in equivalent studies of heterosexual adults (Suicide Prevention Australia 2012, Ritter et al 2012)<sup>iii</sup>

While data on the experience of some people in our communities and for some conditions is available, the picture is not complete. There is often limited data on the experiences of and outcomes for bisexual, transgender and intersex people. Where we do have this data these groups see different rates of mental health and wellbeing. Additionally, there is little data on rates of severe mental illness in our communities, a consequence of the lack of inclusion of sexuality indicators in much research and service provider/health care data sets.

The experiences of our communities are exacerbated by the experience or knowledge of the historical pathologisation of our sexualities and gender identities. This has produced wariness among some in our communities about accessing mental health support services. While rates of service access in some studies were equivalent to those of the general population, rates of satisfaction with those services tend to be lower.

There is a general consensus among researchers that the high rates of verbal and physical abuse and acts of social exclusion reported in surveys of our communities points, and the consequent 'minority courage ● empathy ● diversity ● equality ● partnership ● community

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stress' experienced on an often daily basis, leads to these disparate outcomes for preventable mental illness. The fact that the majority of LGBTI people lead happy, productive lives points to the resilience of our communities, especially in the context of limited availability of culturally appropriate services.

The recent inclusion of LGBTI issues in some Commonwealth and State health and welfare policies is a good first step, yet it is taking time to translate into programmatic response. This programmatic response needs to focus on:

- prevention, especially targeted to younger LGBTI people, or those questioning their sexuality or gender identity, including in schools
- building the capacity of mainstream services to ensure they are inclusive and sensitive to the needs and experiences of LGBTI people
- interventions that support resilience and mental wellbeing in our communities.

We have attached a copy of our Mental Health and Wellbeing Health Outcome Strategy 2013-2018, which further outlines key policy and programmatic issues in this area.

### Ageing

At the hearing on February 19, there was discussion of the Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) funding round. To the best of our knowledge, not a single LGBTI specific grant was approved in this most recent funding round. We are aware of seven applications submitted by 5 organisations, none of which were approved. This is in contrast to the previous funding round when a number of local, state wide and national projects were funded.

Our application was a for a continuation of a health promotion program for LGBTI seniors, entailing chronic disease self-management workshops, activities to reduce social isolation, and a series of fact sheets on key health issues which disproportionately affect older LGBTI. The project has made great progress in building networks of older people and engaging them more actively in managing their health, but this is not work that can be addressed through a one off 18 month grant. We have sought feedback from the department about the rejection of our application in this round, which we are yet to receive. We believe that a number of other applicants have requested feedback on their applications.

Finally, there is a long standing commitment to establish a steering group to oversight the implementation of the LGBTI Aged Care Strategy. This commitment was restated by staff of the Department of Social Services at an ageing roundtable hosted by the National LGBTI Health Alliance in late 2014. This is yet to eventuate.

We look forward to receiving the report and recommendations from this Inquiry. If you have any questions or would like further information please contact me on 02 9206 2122 or email [nparkhill@acon.org.au](mailto:nparkhill@acon.org.au).

Yours sincerely



Nicolas Parkhill  
**Chief Executive Officer**

CC: Senator, The Hon Jan McLucas

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- <sup>i</sup> Ritter, A., Matthew Simons, F., and Carragher, N. 2012, *Prevalence of and Interventions for Mental Health and Alcohol and Other Drug Problems amongst the Gay, Lesbian, Bisexual and Transgender Community: A review of the literature*, Drug Policy Modelling Program, Monograph Series No. 23, National Drug and Alcohol Research Centre, Sydney. Hillier, L., Edwards, J., and Riggs, D.W. 2008 'Guest Editorial: Mental Health and LGBT Communities', *Gay and Lesbian Issues and Psychology Review*, Vol. 4, No. 2, pp. 65-68. Carman, M., Corboz, J., and Dowsett, G.W. 2012, 'Falling Through the Cracks: The gap between evidence and policy in responding to depression in gay, lesbian and other homosexually active people in Australia', *Australian and New Zealand Journal of Public Health*, Vol. 36, No. 1, pp. 76-83. Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., and Barrett, A. 2012, *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*, Monograph Series No. 86, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne. Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., and Patel, S. 2007, *Tranznation, A report on the health and wellbeing of transgender people in Australia and New Zealand*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
- <sup>ii</sup> Hillier et al 2008, Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A. 2010, 'Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people', Monograph Series No. 78, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.
- <sup>iii</sup> Suicide Prevention Australia, 2009 Position Statement: Suicide and self harm among gay, lesbian, bisexual and transgender communities, Accessed 24 March 2014, <http://suicidepreventionaust.org/wp-content/uploads/2012/01/SPA-GayLesbian-PositionStatement.pdf>. Ritter et al 2012.