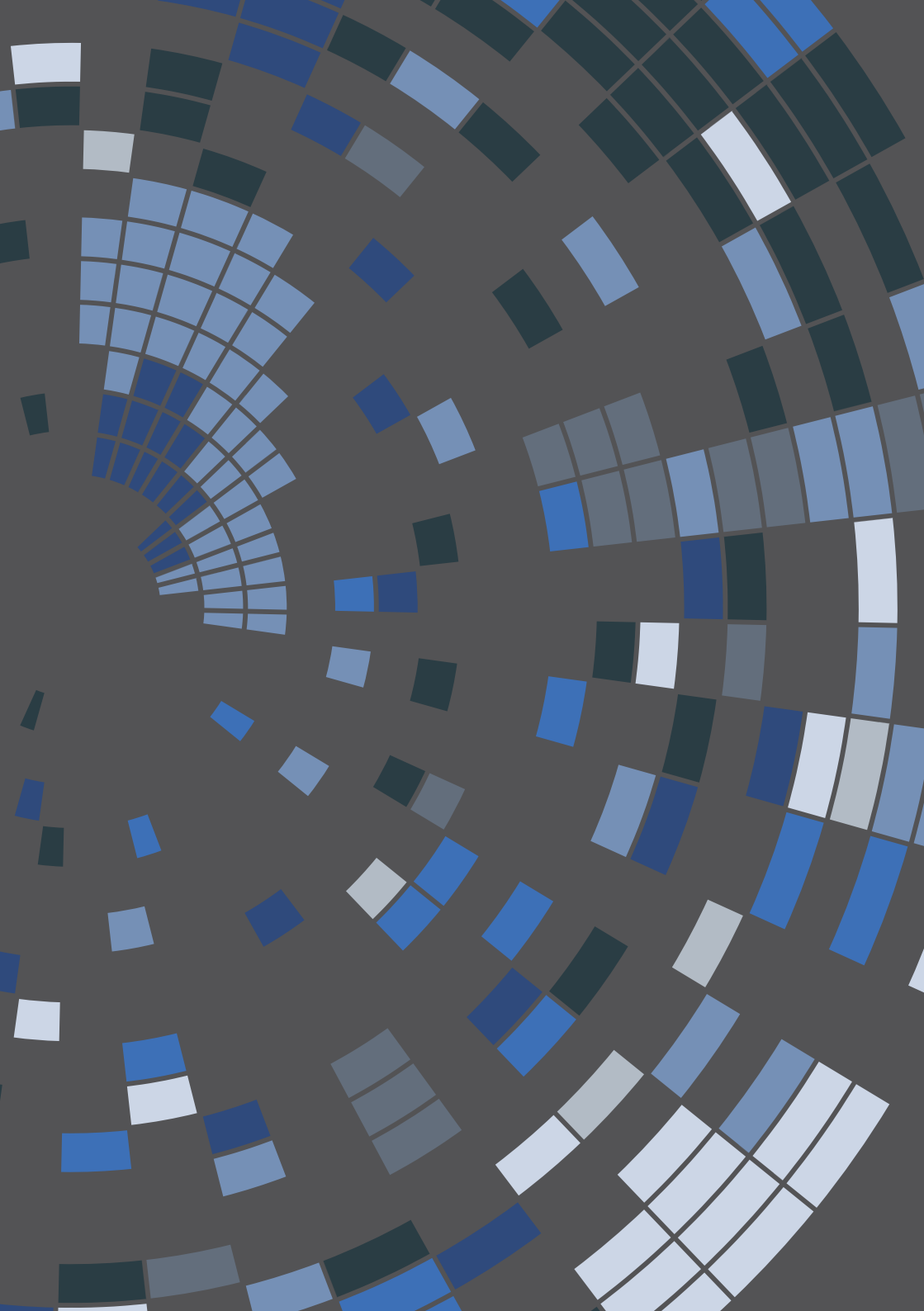


HEALTH OUTCOME STRATEGY 2013-2018
MENTAL HEALTH AND WELLBEING





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EXECUTIVE SUMMARY

It is now well documented in the literature that LGBT people experience higher levels of psycho social distress than heterosexual, cisgender people, and that LGBTI people are at increased risk of a range of preventable mental health problems, including depression, anxiety disorders, self harm, suicidal ideation and suicide, much of which has been attributed to experiences or fears of social exclusion, discrimination and abuse (*Carman, Corboz, and Dowsett 2012; Couch et al. 2007; Hillier, Edwards, and Riggs 2008; Hillier et al. 2010; Leonard et al. 2012; Ritter, Matthew Simons, and Carragher 2012; Suicide Prevention Australia 2009*).

The Strategy outlines ACON's approach to addressing mental health disparities among our communities, and a set of potential activities that will assist in reaching the shared goals of improved health and wellbeing of people with HIV positive and LGBTI communities.

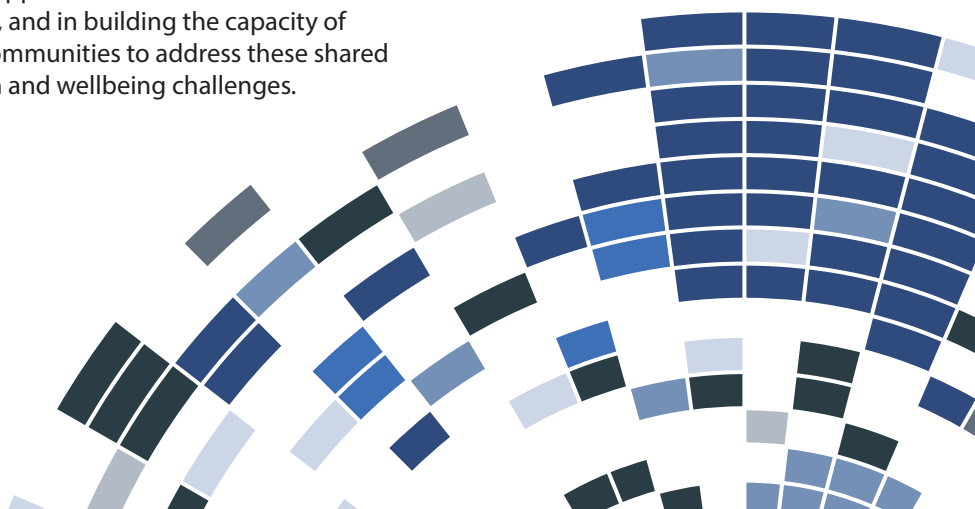
As an HIV positive and LGBTI health promotion organisation, ACON recognises its role in providing education and support across a number of health issues, and in building the capacity of our communities to address these shared health and wellbeing challenges.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training, and advocacy and awareness raising.

ACON also has a long history of providing counselling and social work services to people living with and at risk of HIV, and supporting LGBT people and people with HIV with a lived experience of mental illness in their recovery journey.

We recognise that ACON is not a specialist mental health provider, and nor do we have the skills and resources to effectively meet the mental health needs of all of our communities.

This Strategy recognises these limitations and relies on partnerships with other organisations and services, in both the mental health and LGBTI fields, to deliver interventions that may help us to meet the goals of this Strategy.



Partnerships and online interventions are also critical to ensuring that we can cost effectively extend the reach of community building and supportive interventions beyond the concentrated communities around the locations of our physical offices. Exploring opportunities to more effectively utilise these modes of engagement will be a priority in this Strategy.

We will also work closely with mental health organisations and stakeholders to enable access to and engagement with LGBTI communities who may benefit from their services, and work with those providers to ensure that the services that they provide and the environments in which they provide them are inclusive of and sensitive to the specific needs of LGBTI people.

This Strategy sets out a program logic for how we can achieve better mental health and wellbeing for our communities, and the specific role that ACON can play in meeting these goals. It recognises, however, that ACON is only part of the picture, and that many other factors impact on the health and wellbeing of our communities.

For this reason, partnerships and advocacy, along with health promotion and service delivery, are key elements in addressing the structural determinants of mental health disparities.

Despite the higher rates of preventable mental health disorders noted in the literature, it is also notable that the majority of LGBTI people live happy, healthy, and productive lives, despite an overall increased exposure to stressors such as discrimination and social exclusion (*Hillier, Edwards, and Riggs 2008*).

This Strategy, therefore, includes an important focus on identifying and supporting factors that increase the resilience of our communities, and will, thereby, help to increase mental health and wellbeing.

This document also articulates our current program offerings, key priorities for further development, and a table of potential activities that could be implemented to meet the goals of this Strategy, contingent on funding, partnerships and capacity.



RATIONALE AND CONTEXT

Mental health and wellbeing has a profound impact on the happiness, productivity, and physical health of individuals and communities. Conversely, poor mental health and the growth of potentially avoidable mental health conditions; such as depression, anxiety, and suicidality; are a major and growing source of morbidity in Australia and around the world.

The World Health Organisation estimates that mental health disorders contribute more than 28% of the global burden of noncommunicable diseases, and that suicide is the third leading cause of death among young people (*World Health Organisation 2014*).

It is now well documented in the literature that LGBT people experience higher levels of psycho social distress and are at increased risk of a range of mental health issues including depression, anxiety disorders, self harm, suicidal ideation, and suicide, much of which has been attributed to experiences or fears of discrimination and abuse (*Carman, Corboz, and Dowsett 2012; Couch et al. 2007; Hillier, Edwards, and Riggs 2008; Hillier et al. 2010; Leonard et al. 2012; Ritter, Matthew Simons, and Carragher 2012; Suicide Prevention Australia 2009*).

A report from MindOUT, a 2011 national survey of the LGBTI community about mental health and suicide, found that 92% of respondents strongly agreed/agreed that mental health is one of the most significant issues for the LGBTI community, but only 46% strongly agreed/agreed that they would feel

confident dealing with the situation if someone close to them had a mental health problem. In the same survey, 76% of respondents strongly agreed/agreed that suicide and self harm are significant issues for the LGBTI community, but only 40% strongly agreed/agreed that they would be confident dealing with the situation involving a loved one (*National LGBTI Health Alliance 2011, p. 6*).

As an HIV positive and LGBTI health promotion organisation, ACON recognises its role in providing education and support across a number of health issues, and in building the capacity of our communities to address these shared health and wellbeing challenges. ACON has a unique understanding of our communities and, as such, is well placed to engage in mental health and other health promotion activities.

This document outlines a comprehensive framework for responding to LGBTI mental health with the ultimate goal of improving the health and wellbeing of LGBTI communities. It also provides an assessment of ACON's current capacity and identifies a smaller number of activities congruent with both the framework and ACON's current resources and capacity to deliver against this plan.



POLICY FRAMEWORKS

This Strategy is informed by the five priority areas of the Fourth National Mental Health Plan 2009-2014 (*Department of Health 2009*). It also references the priorities of the NSW Government's mental health plan set out in *NSW: A new direction for mental health (NSW Health 2006)*, the NSW Community Mental Health Strategy 2007-2012 (*NSW Health 2008*), and the NSW Suicide Prevention Strategy 2010-2015 (*MHDAO and NSW Health 2010*), and a number of the issues currently under consideration by the NSW Mental Health Commission as part of the development of the NSW Mental Health Strategy.

These policy documents provide the framework for the integrated mental health system in which ACON needs to expand its participation.

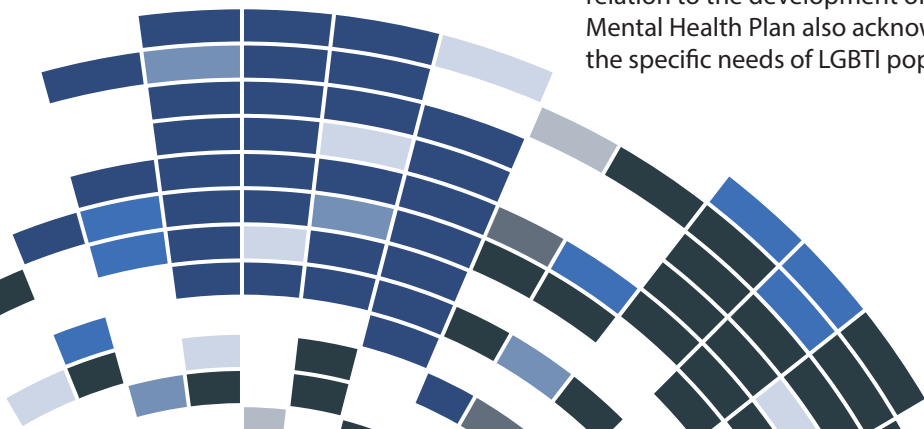
Few of these policies explicitly recognise and address the needs of the LGBTI community. However, they place the focus on education, prevention, and early intervention, and advocate for consumer led, recovery orientated services; values that ACON shares. Also strongly featured is the need to work in partnership across health, community and NGO services.

Mental Health Commissions have been established at both national and state level jurisdictions. In 2012, the National Mental Health Commission published *A Contributing Life: the 2012 national report card (NMHC 2012)*, investigating mental health and suicide prevention. LGBTI populations were recognised within this publication.

The National Report Card is one of only a few recent research studies to acknowledge the needs of LGBTI communities. Increasing the recognition of LGBTI people into future research studies into mental illness is a key activity in this Strategy.

The NSW Suicide Prevention Strategy 2010-2015 (*MHDAO and NSW Health 2010*) identifies the LGBT community as being at higher risk of suicide and, therefore, is considered a vulnerable group. The Strategy states that activities should be designed and implemented to target and involve the whole population, specific communities, and groups who are at risk.

Emphasis is given to cultural and social needs, including accessible environments. Draft documents in relation to the development of the NSW Mental Health Plan also acknowledge the specific needs of LGBTI populations.



WHAT'S DIFFERENT FOR LGBTI PEOPLE?

The use of the community acronym LGBTI across the evidence underpinning this section is varied due to the scope and population target of each individual research study cited.

This section addresses the key evidence from international, Australian, and NSW specific studies examining the mental health prevalence and range of issues related to mental health in LGBT and HIV positive communities.

A growing body of both international and Australian evidence reveals significant disparities in the mental health status of LGBTI individuals relative to either the general community or heterosexual identified samples.

Significant findings:

- LGBTI people are at elevated risk of suicide (*King et al. 2003, Meyer 2003*). Various sources place the rate of suicide attempts for LGBTI people as being between 3.5 to 14 times higher than the rate of the general population (*Bagley and Tremblay 1997; Garofalo et al. 1998; Herrell et al. 1999; King et al. 2008; Nicholas and Howard 2002, p. 28; Remafedi et al. 1998, p. 59*), while suicide and self harm rates for same sex attracted youth (*Brown 2002, pp. 2 3*) and LGBT Indigenous Australians are even higher (*National LGBTI Health Alliance 2009, p. 2*).
- Young LGBTI people and those who are questioning their gender or sexuality may experience mental health issues more severely than do heterosexual, cisgender young people. Younger LGBTI people are at an increased risk of depression, anxiety disorders, self harm, and suicide (*Brennan et al. 2010, p. 255; Cochran and Mays, 2009, p. 1; Cochran, Greer Sullivan, and Mays 2003, p. 53; King et al. 2008, p. 1; Sandfort et al. 2001, p. 85*).
- Results from the Longitudinal Study of the Health of Australian Women showed that 38% of same sex attracted women aged 22-27 had experienced depression, compared to 19% of heterosexual women, and that non heterosexual women were more likely to have tried to harm or kill themselves in the previous 6 months (12.6% vs. 2.7%) (*McNair et al. 2004, p. 268*).
- The specific mental health needs and experiences of transgender people are outlined in *Tranznation, A report on the health and wellbeing of transgender people in Australia and New Zealand* (*Couch et al. 2007*). This study found that the rate of depression was much higher among trans people than in the general Australian population (*Ibid., p. 7*). Trans women and other trans people who were assigned male at birth were twice as likely to experience depression as trans

men and other trans people who were assigned female at birth (*Ibid.*). Two thirds of participants reported modifying their activities due to fear of stigma or discrimination (*Ibid.*, p. 9). Of considerable concern was that one in four respondents reported suicidal thoughts in the two weeks before they completed the survey (*Ibid.*, p. 7).

- *Private Lives 2* identified that trans respondents were considerably more likely than cisgender respondents to report that they had often experienced episodes of intense anxiety over the past 12 months, with trans men nearly 2.5 times more likely than cisgender men (23.9 per cent versus 9.2 per cent) (*Leonard et al. 2012, p. 39*).
- Gay HIV positive men have high rates of depression associated with factors such as socio economic deprivation, isolation, and withdrawal (*Grierson et al. 2009, p. 9*). 27% of people with HIV in the HIV positive Futures Six Survey said they had taken medicines prescribed for depression (*Ibid.*).
- These differential rates persist into older age. The Social, Economic and Environmental Factors (SEEF) sub study of the '45 and Up' study showed that older men and women who identify as being homosexual or bisexual are approximately twice as likely to be diagnosed with depression or anxiety than heterosexuals (*Byles 2013*).
- The Australian Private Lives 2 Survey of 2012 reported continued high rates of mental health issues among its participants, a finding replicating the evidence of its comparative 2005 survey (*Leonard et al. 2012, p. 2*). Of the 3,835 respondents in 2012, nearly 80% of total participants had experienced at least one period of intense anxiety in the 12 months prior to the survey (*Ibid.*, p. 39); 30.5% of respondents had been diagnosed or treated for depression and 22.3% for anxiety in the previous 3 years (*Ibid.*, p. 31).
- A meta analysis of the small number of studies of mental health and intersex people reports very high levels of distress (*Schützmann 2009, p. 1*).
- There is little data on the rates of severe mental illness in our communities, which is a consequence of the lack of inclusion of sexuality and non normative sex and gender indicators in much research and service provider/health care data sets. It is, therefore, difficult to make comparisons or assumptions; however, it is clear that it would be beneficial to our communities if services were inclusive and able to meet their specific needs.



WHY ARE THINGS DIFFERENT?

There is growing agreement among researchers that the high levels of anxiety, depression, and suicidality seen amongst LGBT populations are significantly attributable to 'minority stress', noting the still high rates of verbal and physical abuse directed at our communities (Hillier et al. 2010, p. 39; Leonard et al. 2012, p. 35; Liu and Mustanski 2012, p. 222; Ritter, Matthew Simons, and Carragher 2012, p. 100; Singh and McKleroy 2010), in large part the consequence of anti LGBT discourses and their cultural consequences (Hillier, Edwards, and Riggs 2008, p. 65; Carman, Corboz, and Dowsett 2012; Ritter, Matthew Simons, and Carragher 2012; Singh and McKleroy 2010). Intersex people also report similar experiences in relation to perceptions of not presenting as a binary sex (Oll Australia).

High rates of self harm and suicidal thoughts have been linked to ongoing harassment and violence directed at same sex attracted young people (beyondblue 2010, p.13).

The onset of mental health disorders across the general population peaks between the ages of 16 and 24, followed closely by the 25-34 age group, coinciding (among the younger cohort) with the exploration of sexuality and formation of sexual identity (Slade et al. 2009, p. xii).

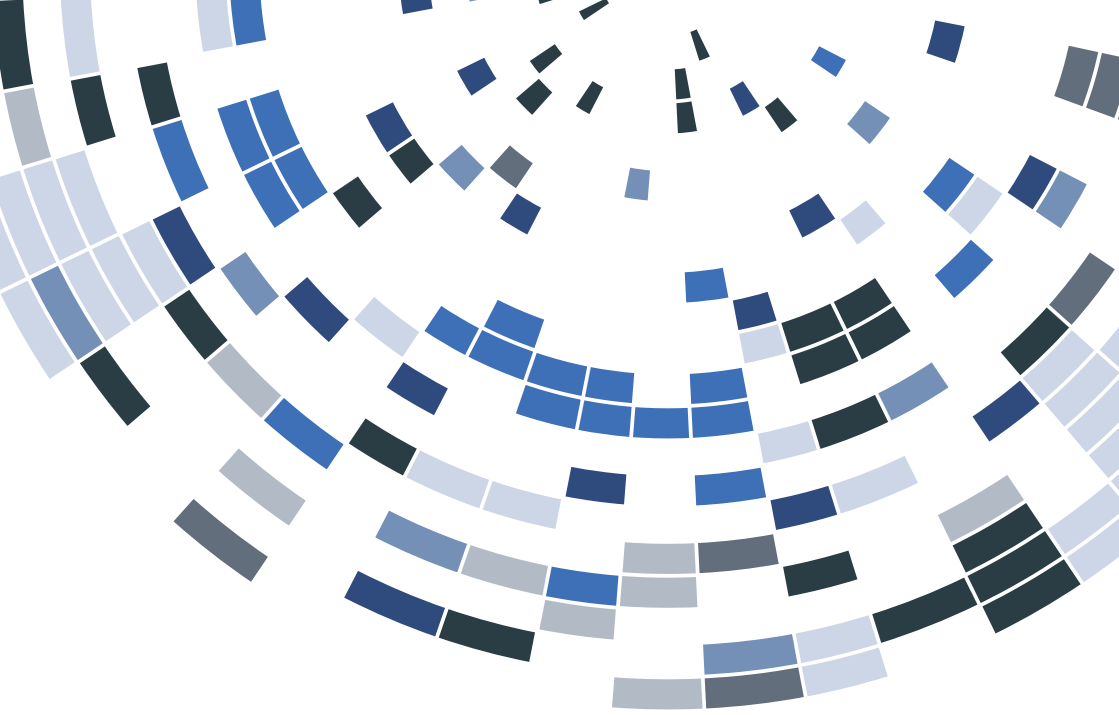
While mental health disparities persist across the life span, evidence strongly points towards the imperative of prevention and support needs for the 16-24 and 25-34 age groups (*Ibid.*).

This is supported by 'adjustment to sexual orientation', 'peer and societal reactions to same gender sexual orientation' and 'bullying and violence' being identified as the major risk factors contributing to the development of depression in youth (beyondblue 2010, p. 14).

Anecdotally, anxiety and depression related to homophobia and transphobia experienced in youth is a common theme identified in ACON's counselling services.

This is supported by the findings of *Writing Themselves In 3: The third national Australian study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, which found that (Hillier et al. 2010, p. 39):

- 61% of young people reported verbal abuse because of homophobia,
- 18% of young people reported physical abuse because of homophobia,
- 80% of those who were abused experienced the abuse at school,
- 69% reported other forms of homophobia including exclusion and rumours, and
- Young men and genderqueer young people reported more abuse than young women.



These experiences were associated with feelings of being unsafe, excessive AOD use, self harm and suicide in young people. For more than half of the respondents, homophobia impacted on a range of aspects of schooling (*Ibid.*, p. 49).

Despite the increasing awareness of mental health issues in Australia, we know that many LGBT people are reluctant to seek professional help for their mental health needs (*Welch, Collings, and Howden Chapman 2000; Avery, Hellman, and Sudderth 2001; McNair, Szalacha, and Hughes 2011*).

Fear of further stigmatisation when accessing services is a real concern for our communities (*Ibid.*). Research shows that satisfaction with mental health services is lower among LGBT people than among their heterosexual and cisgender peers (*Ibid.*).

Reluctance to disclose sexual orientation to health professionals due to fear of discrimination, or a belief that it is not relevant, is believed to be a contributing factor (*D'Augelli, Hershberger, and Pilkington 1998; Meckler et al. 2006*).

Alcohol and Other Drugs

It is widely recognised that there is a close relationship between mental illness and AOD use (*Ritter, Matthew Simons, and Carragher 2012*). Research indicates that there are higher rates of AOD use and misuse in LGBT communities, which may influence existing vulnerabilities and predispositions towards mental illness (*Ibid.*). This Strategy will, therefore, be implemented in conjunction with our Health Outcome Strategy on Alcohol and Other Drugs.

WHAT WORKS?

A comprehensive literature review on the prevalence of mental illness and AOD problems among LGBT communities, and intervention responses, conducted by the National Drug and Alcohol Research Centre, (*Ritter, Mathew Simons, and Carragler 2012, pp. 3-4*) concluded that:

- Prevention is a priority principle with LGBT people; both AOD problems and mental illness are preventable, and interventions such as supportive counselling during adolescence are likely to reduce the risk of later mental illnesses or substance misuse problems.
- Preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD problems and mental illness amongst LGBT people.
- All AOD and mental health services should be LGBT sensitive. This entails ensuring an adequately trained workforce, culturally appropriate services, and a non judgemental attitude by all staff across the service. The variety of treatment interventions, such as cognitive behavioural therapy, motivational interviewing, 12 step programs, and the community reinforcement approach have all been shown to be effective with LGBT people.
- Research has shown some superior outcomes with LGBT specific services, especially for methamphetamine dependent users. LGBT specific services provide positive role models, strategies for coping with stigma, tailored interventions for AOD problems and/or mental illness, and are largely staffed by LGBT practitioners, which is a preference of many LGBT people.
- While it may be possible that a reform of the mental health and AOD service network may be sufficient to effectively address needs, strong linkages between LGBT specific services and mainstream mental health and AOD services are also required within an LGBT sensitive service system.
- A diversity of service types is required. Not all LGBT clients want an LGBT specific service. Others will achieve better mental health and AOD treatment outcomes in the context of an LGBT specific service.

ACON, as an organisation with a long history of working with and mobilising LGBTI communities, therefore has a key role to play in helping the broader mental health sector develop environments and services that are LGBTI inclusive and that address their specific needs through training, partnership and capacity building activities.

Other authors have noted that the evidence, to date, focuses on a deficit model around indicators of mental illness (*Hurley 2007*). They note that the majority of LGBTI people lead happy, healthy, and productive lives, and that an understanding of the factors that contribute to resilience is important to identifying effective preventive strategies to address these health outcome disparities (*Hillier, Edwards, and Riggs 2008*).

US studies of resilience among transgender youth and people of colour have identified common 'resilience themes', including self worth and self esteem, awareness of oppression, connection with community and a sense of personal mastery (*Singh and McKleroy 2010; Singh, Hays, and Watson 2011; Grossman, D'Augelli, and Frank 2011*).

Health promotion and other programs that build these personal capacities, therefore, have an important role to play in supporting mental health and wellbeing.

ACON has a long history of working with young men and women to build their skills, self esteem and self efficacy to ensure good sexual health. These factors are also identified as resilience factors in relation to mental health and wellbeing.

Promoting mental health and addressing the determinants of mental distress, recovery, and mental wellbeing, such as social inclusion and reducing isolation, and bullying and discrimination, are therefore critical, if challenging, issues to address to reduce the mental health disparities in our communities.

This will require extensive and sustained advocacy efforts in a number of key areas, some beyond the field of health, and will require a long term approach that relies heavily on partnerships and advocacy.



HOW WILL ACON RESPOND?

ACON's expertise in understanding and engaging with LGBTI communities and in health promotion provides a strong basis for responding to the mental health and wellbeing needs of our communities, and for supporting the broader mental health sector to provide services that are inclusive of our communities' needs, and provide supportive and welcoming environments.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training and advocacy, and awareness raising. ACON also has a long history of providing counselling and social work services to people living with and at risk of HIV, case coordination, referrals, and support to LGBTI people and HIV positive people with a lived experience of mental illness in their recovery journey.

ACON currently sits on a number of advisory committees, advocates for the inclusion of LGBTI issues in key mental health initiatives and facilitates engagement of LGBTI communities with statewide policy and research processes. We also seek to encourage and collaborate in research that helps to identify factors that support resilience among LGBTI people.

We recognise that we are not a specialist mental health service provider, and nor do we have the skills and resources to effectively meet the mental health needs of all of our communities. This Strategy recognises these limitations and relies on partnerships with other organisations and services, in both the mental health and LGBTI fields, to deliver interventions that may help us to meet the goals of this Strategy.

We will also work closely with mental health organisations and stakeholders to enable access to and engagement with LGBTI communities that may benefit from their services, and work with those providers to ensure that the services that they provide and the environments in which they are provided are inclusive of and sensitive to the specific needs of LGBTI people.

This Strategy sets out how we can achieve better mental health and wellbeing for our communities, and the specific role that ACON can play in meeting these goals. It recognises, however, that we are only part of the picture and that many other factors impact on the health and wellbeing of our communities.

For this reason, partnerships and advocacy to address structural determinants of mental health disparities are key elements of this Strategy, along with health promotion and service delivery.

The following pages outline a program logic for a comprehensive approach to addressing mental health disparities among our communities, and a set of potential activities that will assist in reaching the shared goals of improved health and wellbeing of people with HIV and LGBTI people.

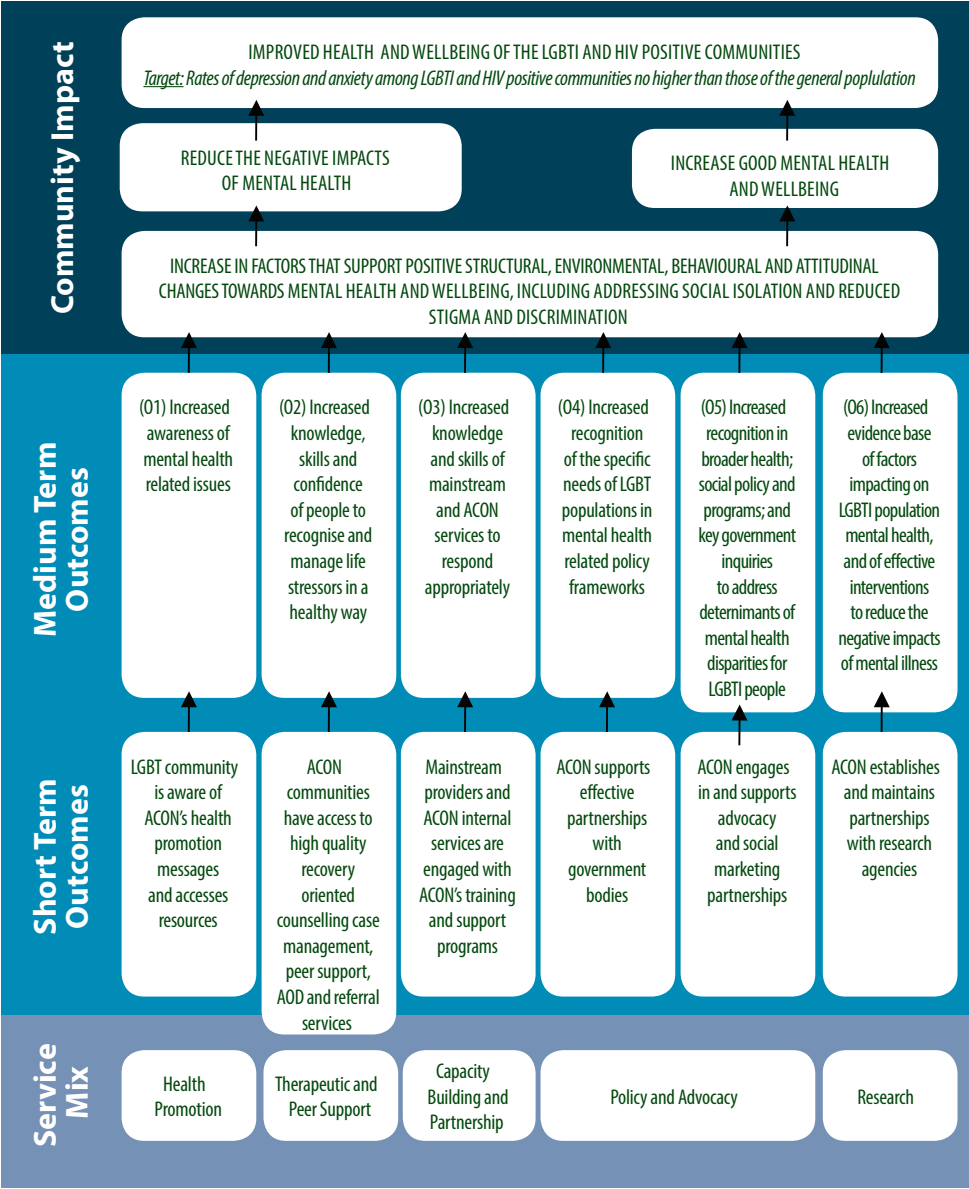
It should be noted here that ACON's contribution to these distal population level outcomes can only ever be partial, and much depends on the actions of many other stakeholders and decision makers. We will, however, hold ourselves accountable for achieving the lower level objectives identified in the attached table, which we believe can contribute significantly to this ultimate goal, given adequate resourcing and the support of key partner organisations.

It should also be noted that not all of the six outcome areas identified will be accorded equal weight for further development. ACON intends to continue its role as a niche service provider, connected to the broader service provision network. Advocacy to address structural determinants will also remain an important, long term, collaborative focus.

However, we believe that we can have the greatest impact and make the most of our skills and capacity by focusing growth activities in the area of mental health promotion, building mental health literacy among our communities and working with the mental health system to ensure inclusive and accessible services.

PROGRAM LOGIC:

MENTAL HEALTH AND WELLBEING





OBJECTIVES, STRATEGIES, AND ACTIVITIES

IMPLEMENTATION

The Strategy outlines a comprehensive response and is contingent on appropriate funding and partnerships becoming available over the life of this Strategy.

Nonetheless, ACON has some internal capacity and programs to continue to meet the needs of our populations. This Strategy will commence with a focus on strengthening and continuing services, to be offered within current funding constraints.

Some of the strategies on which ACON will focus in the short term are outlined in this section.

- Short term solution focussed counselling: (9-12 sessions at no cost), for people living with and at risk of HIV. Available in Sydney.
- Fee for service counselling program: short term, solutions focused counselling (9-12 sessions) delivered in a fee for service model with hardship policy. Available to LGBTI people in Sydney. As a volunteer counselling program, it also supports emerging therapists in developing LGBT culturally sensitive practices.
- Case coordination services: social workers work with vulnerable members of our community who have complex needs, the majority with serious mental health issues. Available to people living with and at risk of HIV in Sydney.
- Newly diagnosed program: provides psycho social support and counselling for people recently diagnosed and those affected. Available to gay men with HIV in Sydney.
- Therapeutic group program: within groups of peers, individuals are encouraged to reflect on their needs and experiences, consider individual healthy lifestyle choices, develop coping strategies and are empowered to make decisions to improve their health and wellbeing. Available to people with AOD/comorbidity issues, in Sydney.
- Regional services: short term counselling program, 9-12 sessions, provided by volunteer counsellors at no cost. Client services officers provide case coordination.
- Intake, assessment, and referral: to mainstream mental health services, available statewide (via phone) to all people.
- Service provider training: we have developed a suite of community health literacy workshops and a service provider training package offering fee for service training and capacity building in LGBTI mental health and implementing inclusivity for service providers including GPs, aged care residencies, and other organisations.

However, much of this Strategy remains unfunded at the present time. ACON will monitor funding opportunities as they arise and work with partners to deliver on this Strategy as and when opportunities arise.

If, over the course of this Strategy, ACON is successful in securing additional funding for targeted mental health programs, we will prioritise the work outlined within the strategies and activities table in this document.

In terms of current capacity, ACON will prioritise the following activities in the first year of this Strategy:

- Continue to engage with the Mental Health Commission in the development of a ten year mental health plan for NSW.
- Seek funding for a mental health programs officer to sustain the partnerships developed to date, develop new partnerships, and ensure maximum use is made of the programming resources developed to date.
- Sustain our engagement in suicide prevention policy and program development.
- Work with the Inspire Foundation to realise the potential of the young people's mental health online programs developed to date.
- Maintain our existing online materials and resources.
- Incorporate mental health awareness and health promotion activities into our Department of Health (DoH) funded LGBTI Ageing Programs, including addressing issues of social isolation and mental health through a community visitor scheme project.
- Collaborate with the Hunter and New England Local Health District on a research project examining the impact of telephone interventions on the psychosocial wellbeing of people with HIV.
- Further develop our existing partnerships with Hunter Institute of Mental Health, the Mental Health Coordinating Council, Mental Health Association, LGBTI Health Alliance, Inspire Foundation and beyondblue, and establish new partnerships to co deliver work targeting our communities.
- Marketing our mental health provider training package.
- Continue to support research into the mental health of our communities, in particular research that identifies effective interventions for LGBTI.
- Explore the possibilities of developing consultancy packages to assist mainstream mental health providers to assess and strengthen their capacity to address the needs of our communities.



OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES

The following table represents the strategies and activities that ACON can currently deliver independently and/or in partnership (P), within current resource and funding limitations in this area. Priority areas for development are in blue text. Current activities being delivered under existing grants are in black text.

Objectives	Strategies	Activities
1. Increased awareness of mental health related issues	<p>1.1 Develop and promote a range of targeted activities, initiatives, interventions, and/or resources for at risk populations, specifically to:</p> <ol style="list-style-type: none"> 1. Improve mental health literacy, 2. Support mental health, 3. Develop resilience, and 4. Reduce self harm and suicide risk 	<p>1.1.1 Partner with key mental health organisations who currently deliver mental health campaigns and initiatives, to incorporate inclusive content to specifically engage with LGBTI and HIV positive communities (P)</p> <p>1.1.1.1 Continue to work with the Inspire Foundation to develop interventions enabling young gender and/or sexuality questioning people to come out safely (P)</p> <p>1.1.1.2 Engage with the Hunter Institute to implement a pilot of the ‘Conversations Matter’ resource and support program (P)</p> <p>1.1.2 Develop and promote the distribution of mental health information and initiatives in publications, web based portals, and other communication channels (by ACON and partner organisations). Examples include early intervention and referral pathways, and mental health literacy and support networks (P)</p> <p>1.1.2.1 Compile a current map and liaison network of mental health service providers, including employment, housing and educational support services, for each ACON metropolitan and regional office catchment area</p>

Objectives	Strategies	Activities
2. Increased knowledge, skills and confidence of people to recognise and manage life stressors in a healthy way	2.1 Develop and implement mental health promotion and wellbeing initiatives into ACON group and individual programs 2.2 Provide services that support the mental health of LGBTI and HIV positive populations	1.1.3 Continue to address resilience and mental health promotion in ACON initiatives, as appropriate
		1.1.4 Provide mental health literacy education to relevant ACON staff
		1.1.5 Advocate for funding to develop mental health initiatives (P)
		2.1.1. Include mental health prevention and care information within ACON group and individual programs, where relevant
		2.2.1 Continue to deliver existing mental health services from our Sydney and Regional offices, (including counselling, social work and case coordination, the Newly Diagnosed Program, therapeutic group and AOD comorbidity programs, peer support; and intake, assessment and referral services)
		2.2.2 Continue to investigate, and, where possible, pursue opportunities to fund expansion and development of ACON mental health programs
		2.2.3 Conduct a needs and options assessment to examine opportunities and modalities for counselling and therapeutic groups, including for regional and remote people, young LGBT people, as well as alternative modalities, such as online and telephone interventions

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES (continued)

Objectives	Strategies	Activities
	2.3 Increase the reach and access of ACON counselling services and therapeutic groups	2.3.1 Continue to offer the ACON Mental Health Association (MHA) Grant program 2.3.2 Continue to develop partnerships with regional mental health services (P)
	2.4 Improve the coordination, integration and continuity of mental health care for LGBTI and HIV positive people	2.4.1 Continue to provide comprehensive intake, assessment, referral, and follow up processes for all clients presenting for ACON services 2.4.2 Continue to develop innovative care coordination and collaboration models in conjunction with Area Health Services, Divisions of General Practice, key General Practices and other service providers (P)
	2.5 Develop and implement improved responses and actions to LGBTI and HIV positive people living with coexisting mental illness and AOD issues	2.5.1 Continue to implement joint care planning and investigate service delivery options through staff liaison and training with key AOD service providers and the ACON comorbidity project (P)
	3.1 Increase knowledge and understanding of ACON staff of the early signs of mental illness, referral pathways, and treatment options	3.1.1 Continue to facilitate and enhance ACON staff training to educate and provide staff with the skills and information necessary to respond to client mental health needs
	3. Increased knowledge and skills of mainstream and ACON services to respond appropriately	

Objectives	Strategies	Activities
3.2 Increase the network of health providers, employers, and other organisations that are culturally appropriate, inclusive, and aware of the perspectives needs, and experiences of LGBTI and HIV positive people	3.2.1 Continue to deliver appropriate LGBTI and HIV positive cultural awareness training to health care providers, NGOs, employers and other organisations 3.2.1.1 Actively market our mental health provider training package 3.2.2 Provide written and face to face information to agencies within the mental health sector regarding the mental health needs of ACON's communities and the appropriate tailored responses 3.2.3 Continue to offer the ACON Mental Health Association (MHA) Grant program 3.2.4 Investigate, and, where possible, pursue fee for service opportunities to enhance funding for mental health programmes, e.g. consultancy and brokerage services 3.2.5 Continue to implement the ACON Diversity Policy and insure our work in this regard is leading practise	3.2.1 Continue to deliver appropriate LGBTI and HIV positive cultural awareness training to health care providers, NGOs, employers and other organisations 3.2.1.1 Actively market our mental health provider training package 3.2.2 Provide written and face to face information to agencies within the mental health sector regarding the mental health needs of ACON's communities and the appropriate tailored responses 3.2.3 Continue to offer the ACON Mental Health Association (MHA) Grant program 3.2.4 Investigate, and, where possible, pursue fee for service opportunities to enhance funding for mental health programmes, e.g. consultancy and brokerage services 3.2.5 Continue to implement the ACON Diversity Policy and insure our work in this regard is leading practise
	3.3 Expand and improve the network of referral options and service providers that are appropriate for LGBTI and HIV positive communities	3.3.1 Investigate opportunities to broaden the numbers, types and locations of LGBTI and HIV positive appropriate mental health referral options and service providers, particularly in regional and rural locations 3.3.2 Establish specialist referral and service provider networks for sex workers, LGBTI youth, regional and rural people, people experiencing early psychosis, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds (P)

OBJECTIVES, STRATEGIES, AND PRIORITY ACTIVITIES (continued)

Objectives	Strategies	Activities
	3.4 Strengthen existing and build new partnerships with mental health agencies and researchers	3.3.3 Foster and maintain ongoing positive referral networks with key mental health and AOD service providers (P)
		3.4.1 Maintain existing partnerships with agencies such as the Mental Health Coordinating Council, Beyondblue, Inspire Foundation, Suicide Prevention Australia, NSW Health, Area Mental Health Services, the Mental Health Association NSW, and the Hunter Institute for Mental Health (P) 3.4.2 Facilitate and coordinate one partnership forum with relevant mental health service providers for the purpose of sharing information and perspectives and building strong, sustainable partnerships (P) 3.4.3 Establish an interagency for LGBTI mental health in the community sector (P) 3.4.4 Foster and maintain ongoing positive referral networks with key mental health and AOD service providers (P)
4. Increased recognition of the specific needs of LGBTI populations in mental health related policy frameworks	4.1 Establish and support partnerships to advocate for increased data collection and inclusion of LGBTI indicators in mental health related research and service provision	4.1.1 Liaise with government, research institutes and peak bodies, and advocate for the inclusion of LGBTI specific issues in mainstream research and program development (P) 4.1.2 Work with researchers and research institutes to determine the range of mental health research and other data collection tools in which to include questions regarding sexuality, sex and gender identity (P) 4.1.3 Partner with key mental health related organisations, such as MHCC, Hunter Institute, and Inspire Foundation, to improve the routine collection of LGBTI related mental health and service use data (P)

Objectives	Strategies	Activities
5. Increased recognition in broader health, social policy and programs, and key government inquiries to address determinants of mental health disparities for LGBTI people	4.2 Establish and support partnerships to advocate for increased recognition of LGBTI populations in mental health related policy	<p>4.2.1 Participate in state and national opportunities to advocate for the acknowledgement and inclusion of the mental needs of LGBTI and HIV positive people</p> <p>4.2.2 Continue to participate actively in the development of the NSW Mental Health Commission's ten year Strategic Plan for mental health</p> <p>4.2.3 Work with and advise health, human service, and other organisations to evaluate, develop and implement appropriate policies and procedures that promote social inclusion and LGBTI inclusivity</p>
	5.1. Encourage and advocate for a service and employment culture that values the rights and diversity of LGBTI and HIV positive people	5.1.1 Establish and support partnerships to advocate for positive reform of LGBTI stigma and discrimination, and the creation of inclusive environments, e.g. in schools and workplaces (P)
	5.2 Identify and pursue channels to advocate for improvement in the determinants of LGBTI mental health disparities	5.2.1 Continue to write submissions to relevant enquiries, brief relevant decision makers and stakeholders, and sustain advocacy around improved schools, education and workplace policies
6. Increased evidence base of factors impacting on LGBTI population mental health and effective interventions to reduce the negative impacts of mental illness	6.1 Identify and establish opportunities and partnerships to facilitate and commission research into the factors influencing the mental health and wellbeing of ACON's communities	<p>6.1.1 Review de-identified client presentation and other ACON data to ascertain the issues, needs, and outcomes for clients presenting to ACON's counselling and care and service coordination support services</p> <p>6.1.2 Provide access to de-identified data to research collaborators to focus research on issues that have been identified by ACON (P)</p> <p>6.1.3 In partnership with relevant agencies, advocate for and conduct quality research into LGBTI mental health (P)</p>

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES (continued)

Objectives	Strategies	Activities
		<p>6.1.4 Conduct formative assessments of mental health related issues via literature reviews and focus groups</p> <p>6.1.5 Continue to work in partnership with agencies such as the Department of Education and Training, NSW Health, Lifeline, Headspace, beyondblue, Inspire Foundation, Gay and Lesbian Counselling Service, Twenty10, Suicide Prevention Australia, and local youth and mental health services to develop specific strategies for identification and reduction of self harm and suicide risk in same sex attracted young people (P)</p>
	6.2 Partner with researchers to conduct exploratory research into the resilience factors that facilitate mental health in LGBTI populations	6.2.1 See Potential Activities Table
	6.3 Partner with researchers to identify, pilot and evaluate the effectiveness of interventions to reduce the impacts of mental illness among LGBT populations	6.3.1 See Potential Activities Table
	6.4 Collaborate in and support research in relation to the mental health of ACON's communities	6.4.1 Contribute to and identify research topics that contribute to an evidence base for the therapeutic, service, and social responses to mental health for ACON's communities

OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES

Additional and potential activities that ACON aims to implement throughout the life of this Strategy, but that are contingent on securing additional funding, are outlined in the table below.

Objectives	Strategies	Potential Activities
1. Increased awareness of mental health related issues	1.1 Develop and promote a range of targeted activities, initiatives, interventions, and/or resources for at risk populations, specifically to: <ol style="list-style-type: none"> 1. Improve mental health literacy, 2. Support good mental health, 3. Develop resilience, and 4. Reduce self harm and suicide risk 	1.1.1 Engage with relevant experts and organisations to develop an LGBTI community targeted mental health campaign to address stigma and discrimination, and promote access to mental health services (P)
		1.1.2 Engage with relevant services to address self harm and suicide risk, focusing on LGBTI youth and LGBTI people living in regional and rural areas (P)
		1.1.3 Partner with mental health organisations to develop new community level mental health campaigns and initiatives to specifically target LGBTI and HIV positive people (P)
2. Increased knowledge, skills and confidence of people to recognise and manage life stressors in a healthy way	2.1 Increase the reach and access of ACON counselling services and therapeutic groups	2.1.1 Conduct a needs and options assessment to examine opportunities and modalities for counselling and therapeutic groups, including for regional and remote people, and young LGBTI people. Include an investigation into possible alternative modalities, such as online and telephone interventions
		2.1.2 Develop and implement online counselling services (P)
		2.1.3 Develop and implement telephone counselling services (P)
	2.2 Develop and implement improved responses and actions to LGBTI and HIV positive people living with coexisting mental illness and AOD issues	2.2.1 Revise and distribute information available to people with existing mental illness and AOD issues

OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES (continued)

Objectives	Strategies	Potential Activities
3. Increased knowledge and skills of mainstream and ACON services to respond appropriately	3.1 Increase the network of health providers, employers and other organisations that are culturally appropriate, inclusive, and aware of the perspectives, needs and experiences of LGBTI and HIV positive people	3.1.1 Work with and leverage the activities and partnerships established through the Pride in Diversity (PID) Program (P)
		3.1.2 Investigate opportunities for developing and implementing online training packages, including transitioning current packages and developing new packages
		3.1.3 Establish a 'safe places' network (physical and online) offering the opportunity for LGBTI people to connect and link to support/information services (P)
		3.1.4 Develop a network map of potential mental health agencies, research bodies, health care providers and other organisations who work with ACON's communities
	3.2 Expand and improve the network of referral options and service providers who are appropriate for LGBTI and HIV positive communities	3.2.1 Work with Local Health Districts, Medicare Locals, key General Practices and other service providers to develop innovative care coordination and collaboration models (P)
	3.3 Strengthen existing and build new partnerships with mental health agencies and researchers	3.3.1 Establish new partnerships with organisations such as Mental Health Council of Australia, the Black Dog Institute, and the Centre for Rural and Remote Mental Health (P)

Objectives	Strategies	Potential Activities
4. Increased evidence base of factors impacting on LGBTI population mental health and effective interventions to reduce the negative impacts of mental illness	4.1 Identify and establish opportunities and partnerships to facilitate and commission research into the factors influencing the mental health and wellbeing of ACON's communities	<p>4.1.1 Facilitate, conduct and commission research into the mental health needs of ACON's communities</p> <p>4.1.2 Investigate and contribute to the development of collaborative projects, and a research network on the mental health and wellbeing of LGBTI communities and people living with HIV (P)</p> <p>4.1.3 Conduct a needs analysis of LGBTI usage and experiences of mental health services (P)</p> <p>4.1.4 Conduct a needs assessment in relation to self harm and suicide risk for certain sub populations in LGBTI communities, including young people living in rural areas (P)</p>

POPULATIONS

ACON's historical strengths lie in working with gay men and lesbians, who, collectively, represent over 80% of the clients accessing ACON's existing mental health services. Furthermore, approximately three quarters of the clients who ACON sees through our mental health services are aged between 30 and 59, indicating a strong connection with the middle aged populations of our community.

Much of our peer group work in relation to HIV positive and sexual health, while not explicitly aiming to improve mental health, as such, aims to build a sense of self esteem and self efficacy to equip people with the skills to maintain good sexual health and/or adjust to living well with HIV.

These factors are also noted as resilience factors that positively influence mental health, and this experience and capacity provides a sound basis for the development of mental health peer interventions.

New forms of engagement, such as online forums and social media, offer great potential to extend our reach beyond physical locations and to build supportive online communities across the state and further afield. These will be key to building mental health literacy and resilience beyond urban areas, where populations are concentrated.

We recognise that, while we have expertise in developing programs for many of our populations, more targeted work is best placed to occur in partnership with services that have a historical and cultural connection to specific communities.

Our engagement with intersex and trans communities will rely heavily on partnership with intersex and trans organisations to help build our awareness of issues, engage in shared capacity building, and work together on the common issues of discrimination and stigma that our communities share.

We will also continue to work in partnership with specialist Aboriginal and CALD service providers to ensure that the needs of Aboriginal and CALD LGBT people are able to be met.

PRINCIPLES

Over the life of this Strategy, our commitment to mental health and wellbeing will be underpinned by the following principles:

Recognising diversity and promoting inclusivity

ACON acknowledges and celebrates diversity within our communities, both between and within the identity groups included in the LGBTI acronym.

Although often referred to collectively, it is important to note the diversity of each person who identifies under the LGBTI acronym, whose experiences vary as does the extent to which their identities are central to their self definition, their level of affiliation with other LGBTI people, and their rejection or acceptance of societal stereotypes and prejudice (Meyer, 2001).

These differences need to be taken into account in undertaking research and building targeted, effective interventions. As such, different strategies and different approaches may need to be taken to ensure that messaging and targeting is relevant to each key sub-population.

It is important to note here that intersex is not a category of sexual or gender identity. People who are intersex may identify as women, men, gay, lesbian, bisexual, heterosexual, transgender, or any number of other sexual and gender identities.

There is limited research available on intersex people and mental health. However, the extant literature reports high levels of distress equivalent to those shown by people who have experienced severe trauma, largely attributable to the consequences of the coerced or involuntary medical procedures, including sterilisation, to which some intersex people are subjected, often at an early age (Schützmann *et al.* 2009). ACON will therefore engage with intersex organisations such as OII Australia, to support their efforts on behalf of intersex populations.

We will also try to ensure that research conducted for this Strategy asks about the intersex status of participants, thus potentially building the foundations of an evidence base about LGBT intersex people and mental health and wellbeing.

Person centred and recovery oriented

ACON's services will be person centred and recovery oriented. We acknowledge the importance of allowing people the opportunity to self determine the recovery approach that best suits their needs.

We also recognise that some people will choose to pursue recovery with or without the need for services, and with different approaches at various stages in their recovery.

In line with the NSW Community Mental Health Strategy 2007-2012 (*NSW Health 2008*), the recovery approach will:

- Promote individual directed services and support consumer choice,
- Focus on a person's strengths,
- Support opportunities for engagement with the community,
- Assist in facilitating access to comprehensive and coordinated services and information, and
- Have a goal of mental wellbeing.

ACON supports the UK Sainsbury Centre for Mental Health's definition, as it focuses on the importance of 'hope' in recovery. Recovery is, then, defined as:

"a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self determination and self management. It emphasises the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life"
(Anthony 1993).

Evidence based

In addition to honouring the individual needs of our clients, we will ensure that our programs and services reflect a good practice approach and, where possible, one delivered and promoted within an evidence based framework.

This will entail actively engaging with and monitoring emerging research on effective interventions, as well as seeking research partners to work with us in developing, trialling, and evaluating potential interventions.

Peer supported and consumer informed

ACON has a long history of developing and delivering effective and engaging peer led HIV health promotion and support programs, and mobilising volunteers and communities to extend the reach and impact of programs.

These are core values and apply equally to all our programs and interventions. ACON's training packages for service providers are also consumer informed and, in some cases, co delivered with consumers. We intend to sustain and support these approaches across all our LGBTI health programs, including our mental health and wellbeing programs.

Statewide approach

As a statewide, community based organisation, our aim is to provide programs and services to people across NSW. We do this through our offices located in Sydney, the Hunter, and the Northern Rivers. A great deal of work also occurs via outreach services across regional and rural NSW. This includes Port Macquarie, Coffs Harbour, the Illawarra, and Southern and Western NSW.

We will continue to allocate resources where they will have the greatest population level impact, and ensure that our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

‘No wrong door’ policy

While ACON can only offer a limited range of direct services, and will focus on individuals who identify as LGBTI, we aim to build robust referral relationships to ensure that no one approaching us for help is turned away, but is referred to an appropriate service. Wherever possible, we will endeavour to provide supported referrals where this is sought by the person who has contacted us.

Partnerships

ACON recognises that it is not a specialist mental health provider. We see ourselves as part of an integrated mental health system, working in partnership with people who seek help and their support networks, private health practitioners, NGOs, and public mental health services. This Strategy builds on the partnerships that ACON already has within our community and in the mental health sector.

The effectiveness of capacity development work, partnership, and collaboration is demonstrated through the success of ACON’s Peace of Mind project and the National LGBTI Health Alliance’s Mind Out program.

The Peace of Mind project aimed to build personal skills and increase mental health literacy by raising awareness of mental health issues in the LGBT community and building the capacity of mental health organisations to respond appropriately to LGBT people. The relationships and partnerships developed with professional and community groups during this project continue to be nurtured, and may offer a number of opportunities into the future.

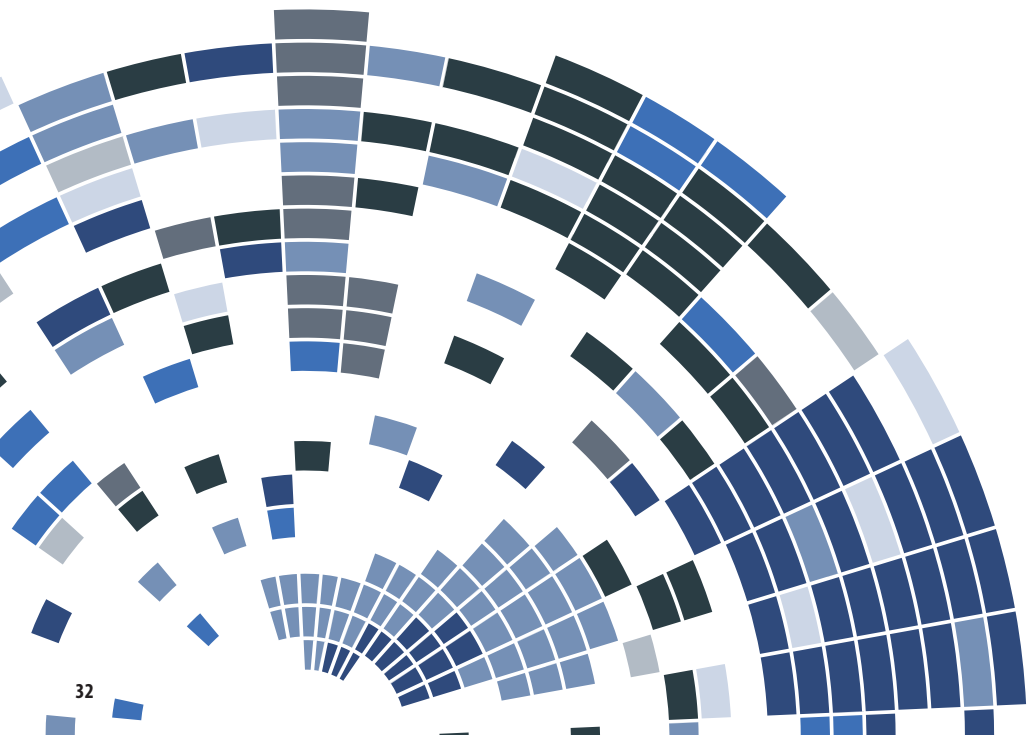
ACON’s current partnership approach with other health services and community based organisations assists client’s navigation of appropriate service options. This is very relevant to our work with HIV positive clients, who may have mental health comorbidity issues and needs, including at time of diagnosis.

MONITORING AND EVALUATION

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review. This enables us to consistently evaluate interventions and programmes as they are implemented.

The nominated objectives are areas where ACON can feasibly measure the impact of our work. We will conduct a midterm review in order to assess the extent to which its objectives have been realised, and to adjust our immediate priorities in the light of the progress made to date.

At the conclusion of this Strategy, the data collected from all contributing programmes and projects will be reviewed and evaluated in order to determine the extent to which we have achieved the outlined objectives.



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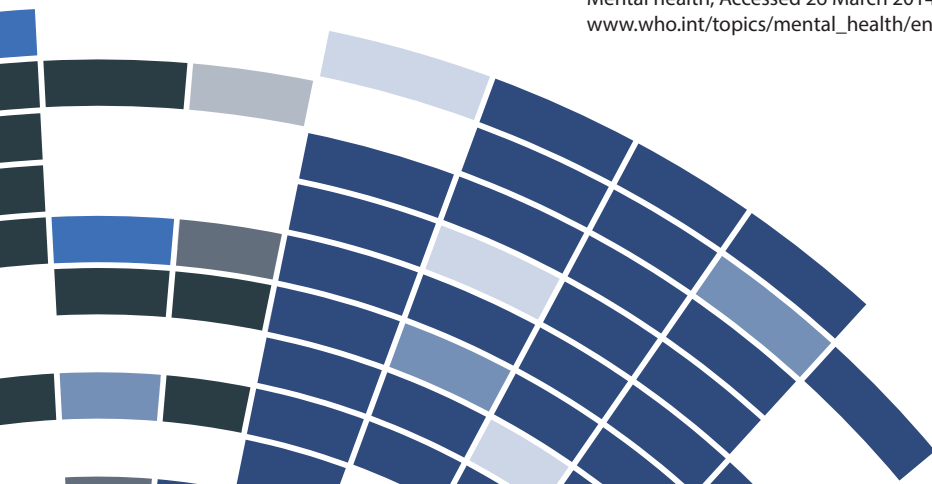
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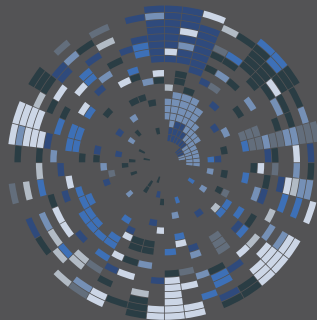
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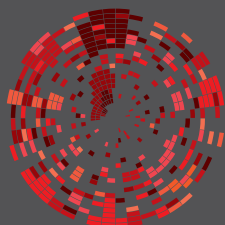
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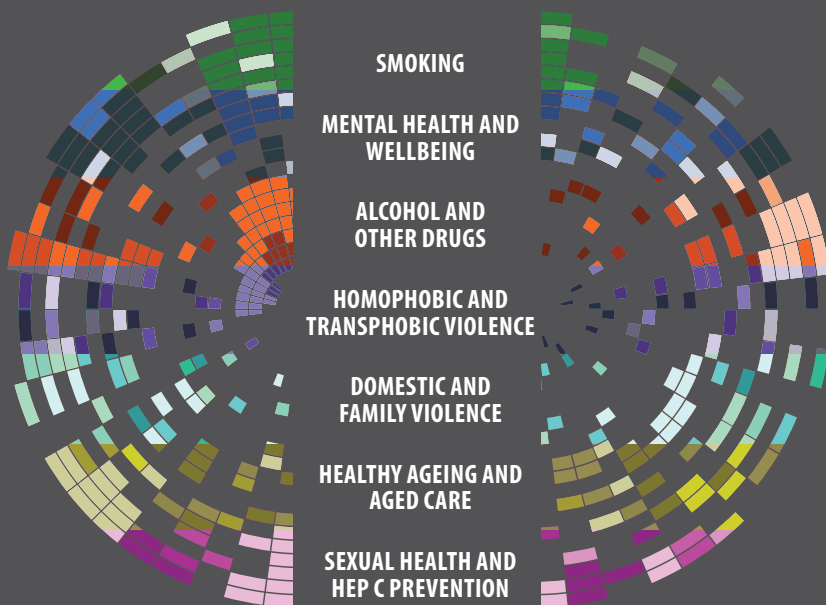
ACON STRATEGIC PLAN 2013-2018



HIV ACTION PLAN 2013-2018



LGBTI HEALTH OUTCOME STRATEGIES



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