ACON SUBMISSION TO

NSW Mental Health and Wellbeing Strategy

September 2025

HERE FOR HEALTH

About ACON

ACON is NSW's leading health organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

Our head office is in Sydney, and we also have offices in Lismore and Newcastle. We provide our services and programs locally, state-wide, and nationally. We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected voice.

Members of Australia's sexuality and gender diverse communities experience health disparities when compared to health and wellbeing outcomes experienced by the total population. They may also face significant barriers to accessing traditional healthcare pathways.

We recognise that members of our communities share their sexual and gender identity with other identities and experiences and work to ensure that these are reflected in our work. These can include people who are Aboriginal and Torres Strait Islander; people from culturally, linguistically, and ethnically diverse migrant and refugee backgrounds; people who use drugs; mature aged people; young adults; and people with disability.

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ACON acknowledges the Traditional Owners of the lands on which we work. We pay respect to Aboriginal Elders past and present.

Executive Summary

ACON welcomes the opportunity to make a submission to the consultation for the NSW Mental Health and Wellbeing Strategy.

The stories we have heard in preparing this submission have told us that the mental health system in NSW is in dire need of reform. Chronic workforce and service shortages, lack of affordable services, long wait times, high rates of staff burnout, services that only see patients in crisis, services that won't see patients who are considered too complex, services that simply aren't safe for LGBTQ+ people, the difficulty of navigating a system that lets people fall through the cracks all too easily – all contribute to a system that is repeatedly failing those who need it, when they need it most.

Our 40-year history tells us that the most effective health interventions involve partnership – across Governments, clinicians, researchers, and importantly, communities. LGBTQ+ communities have an incredible culture of communities of care – we have long learnt to look after each other, we are the experts in our own health needs, and it is our community connections that promote our wellbeing.

It is critical that the forthcoming NSW Mental Health and Wellbeing Strategy is delivered, as well as developed, in partnership with affected communities. Significant resourcing is needed at all stages of the mental health intervention journey, from wellbeing and prevention, through to acute crises, aftercare, and throughout the recovery journey. This resourcing must be dispersed across Government, private, and community services.

Our history also tells us that prevention and upstream service delivery are as important as treatment and crisis support. The proposed Strategy is a mental health *and wellbeing* Strategy; critical investment is required in initiatives that seek to improve wellbeing, address the social determinants of mental health, and build protective factors, including social connection and resilience. This kind of investment builds a NSW where all can feel and function well, and participate on an equitable basis as connected members of society. Prevention is a critical life- and cost-saving measure this Strategy must invest in.

LGBTQ+ people disproportionately experience poor mental health, and therefore disproportionately require access to mental health services and programs. It is essential that the service system includes safe and inclusive mainstream services as well as LGBTQ+ specialist community-led services. It is also essential that these services are resourced appropriately and accessible to those who need them, and equipped to provide effective and empathetic care.

This submission highlights what needs to be included in the NSW Mental Health and Wellbeing Strategy to ensure it provides a roadmap to improve the mental health and wellbeing of ACON's communities, including LGBTQ+ people and people living with HIV. Principally, the submission calls on the need for three things: resourcing, partnerships, and adequate investment in prevention and upstream service delivery, including wellbeing initiatives that address social connection and reduce isolation.

A Strategy that does not have significant fiscal commitment to fixing a broken system will only seek to perpetuate the sense of hopelessness many who have encountered the NSW mental health system experience.

Recommendations

ACON recommends that the NSW Mental Health and Wellbeing Strategy should:

1. Be accompanied by significant resourcing to fix a system in crisis, including resourcing for preventive and upstream wellbeing initiatives, including social connection initiatives.
2. Be delivered in partnership, recognising the role of lived experience and affected communities in delivering effective, peer-led interventions.
3. Commit to expanding LGBTQ+ specialist services, including upstream and preventive initiatives.
4. Commit to expanding access to affordable, trauma-informed and LGBTQ+ inclusive mainstream mental health services in NSW by significantly improving workforce capacity and capability.
5. Act as a roadmap to delivering on the recommendations from the NSW Parliamentary Inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales, including recommendations to improve service models, referral pathways, continuity of care, and system fragmentation.

What is working?

We know that LGBTQ+ people disproportionately experience poor mental health outcomes compared to the general population. Recent research indicates that LGBTQ+ people in NSW display high levels of distress although lower levels of suicidality than their counterparts in other Australian jurisdictions.[1]

Some of the protective factors that promote good mental health among LGBTQ+ people include greater levels of belonging and connection to their communities, including LGBTQ+ communities.[2] Strong, healthy, and proud communities are the foundation of good wellbeing. Investment in programs that promote community development and wellbeing will have positive mental health outcomes over the long term.

A majority of LGBTQA+ adults in NSW had a regular GP or healthcare provider, and many reported that their provider was aware of their sexual orientation or gender identity, which can improve care quality.[3]

NSW's commitment to the health and wellbeing of LGBTIQ+ people, as enshrined in the *NSW LGBTIQ+ Health Strategy 2022-2027* has created a policy context where the health needs, including mental health needs, of LGBTIQ+ people in NSW have been prioritised. A major outcome of the *NSW LGBTIQ+ Health Strategy 2022-2027* was the commitment to funding for some LGBTQ+ specialist services, via ACON's Kaleido Health Centre.

Case Study: Kaleido Health Centre

ACON's dedicated LGBTQ+ health service, Kaleido Health Centre, opened in March 2025 with the support of the NSW Government.

The service is seeking to improve health outcomes by providing an integrated physical and mental health service including driven by GPs and mental health staff working in partnership with a range of other services.

In the first months of operation, the service's mental health appointments have been quickly taken up. A significant proportion of clients are internally referred by the service's GPs, demonstrating the success of the integrated model in providing holistic care under one roof.

While formal service evaluations will occur in the future, anecdotal evidence indicates the early success of the model. The care provided at Kaleido – person-centred, trauma-informed – is a model that can, and should, be replicated elsewhere, to ensure that mainstream services are inclusive of our communities.

What's special about Kaleido, as the only LGBTQ+-specialist service of its kind in Australia, is its commitment to inclusivity from the moment a client enters its doors. Critical to its success is the wraparound commitment to inclusivity, including in intake forms, use of preferred names and pronouns, gender neutral bathrooms, and its community-embedded approach to healthcare, service design, and provision. Feedback from patients has been extremely positive, with many noting the safety of the service. As one client says: "Thank you Kaleido for creating a safe space for the LGBTQI+ community where accessible, affordable and inclusive healthcare intersects with our needs."

The early success of Kaleido provides proof of concept – that inclusive, person-centred care in a non-judgemental environment leads to better health outcomes for LGBTQ+ communities.

What is not working?

LGBTQ+ people experience significantly disproportionately poor mental health outcomes when compared to the general population in NSW. Over half of LGBTIQ+ adults report high or very high psychological distress. 76.7% of LGBTIQ+ adults, and 83.6% of LGBTQA+ young people have experienced suicidal ideation, with almost one third of adults and young people in NSW attempting suicide in their lifetime.[4] We understand that suicidality and mental health and wellbeing are separate issues, but there is significant overlap, and we note the Strategy plans to address suicidality.

These distressing figures are especially concerning for LGBTQ+ people with intersecting identities, including LGBTQ+ First Nations people,[5] LGBTQ+ people from culturally, ethnically and linguistically diverse backgrounds,[6] and LGBTQ+ people with disability or long-term health condition,[7] including HIV.[8]

While we might experience some success in building protective factors for LGBTQ+ people through community development and inclusive service provision, the current system is ultimately significantly failing LGBTQ+ people.

NSW's mental health services, across the spectrum of interventions, are plagued by long wait times due to high demand, a shortage of appropriate services, and a lack of preventative services meaning that presentations are often complex or crisis-driven, requiring significant assistance. This is especially pronounced in rural and regional areas where fewer services are available and affordable. This severely impacts the accessibility of these services for people who need them.

When LGBTQ+ people are able to access appropriate mental health services, they are often not trauma-informed or LGBTQ+ inclusive, resulting in harm for many community members who have sought out a service for help. LGBTQ+ people have long been pathologised in psychiatric and psychological settings,[9] which even in a context of growing depathologisation of our identities, often results in unsafe, and uninformed care.

It is common for clients in our services to have approached a mental health service, only to be referred onward to a service specifically for sexuality and gender diverse communities, like ACON. While our services have the expertise to provide inclusive and affirming care, we have not been commissioned to play a material role in the mental health system. The majority of our counselling, care coordination, peer support and community connections are funded to achieve other health outcomes, such as reducing HIV risk. This limits our capacity to respond to people with significant mental health needs that present to our organisation.

Our communities need to be able to access mainstream, as well as LGBTQ+ specialist services, in order to receive appropriate care, instead of being turned away or referred onward. Research indicates that 47% of LGBTIQ+ people want to receive care from mainstream services that are LGBTIQ+ inclusive, and 21% want to receive care from services that are specifically for LGBTIQ+ people.[10] Service commissioning should provide LGBTQ+ people with the choice of setting that best meets their needs.

Our clients currently experience stigma and discrimination in mainstream mental health services, because of their gender, sexuality, mental health needs, and other compounding experiences (such as their race, socioeconomic status, HIV status, or alcohol and other drug use), creating further barriers for

support, for a community already in significant distress. This is not a system functioning as it should. NSW simply does not spend enough on the mental health needs of its population, and those for whom mainstream services may not be appropriate, including LGBTQ+ people, are most impacted by this underspend.

Furthermore, the mental health system in NSW is extremely fragmented, across state, federal, private, and not-for-profit service models. The fragmentation creates significant issues for continuity of care as clients move through different components of the system with little to no follow up. Our client services teams report very little consistency in discharge notes they receive from hospital settings, and ensuring continuity of quality care for clients who access our services is extremely difficult, and can differ depending on a client's location, and the services available to them as a result of their PHN or LHD.

System fragmentation leads to people falling through the cracks. Greater collaboration between all aspects of the mental health service delivery sector is required to ensure appropriate continuity of care.

Case study:

A 21-year-old neurodiverse cisgender lesbian living regionally and with several physical disabilities, dissociative identity disorder (DID) and complex PTSD (Post Traumatic Stress Disorder) was discharged by community mental health to get counselling within the community.

She was experiencing significant suicidal ideation with a history of attempts, significant self-harm and periods of psychosis. Adult community mental health said they were unable to provide counselling and that she was not 'at risk' enough to be case managed by them.

This client then 'bounced' from counsellor to counsellor – counsellors were 'risk averse' and believed she needed to be seen by community mental health. She had used her 10 sessions under the mental health care plan within a few months, and maximised her sessions under healthy minds. She also was on a low income and could not afford counselling privately.

The client was also told she should be accessing NDIS support for counselling. However, her NDIS reviews seeking counselling continued to get rejected, with NDIS saying these needs were better suited to be supported by community mental health and community supports.

No one was taking responsibility for supporting this person's wellbeing and mental health.

What needs to change?

How should change happen?

The next NSW Mental Health and Wellbeing Strategy needs resourcing, partnerships, and investment in preventive and upstream service delivery in order to effect real change in the system. For our communities, this must involve investment in LGBTQ+ specific services, as well as embedding LGBTQ+ inclusion in mainstream services.

NSW spends less per capita on mental health than any other jurisdiction in Australia.[11] Significant, long-term resourcing is required to adequately address the mental health and wellbeing of the people of NSW. This means funding across all stages of the mental health intervention journey, and dispersed

across state and community services. For community organisations like ACON, this also means stable, long-term funding that allows for adequate planning, quality improvement and service evaluation, as well as service delivery. ACON supports the government's commitment to five-year agreements to ensure our services are able to appropriately plan, and attract an engaged workforce.

This also requires sufficient resourcing for the implementation and evaluation of the Strategy. The Mental Health Commission of NSW is not adequately resourced to oversee such a complex, fragmented system. ACON has previously provided advice to the review of the Mental Health Commission, noting that that accountability is critically needed in our systems, but the Commission does not currently have the resources or the power to adequately provide this oversight.

Workforce shortages also need to be addressed. This includes clinical and peer services, as well as capacity building for the peer workforce, and recognition of the particular skills and experience that peer workers bring to the sector. Peer workers are not a stand in for clinical expertise; both need to be valued and supported in order to improve health outcomes.

NSW would strongly benefit from a clearer partnership approach to improving mental health and wellbeing outcomes in NSW. Community organisations within the mental health sector are not valued in the same way they are in the HIV sector – and the value of community within the HIV response is evidenced by our success in achieving very low rates of transmission in NSW.[12]

While lived experience and peer work is embedded within the sector, there needs to be greater recognition of the role of community-led and community-embedded responses, particularly in the upstream and preventive work that promotes wellbeing and prevents crises. As experts in our own wellbeing, community organisations should be a critical part of the mental health infrastructure in NSW. This involves community-based service delivery, as well as lived experience involvement in development and evaluation of government and private services.

Critical to the partnership approach is addressing system fragmentation and ensuring continuity of care – clear frameworks for sector collaboration are required to bridge the gaps in the system. The Strategy should contain a roadmap strengthen collaboration in the sector at the individual and structural level.

Finally, as the consultation paper refers to both mental health and wellbeing, the forthcoming Strategy must commit to implementing initiatives that promote wellbeing. There are opportunities for cross-portfolio collaboration in this whole-of-government Strategy to deliver on cross-cutting initiatives. Whole-of government approaches addressing social determinants of health – such as housing, justice – can create a future where everyone has what they need to feel and function well, to participate and benefit on a more equitable basis. This Strategy must lead on wellbeing initiatives, including building communities, connection, reducing isolation, and fostering resilience. This will address other social determinants of health, and improve outcomes.

The Strategy must invest in building mental health protective factors, including community development and connection. We know that social isolation and loneliness have a significant impact on mental health. ACON would be pleased to advise on opportunities to invest in programs that simultaneously meet the aims of the NSW Mental Health and Wellbeing Strategy, and the forthcoming NSW LGBTIQ+ Inclusion Strategy, for example, as well as addressing the findings and recommendations of the NSW Inquiry into the prevalence, causes and impacts of loneliness in NSW.

What could improve mental health and wellbeing across our communities?

As well as increased resourcing to improve service delivery, a partnership approach to implementing the strategy, and more upstream and preventive initiatives, the mental health and wellbeing of our communities can be improved by addressing the social determinants of health. It is pleasing to see that the Strategy is a whole-of-government initiative, as this recognises the cross-portfolio responsibility of good mental health and wellbeing in NSW.

For LGBTQ+ communities, some of the risk factors for poorer mental health include housing and financial insecurity, social isolation, experiences of stigma and discrimination, inadequate access to gender affirming care and inclusive health service provision, and intersectional vulnerabilities including disability, neurodivergence, experiences of racism, or experiences of sexual, domestic and family violence.

Current governmental initiatives to improve discrimination law in NSW and to address hate speech will aid in improving the mental health of our communities. NSW must remain firm in its commitment to providing quality healthcare, including gender affirming care to LGBTQ+ communities, per the *NSW LGBTIQ+ Health Strategy*, and we are confident that the forthcoming NSW LGBTIQ+ Inclusion Strategy will work to address social isolation. The Mental Health and Wellbeing Strategy must complement this work, and more needs to be done to address housing insecurity across NSW, especially for LGBTQ+ communities.

The importance of LGBTQ+ community-led upstream and preventive initiatives to promote wellbeing cannot be understated. Promoting wellbeing in order to prevent or lessen mental health crises down the line is critical to improving mental health and wellbeing. ACON provides some initiatives to improve social connection and wellbeing, including our recent TransSport program. These programs are funded on an ad-hoc basis and could be continued in the long-term with fewer resources than crisis support.

Case Study: TransSport Surfing Event 2025

Sport and physical activity can play an important part in maintaining good physical, mental and social wellbeing for trans and gender diverse people.[13] However, trans people wanting to participate in sport and physical activity may experience unique barriers, including risks of legal discrimination in NSW.[14]

To address these barriers and provide an affirming space for trans people to engage in sport and improve their overall wellbeing, ACON has piloted TransSport, a program that has engaged trans and gender diverse people in tennis and surfing in 2025.

100% of attendees at the surfing event reported feeling more connected to the trans community in NSW following the event. One attendee commented: "The opportunity to engage in an activity I've always wanted to do in a safe and supportive environment brought me a lot of joy, connecting with community in this way was very special. It was a great mood-booster and made me more strongly consider participating in sports and physical activities which previously I haven't because of non-inclusive or harmful spaces."

What roles should NSW Government departments and agencies play in that?

In a whole-of-government Strategy, there is a role for many of the NSW Government's departments and agencies to play. Critical involvement is required from Health, Education, Communities and Justice, Creative Industries, Customer Service and Planning, Housing and Infrastructure in order to provide resourcing for mental health support, to address social isolation and wellbeing, and to address the social determinants of health.

Also required is strong collaboration with the Commonwealth Government to better address system fragmentation and support linkages between primary care and other aspects of the mental health infrastructure is NSW.

ACON would strongly support initiatives to reduce police involvement in mental health crisis responses. LGBTQ+ people have a complex relationship with police due to significant historical miscarriages of justice and bias.[15] This is especially so for LGBTQ+ people experiencing distress, including those that have had police respond in times of crisis.

There is very little evidence to support police intervention in mental health crises. Novel approaches that do not involve police are required, must be co-designed with communities, and rigorously evaluated. [16] Emerging evidence in the US demonstrates that models that use a police alternative are both efficient and effective.[17] This includes responses that involve mental health clinicians and peer workers, particularly where the risk of harm to others is assessed as low to moderate.

The PACER program is not a trauma-informed model of care because it is police initiated. This means that as a community-based organisation, we have to call Triple zero (000) to initiate an emergency response if we are concerned someone is suicidal and at risk of harm to themselves.

Police then have to identify that the individual would benefit from PACER (ie. a mental health clinician to attend alongside ambulance/police) and call them out to attend.

For individuals experiencing suicidal crisis, it is traumatising and potentially re-traumatising to have police turn up at your door. This model of care can and should be re-imagined, especially in instances where risk of harm to others is assessed as low to moderate. In these circumstances, a mental health clinician and a trained peer worker should attend in place of police, to de-escalate and provide trauma-informed care and support to the person in crisis.

Case study: Emergency responses
ACON staff were supporting a gender diverse client who was at immediate risk of suicide. One of our trained mental health clinicians called 000 and re-iterated their name, pronouns, their situation and requested that this person receive a mental health response, and not a police response, via the PACER program, and yet five police officers responded.

ACON staff have also supported a client who experienced rapid escalation of crisis due to an ineffective response to their mental health needs, resulting in being held in police custody overnight and discharged without mental health assistance, and a client who was removed from their home by police who forced their door in with an axe, without the client hearing them knock or announce themselves in any way.

Finally, there is also a role for Climate Change, Energy, the Environment and Water in the Strategy's implementation. It is especially important that a long-term Strategy seeks to address the distress caused in many communities by climate change. Many in ACON's communities were devastated by the 2022 Lismore floods. ACON was fortunate to receive resourcing from the Healthy North Coast PHN to work with disaster-affected clients to build resilience, but as the effects of climate change worsen, these events are only likely to become more common. The NSW Mental Health and Wellbeing Strategy should contain initiatives to further address climate change, and cultural safety in NSW Emergency Management Plans.

ACON, and LGBTQ communities more broadly, have always found great strength in our peers – developing and instigating community responses that are by and for people of diverse genders and sexualities. Engaging community in crisis planning is essential to ensure that the specific needs of the community are considered at this stage of the response.

Case Study: Lismore Floods, 2022

During the crisis, ACON staff were on the ground in the evacuation centre, providing care coordination services. Their experience, and the experience of community, was one marred with stigma, harassment and discrimination, homophobia and transphobia, and misgendering, but also one of community strength and resilience.

The everyday experiences of discrimination and harassment felt by LGBTQ+ people[18] are compounded in a crisis situation. The detrimental impacts of a disaster are unevenly distributed across our communities, with marginalised communities more vulnerable.[19] A recent study of the impacts of the 2011 Brisbane floods on LGBTI communities found that more than half of respondents feared, or had experienced, discrimination and prejudice when attempting to access support following the crisis,[20] an experience reflected on the ground in Lismore, where many communities didn't feel safe to present to evacuation centres or ask for help.

While LGBTQ people experience higher rates of mental distress, we also demonstrate a great deal of community resilience and support, and the ability to come together during a crisis. Our capacity for resilience can offer insights for crisis responses. The 'queer corner' in the Lismore evacuation centre, marked by a rainbow flag, reflected the strength and resilience that our communities receive from and give to each other.

How will we know that we are making a difference?

The Strategy should contain clear targets, and an implementation and evaluation plan. These plans should extend to all agencies and services delivering on the Strategy's aims, with resources to support rigorous evaluation and quality improvement.

It's critical that these targets also apply to measures of wellbeing. Programs to address wellbeing, including community connection, should be implemented and evaluated to assess their impact. This is a long-term project: improving wellbeing and building protective factors will pay dividends long beyond the life of the Strategy.

The Single Digital Patient Record rollout offers an opportunity to collect clear data on service use by gender and sexuality diverse communities, however, this must be done with care and confidentiality. ACON is working with the Single Digital Patient Record Implementation Authority to ensure that the needs of our communities are heard in the rollout.

Beyond NSW Health services, there is a need for continuity of data collection across the mental health system to better record continuity of care. Sadly, this also includes a need to improve the way that data about suicide is collected in NSW. As we understand, the NSW coronial system uses the NSW Police system as a basis for its records, and this has lead to the misgendering of trans people posthumously. The rates of suicide by trans people in NSW are alarmingly high, yet the data that we collect does not tell us this. Undertaking change in these systems is not without precedent: the VIC State Coroner[21] and QLD Mental Health Commission[22] have each undertaken work to increase the visibility of LGBTIQ+ people who have died by suicide.

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