LGBTIQ+ MENTAL HEALTH AND THE PROMISE OF REFORM
Webinar outcomes paper

Summary

On 8 June 2021, Mental Health Victoria, Rainbow Health Victoria and Thorne Harbour Health co-hosted the webinar, 'LGBTIQ+ mental health and the promise of reform'.

The webinar explored a common vision of what a well-resourced and integrated LGBTIQ+-inclusive mental health system would look like as well as the elements necessary to the next phase of the reform process.

Webinar attendees heard from Marina Carman, Director of Rainbow Health Victoria, who painted a sobering picture on the mental health and wellbeing of LGBTIQ+ Victorians, as well as a summary of the elements necessary to building an inclusive mental health service system.

Attendees also heard from Larissa Taylor, Policy Director of Mental Health Victoria, who outlined the opportunities presented by the current reform landscape to improve LGBTIQ+ mental health, while acknowledging the need for further work to capitalise on these opportunities to ensure LGBTIQ+ communities don't get left behind.

Finally, Jackson Fairchild from Rainbow Health Victoria spoke with a panel of experts who shared their insights. These experts were:

- Carolyn Gillespie – Thorne Harbour Health
- Joe Ball – Rainbow Door and Switchboard
- Kent Burgess – Your Community Health
- Sara Strachan – Zoe Belle Gender Collective
- Isabelle McGovern – Mind Australia

The following four themes were identified as key pillars for a safe and inclusive mental health sector for LGBTIQ+ people:

1. An adequately resourced LGBTIQ+ community sector that provides choice, including investment in LGBTIQ+ community-controlled organisations[1] and inclusive mainstream service pathways.
2. Expanded upskilling, support models and employment opportunities for LGBTIQ+ peer workers, vested across the mental health sector, to provide support and understanding for LGBTIQ+ people experiencing mental health issues.
3. Ongoing consultation with priority communities, such as LGBTIQ+ communities, to be designed with cultural safety principles in mind, to appropriately capture the

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[1] This paper uses the term "LGBTIQ+ community-controlled" to refer to not-for-profit organisations governed by and for LGBTIQ+ communities. The term "community-controlled" has a rich history of use in Aboriginal and Torres Strait Islander communities, LGBTIQ+ communities, communities affected by HIV, and the early women's movement with important differences in terms of their histories, the ways in which they are constituted and organised, and their goals.

specific expertise of lived experience representatives as well as LGBTIQ+ mental health experts and researchers.

4. Mental health prevention strategies to meaningfully address the drivers of poor mental health and suicide outcomes for LGBTIQ+ communities such as stigma, discrimination and violence.

These are provided here as recommendations to guide future activity and investment.

Why now?

Now is a critical time for LGBTIQ+ mental health reform. With the 2020 release of Private Lives 3, the most comprehensive research ever undertaken into the health and wellbeing of LGBTIQ+ adults, we now know that:

- 54.3% of LGBTIQ+ Victorian participants reported high or very levels of psychological distress during the four weeks prior to participating
- 40.4% of LGBTIQ+ Victorian participants reported considering suicide in the past twelve months, and 73.2% had considered suicide at some point in their lives.

From Writing Themselves in 4, which focussed on the health and wellbeing of LGBTIQ+ young people, we know that:

- 9.4% of young LGBTIQ+ Victorian participants reported attempting suicide in the last twelve months, almost three times the general population
- 39% of young LGBTIQ+ Victorian participants had self-harmed in the last twelve months.

Both studies were conducted prior to COVID-19, and community advocates and services have reported an alarming increase in poor mental health in LGBTIQ+ communities since the pandemic began.

These statistics are sobering but not new. These issues are long-standing. However, record investments in mental health from both the Victorian and Commonwealth governments, including 74 recommendations from the Royal Commission into Victoria's Mental Health System and more from various national reports and strategies, as well as the Victorian Government's development of an LGBTIQ+ Strategy, present significant opportunities to address this ongoing crisis.

Rainbow Health Victoria, Thorne Harbour Health and Mental Health Victoria welcome funding for specific initiatives to improve LGBTIQ+ mental health and wellbeing have been welcomed, including:

- $6.4 million to expand Switchboard's Rainbow Door program
- $2.4 million to continue Victoria's Healthy Equal Youth project
- $21 million for the Royal Children's Hospital and Monash Health's Gender Clinics to support the health of trans and gender diverse young people
- $9 million to support community organisations and peak bodies to help LGBTIQ+ Victorians navigate vital services.

The Royal Commission has also recommended co-production of an aftercare service for LGBTIQ+ people following a suicide attempt which the Victorian Government has promised to fund as part of a broader commitment.

Funding for broader work towards inclusivity for all key population groups have also been welcomed, including a commitment of $4.6 million to develop a diverse communities' mental health and wellbeing framework and blueprint for action.

However, while these efforts are welcome, they provide only piecemeal solutions to an enduring crisis that will continue without more concerted and coordinated efforts.

The four pillars of an LGBTIQ+-inclusive mental health system

1. *An adequately resourced LGBTIQ+ community sector that provides choice*

The value of an LGBTIQ+-led response to mental health service delivery was highlighted by all participants in the webinar, comprising both direct service delivery and the provision of secondary consultation and support to mainstream organisations.

Direct service provision from LGBTIQ+ community organisations is vital. The Private Lives 3 study found that almost 21.4% of LGBTIQ+ people preferred services that cater only to LGBTI participants, and this number increased to approximately 30% for trans and gender diverse people.

There are already a range of organisations providing mental health services that are controlled and operated by and for LGBTIQ+ communities.

Carolyn Gillespie from Thorne Harbour Health explained that community-controlled organisations like Thorne Harbour Health provided numerous benefits to LGBTIQ+ communities including:

- natural embedding of co-design and deep engagement in all functions and operations
- comprehensive understanding of the needs, preferences and strengths of communities that inform service design and delivery, as well as advocacy
- representation of, and connection and accountability to, LGBTIQ+ communities.

Joe Ball from Switchboard outlined the vital role that the Rainbow Door program plays in the system, providing:

- a help-line with easy access to safety planning, short-term case management and navigation supports for LGBTIQ+ people experiencing mental health issues
- pathways to services suitable for ongoing support
- knowledge and advocacy regarding parts of the system where safe and effective pathways to care for LGBTIQ+ people are lacking.

Safe referral pathways are essential for the proper functioning of Rainbow Door, and the broader provision of a no-wrong-door approach. As Joe explained, LGBTIQ+ people want choice between inclusive mainstream organisations and LGBTIQ+ specialist services. Competitive environments can stymie realisation of this choice, which requires comprehensive and concurrent expansion in community-controlled services and the strengthening of inclusive practices across mainstream organisations.

Private Lives 3 found more than three quarters (76.8%) of LGBTIQ+ Victorian participants would be more likely to use a service that has been accredited as LGBTIQ+-inclusive. The importance of building trust between mainstream organisations and LGBTIQ+ communities was also emphasised, with Joe highlighting the importance of organisations acknowledging the history of criminalisation and pathologisation when doing so.

Sara Strachan from Zoe Belle Gender Collective emphasised the particular importance of safe and inclusive service provision for trans and gender diverse people. When services are unsafe, people are forced to either delay or disengage from healthcare, or risk further harm. Unsafe practices include misgendering, care refusal and pathologisation of identities. As a result of the lack of safe and inclusive services, community members take on unpaid caring roles which create additional risks for their own mental health and wellbeing, which can have a snowball effect on the community without access to safe and inclusive interventions.

Kent Burgess from Your Community Health described how community-controlled and mainstream services can work together to provide safe pathways to care for LGBTIQ+ people. Kent outlined the importance of:

- reflecting the safety of mainstream organisations from the outset, including through diverse workforces and inclusive facilities and communication
- providing healthcare pathways specific to LGBTIQ+ needs, including options so people choose a pathway that is right for them
- the availability of safe pathways for each region for each service type, including into and out of inclusive mainstream and specialist LGBTIQ+ organisations, and encompassing all parts of the system and stages of recovery
- Rainbow Tick accreditation as a necessary starting point for a journey of maximising inclusive practices across an organisation meeting broader and LGBTIQ+-specific health and mental health needs in non-pathologising environments based on respect and informed consent.

For these partnerships to be effective, LGBTIQ+ community organisations must be resourced adequately. As Kent acknowledged, mainstream organisations rely on LGBTIQ+ community organisations to provide primary/secondary, consultation, guidance, support, advocacy, capacity-building, research and communities of practice that are vital to strengthening LGBTIQ+-inclusive practices across the sector.

Isabelle McGovern from Mind Australia further illustrated how LGBTIQ+ specialist services staffed by LGBTIQ+ people can strengthen inclusive practices in mainstream organisations. Mind's LGBTIQ+ Aftercare program provides vital supports for LGBTIQ+ suicide prevention and response, and the program's success can be attributed to model of care utilised which:

- supports the conditions for people to establish meaningful lives, including through recognition of the person's whole self, including through identity-affirmative support
- allows multiple access pathways, including from hospitals after suicide attempts, and self-referral following experience of suicidal thoughts or behaviours
- provides various forms of support including peer supports and group programs
- is delivered by a team of LGBTIQ+ peer workers working within a hub inside the broader organisation
- is supported by a long-term whole-of-organisation commitment to building its understanding of how to support LGBTIQ+ mental health, such as through the genuine empowerment of LGBTIQ+ peer workers and community members, and the achievement of Rainbow Tick accreditation as a starting – not end – point towards improvement in inclusive practice.

The Royal Commission's recognition of the importance of gathering accurate data for diverse communities was also warmly received. Kent spoke of the role that mainstream organisations can play in gathering aggregate data to inform policy and planning decisions by providing safe opportunities for people to be included in the data if they wish to.

2. *Development of the LGBTIQ+ peer workforce*

The panel emphasised the important role that LGBTIQ+ peer workers play in the delivery of safe and effective mental health and wellbeing services for LGBTIQ+ people.

Sara spoke of the demand placed on community members to provide informal supports to one another when unable to access safe services. While taking on these unpaid carer roles can bring pressures along with it, it is also a strength that LGBTIQ+ communities naturally bring to their work.

To support the embedding of peer workers drawn from LGBTIQ+ communities into service models, panellists identified a number of key requirements, including:

- genuine recognition of the value of lived experience
- support, information and training to build peer specific skills – 'One isn't born a peer; one becomes a peer'
- adequate remuneration and opportunities for lived experience roles
- embedding of peer roles into core models of care so that they are not squeezed out between budgetary constraints and salary costs of more expensive workforces
- better research and information on what works in practice
- safe management practices because 'safety for workers means safety for clients'
- establishing LGBTIQ+-cultural safety within the workplace before recruiting peer workers.

These requirements cannot be met without a dedicated effort to develop peer-led and peer-inclusive models of care. This requires specific efforts to develop the peer workforce, expand lived experience roles, and provide both peer workers and their colleague and organisations with the supports they need to ensure they can work effectively in practice. While each of these must occur for the peer workforce more broadly, a specific focus on LGBTIQ+ peer workers is necessary given the integral role that LGBTIQ+ community members play in supporting each other.

3. *Robust engagement with LGBTIQ+ communities*

To ensure that the mental health system reflects the diverse needs, identities, perspectives and experiences of LGBTIQ+ communities, engagement mechanisms must be sufficiently robust and accompanied with adequate supports.

Funding provided in the 2021–22 Victorian State Budget to support engagement is welcomed. Panellists noted that, in order to be effective, LGBTIQ+ community engagement models must include:

- LGBTIQ+-cultural safety principles embedded within the consultation model
- remuneration for participation
- considerations of accessibility issues and limitations
- discrete consultation mechanisms across a broad range of cohorts, including community members, organisations, and subject matter experts.

4. *LGBTIQ+ mental health prevention*

Participants welcomed the increased focus on mental health prevention in the Royal Commission, with Victoria is uniquely well-placed to lead the development of an effective framework for LGBTIQ+ mental health prevention.

Rigid ideas about gender or sexuality are harmful to everyone's health and drive discrimination and violence for LGBTIQ+ communities. These social norms reinforce ideas that there is something wrong with bodies and identities that don't fit neatly within binary understandings of sex or gender, or relationships that are anything other than heterosexual. This leads to high rates of abuse and discrimination against which are drivers of poor health and wellbeing outcomes for LGBTIQ+ communities.

Mental health prevention strategies currently focus on early intervention in the lives of individuals and fail to address this broader context. While the ingredients for a successful approach already exist in Victoria, ad-hoc efforts to address the drivers of poor LGBTIQ+ health and wellbeing have lacked the coordination and strategic vision necessary to create the change necessary to meaningful prevention.

Recent innovations in the prevention of family violence effecting LGBTIQ+ communities has provided an important example of potential in this area. Drawing on well-understood approaches to the primary prevention of violence against women, Rainbow Health Victoria has recently produced Pride in Prevention. In this, Rainbow Health Victoria proposed a model for shifting rigid gender norms through sustained and intensive effort at all levels of society. Pride in Prevention also outlines a series of essential actions to challenge the drivers, and to build pride, community connection and individual agency to respond and change. This approach could be readily updated to mental health prevention given the similar drivers for both mental health and family violence for LGBTIQ+ communities.

For more information about any of the information provided here, please contact:

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