‘Towards a Mental Health Strategy for NSW’
LGBTI Community Consultations

ACON
This paper was prepared for the Mental Health Commission of NSW to support the development of the Strategic Plan for Mental Health in NSW 2014 – 2024

October 2014
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On behalf of the

Mental Health Commission of NSW

November 2013
ACON conducted a consultation with the LGBTI community on behalf of the Mental Health Commission of NSW, to assist in the development of a draft strategic plan for mental health in NSW. The new plan aims to broaden the approach to achieving a mentally healthy community by taking a whole-of-government approach involving physical health, carers, education, police, housing and homelessness, and community services.

This consultation was carried out over two stages. Both sessions were facilitated by Sebastian Rosenberg, a consultant engaged by the Commission. Notes from the sessions are at Attachments A and B to this summary report.

The first session, on Wednesday 30/10/2013, consulted with LGBTI people who were consumers of mental health services, and was recorded by Jamie Macdonald, the Advisor with the Commission. This group was comprised of six participants, many of whom had concurrent drug and alcohol concerns and mental illness. In order to ensure free expression of opinions, no ACON staff attended, as all consumers were current or former clients of ACON services.

The second session, on Tuesday 05/11/2013, consulted with LGBTI community members and leaders with an interest in mental health services, and was recorded by Luka Upcroft, the Research Programs Assistant at ACON. This group was comprised of 14 participants representing nine organisations, including LGBTI community organisations, LGBTI community groups, and mental health organisations.

The consumer group shared their experiences with the mental health system and highlighted some of the problems with the current system, while the community group focused on ideas for the improvement for the new system.

A number of themes identified in the discussion paper were echoed in the discussions, in particular the lack of co-ordination between different parts of the system (especially mental health and AoD) and the lack of access to early intervention before mental health crises occurred. Across the two groups, LGBTI sensitivity and inclusive practice, and the importance of transitions (from family to ‘community’; coming out as an adolescent or married man) were prominent themes in discussions.

The areas in which improvement was proposed can be categorised as follows: community support systems, better services, LGBTI-appropriate services, services for young people, services in rural and regional areas, better access to services, and better funding of services.

**Community support systems**

Participants in the consumer group were affected by the social stigma that still exists around LGBTI identities, drug use, and mental illness. Many participants called for education in how to deal with mental health issues at a community level. Initiatives like RUOK Day, and ACON’s Peace of Mind
project aim to equip the public with the tools to participate in building the mental health and resilience of their community, but many remain confronted by or afraid of engaging with a person about their mental health, or have the opinion that mental illness is an imagined problem.

**Better services**

More investment needs to be made into services that address mental illness before a crisis. Many participants in the consumer group reported that the current system made it very difficult to access support before their condition was critical, with one participant being referred to a psychiatrist only after several suicide attempts, police involvement, and hospitalisation.

Participants in both groups expressed their frustrations at the mental health sector’s focus on medication and cognitive behavioural therapy, rather than the delivery of therapy tailored to each the needs of each patient.

Participants in both groups reported that the limited number of sessions and the lack of follow-up care diminished the effectiveness of treatment, and called for more flexibility of services to deliver the care depending on what worked, rather than depending on what cost the least.

There was a general consensus from both groups that the most effective care comes from peers, and that much more could be done to expand capacity and maintain quality of support using peers. Both groups supported community health organisations because of their close proximity to their client base. The most vulnerable clients will feel safest seeking help from a trusted community organisation of their peers, rather than a government organisation.

Many participants in the consumer group experienced periods of homelessness, unemployment, and financial struggle because the current system, where there is very limited access to services outside of business hours, makes it difficult to maintain employment while seeking treatment.

There is a palpable need to better integrate mental health and alcohol and other drug services, which very often interrelated. One participant in the consumer group reported being denied access to a hospital service for mental illness because of his alcohol dependence.

Participants in the consumer group suggested having patients be more actively involved in decisions around their treatment, being asked what sort of treatment they want, rather than being told what sort of treatment they will be given.

**LGBTI-appropriate services**

Many participants in the consumer group expressed difficulty in finding bulk-billing therapists who will accept new patients, and, of those who could gain access to services, very few were culturally literate in LGBTI needs.

Participants reported discrimination from mental health professionals who inappropriately conflated LGBTI identities with mental illness, and did not understand that the stigma associated with being LGBTI can create mental illness, nor that to be LGBTI is not to be mentally ill, and that, in some cases,
LGBTI identities have very little to do with a person’s mental illness. Participants expressed that the potential success of a therapeutic relationship can be negated within minutes based on the perceived attitudes, ignorance, or prejudice of health providers.

Participants proposed that LGBTI mental health workers or liaison staff would assist participants in feeling comfortable and accessing culturally appropriate treatment. Having support from within the community as you try to navigate a hetero-normative system would be of significant benefit.

A participant from the community group recommended affording some of the support given to psychologists to counsellors to enable them to provide services under Medicare. He claimed that drawing only on clinical methods limits the scope of services that could be provided.

Gay and Lesbian Health Victoria, an LGBTI health and wellbeing policy and resource unit, has developed cultural competency standards for the LGBTI community in a program called the Rainbow Tick. Similarly, ACON’s Peace of Mind program holds LGBTI inclusive practice training workshops for mental health service providers, which are compatible with GLHV’s Rainbow Tick approach. Some NGOs have taken up Peace of Mind training, but many do not know that it is available.

Reluctance in mental health research and service delivery programs to ask about people’s sexuality and non-normative sex and gender has led to a state where many health organisations are not capturing appropriate and necessary data about LGBTI people among their clientele.

**Services for young people**

The transition from adolescence to adulthood can be traumatic for many, and this trauma is often compounded by issues involving non-normative gender, sex and sexuality, which can create a more difficult environment in which to foster mental wellness.

Participants called for campaigns aimed at young people to change the public opinion that LGBTI identities are intrinsically associated with mental illnesses, and promotion of the idea that mental illnesses come from poor social treatment of LGBTI people. Prevention strategies like Proud Schools, a pilot program to tackle homophobia, were commended.

A participant from the community group is involved in supporting LGBTI students, many of whom receive counselling, but who have consistently expressed a need for more than the limited support available in medical environments. The Pinnacle Foundation operates a system of mentorships wherein students are paired with an older person who shares their identity and works in a vocation to which the student aspires, with clearly set and regularly reviewed parameters. The participant recommended expansion of that system.

There has been some difficulty in including LGBTI issues in the new national HPE curriculum. There is currently no mention of HIV, and sex is only considered in the case of reproduction. The clear links between social stigma and poor mental health suggest that social inclusion and acceptance of sexual and gender diversity should be taught at as early an age as possible. Leaving it up to teachers to opt in or out of teaching LGBTI issues generally results in their exclusion because there is insufficient support to equip teachers to do so.
Services in rural and regional areas

There is a group of LGBTI mental health professionals, but they are largely Sydney-based and not spread throughout state, and, so, cannot adequately service a community that is becoming increasingly spread out. To make up for this gap, non-LGBTI therapists need to be trained in cultural competence, and we also need to make greater use of online approaches and tele-mental health services, for which training and infrastructure needs to be.

Better access to services

Many participants in the consumer group recounted the great difficulty with which they accessed appropriate services, and many participants in the community group detailed the difficulties of promoting awareness of their organisations on a limited budget. Both groups declared the need for an effective, centralised network that can refer people to appropriate services. There is certainly no dearth of service registries, but they are almost always incomplete and unmaintained, and there is very limited collaboration between them.

Little progress can be made without acceptance from the community, and raising awareness of mental health issues among community was seen as important to breaking down the stigma that inhibits care seeking and open discussion and acceptance of mental health issues.

Collaboration between community organisations should be fostered, but there is concern that the incoming tendering process to fund community organisations will tend to work against collaboration through a focus on fostering competition, which could also result in smaller organisations ceasing to operate. When contracting from the NGO sector, a participant in the community group recommended the inclusion of a question about experience in working with LGBTI people in tender documents, as is the case in some other states. This will encourage NGOs to consider LGBTI issues in order to access funding.