

Funding Proposal Outline – LGBT Mental Health Promotion & Support Service



Summary:

Healthy Communities to deliver mental health services for lesbian, gay, bisexual and transgender (LGBT) Queenslanders and to work with mainstream mental health services to build their capacity to provide culturally appropriate services to LGBT people and communities.

Priority Issues:

The following key issues will be addressed by the Service:

- The mental health of LGBTI people is among the poorest in Australia.¹
- The elevated risk of mental ill-health and suicidality among LGBTI people is not due to sexuality, sex or gender identity in and of themselves but rather due to discrimination and exclusion as key determinants of health.² This is sometimes referred to as minority stress.³
- Exposure to and fear of discrimination and isolation can directly impact on people's mental health, causing stress, psychological distress and suicidality.⁴
- Heteronormativity means that the decision on whether and how to communicate one's sexual orientation, sex or gender identity to others is faced in almost every new social contact. This too can be a source of stress given considerations of potential impact.
- Exclusion from generic mental health and suicide prevention policies and programs, including lack of acknowledgement in current National Suicide Prevention Strategy, National Mental Health Plan or LIFE Frameworks, and lack of visibility within public awareness programs result in LGBTI people not being reached and their needs not being addressed.
- Lack of capacity in targeted services, e.g. no dedicated funding for LGBTI community-based services, resulting in few dedicated services being available and those that are available having limited outreach and often limited ability to build the skills and provide the services LGBTI people seek.
- Lack of LGBTI knowledge and cultural competence in generic services⁵ resulting in poor quality service provision, for example ill- or uninformed advice and inappropriate treatment⁶ (eg pathologising their sexual orientation or gender identity) and failure to take the person's (potential) strengths/social resources into account.
- Generic mental health and suicide prevention initiatives (research, policy and practice) must be proactively inclusive of LGBTI people and their diverse issues and demonstrate this in order to reduce access barriers and provide appropriate services.
- Targeted LGBTI-specific initiatives are required to complement inclusive generic initiatives. These can be LGBTI-specific services and custom-made/tailored services within inclusive generic programs. LGBTI community ownership reduces barriers and contributes to effectiveness of initiatives, for example by enabling peer support, empowerment and community development.
- Focus on health promotion and prevention as well as intervention and postvention will make a long term improvement in the health outcomes of LGBTI Queenslanders.
- Collaboration between government agencies, mainstream mental health and suicide prevention services and LGBTI organisations can effectively bring together the respective expertise of the sectors.

Evidence:

- At least 36.2% of trans people and 24.4% of gay, lesbian and bisexual people currently meet the criteria for experiencing a major depressive episode, compared with 6.8% of the general population.⁷ This rate soars to 59.3% of trans women (male to female) under 30 in a LaTrobe University study.⁸
- Lesbian, gay and bisexual Australians are twice as likely to have a high/very high level of psychological distress as their heterosexual peers (18.2% v. 9.2%).⁹
- More than twice as many of homosexual/bisexual Australians experience anxiety disorders as heterosexual people (31% vs 14%) and over three times as many experience affective disorders (19% vs 6%). The rates are higher across any age group, country of birth, income level, area of residence or level of education/employment.¹⁰
- 20% of trans Australians¹¹ and 15.7% of lesbian, gay and bisexual Australians¹² report current suicidal ideation (thoughts)
- Up to 50% of trans people have attempted suicide at least once in their lives.¹³
- Same-sex attracted Australians have up to 14x higher rates of suicide attempts than their heterosexual peers.¹⁴ Rates are 6x higher for same-sex attracted young people (20-42% cf. 7-13%)¹⁵
- The average age of a first suicide attempt is 16 years – often before ‘coming out’¹⁶
- Lesbian, gay and bisexual Australians are twice as likely as heterosexual Australians to have no contact with family or no family to rely on for serious problems (11.8% v. 5.9%).¹⁷

Priority Issues and Evidence adapted from ‘Rosenstreich, G (2011) *LGBTI People –Mental Health and Suicide*. National LGBTI Health Alliance. Sydney’.

Activity:

The Service would work towards achieving the following outcomes through a range of activities:

Increased awareness, knowledge and skills among LGBT people of mental health, resilience, early intervention & recovery.

- Develop and implement multi-faceted social marketing campaigns to raise awareness of mental health within LGBT communities and encourage help seeking.
- Production and distribution of printed or electronic resources.
- Reduce stigma associated with mental ill-health.
- Review existing Healthy Communities’ resources and workshops for inclusion/expansion of mental health issues.

Improved access for LGBT people to mental health services and interventions.

- Map mental health services in Qld, including LGBT access.
- Provide/broker training & development support on LGBT mental health issues for mainstream mental health services.
- Promote mental health services to LGBT people (assessment, treatment, referral and support), including client support and counselling services provided from Healthy Communities.
- Promote LGBT groups and services to mental health services, GPs etc.
- Provide mental health first aid training to Healthy Communities’ health promotion officers, coordinators and managers.
- Develop an LGBT focused direct client information, assessment, referral and case management service.
- Deliver skills and/or therapeutic group interventions for LGBT people.
- Identify & develop targeted interventions for sub-populations within LGBT.

More effective and sustainable partnerships between Healthy Communities, LGBT communities, and mental health services.

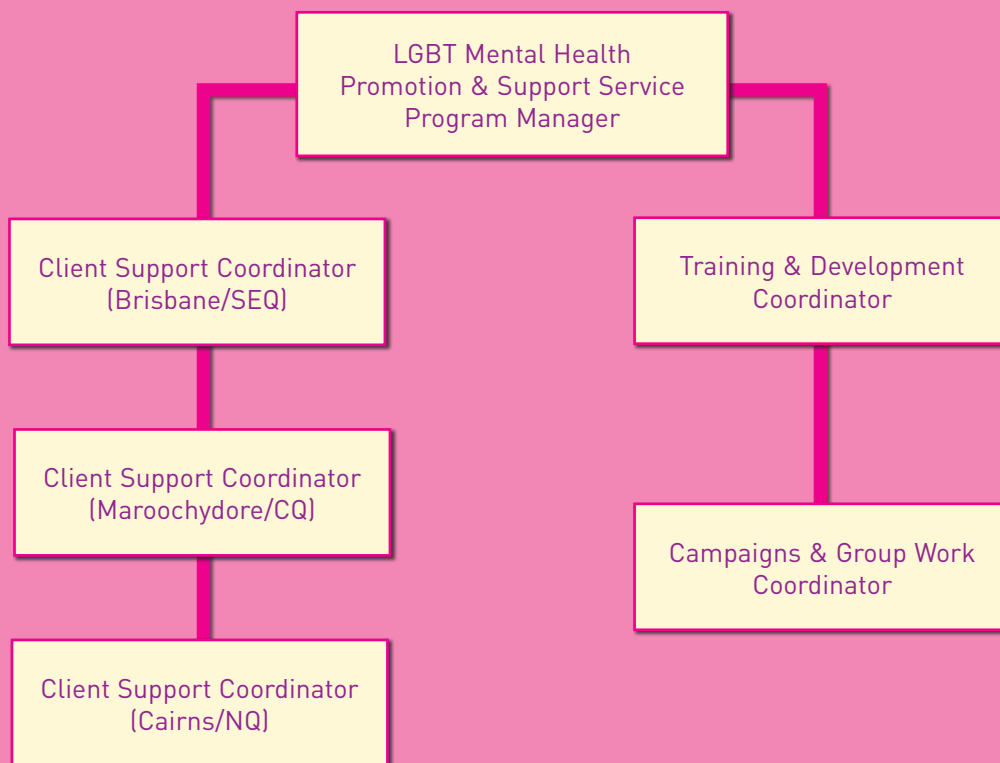
- Establish and facilitate an LGBT Mental Health Action Group, involving LGBT people (including mental health consumers), LGBT organisations and mainstream mental health services, policy makers and researchers.
- Hold an annual LGBT Mental Health Seminar for mental health services and LGBT groups to provide updates on research, projects and best practice guidelines.
- Participate in relevant mental health steering, advisory or project groups, consultation etc to provide an LGBT perspective and explore opportunities for joint projects.

Increased knowledge base re: mental health in LGBT communities and effective interventions.

- Undertake appropriate evaluation of Healthy Communities’ mental health interventions & share results.
- Contribute an LGBT perspective to Qld based research projects and participate in national action on LGBT mental health research.
- Work with mental health services to include sexual orientation & gender identity identifiers in client datasets.

Structure:

The LGBT Mental Health Promotion & Support Service would be managed by Healthy Communities alongside our existing Sexual Health and 2 Spirits programs (which focus on HIV, Hepatitis and Sexual Health promotion). The Service would consist of a Program Manager, 3 regionally based Client Support Coordinators, a Training & Development Coordinator and a Campaigns and Group Work Coordinator.



Cost:

LGBT Mental Health Promotion & Support Service

Manager	\$	98,470.80
Client Support Coordinators x 3	\$	239,950.80
Training & Development Coordinator	\$	79,983.60
Campaigns and Group Work Coordinator	\$	79,983.60
Total Staff Costs (inc. on-costs)	\$	498,388.80
Manager Project Costs	\$	15,000.00
CSC Project Costs x 3	\$	30,000.00
T&D Coordinator Project Costs	\$	30,000.00
C&GW Coordinator Project Costs	\$	50,000.00
Total Project Costs (inc. on-costs)	\$	125,000.00
Admin Costs @ 12%	\$	74,806.66
Management Costs @ 8%	\$	49,871.10
TOTAL COSTS	\$	748,066.56

(Endnotes)

- 1 Corboz, J. et al. (2008) Feeling Queer and Blue: A Review of the Literature on Depression and Related Issues among Gay, Lesbian, Bisexual and Other Homosexually Active People. A Report from the Australian Research Centre in Sex, Health and Society, LaTrobe University, prepared for beyondblue: the national depression initiative. Melbourne; Suicide Prevention Australia (2009) Position Statement Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities, SPA. Sydney
- 2 Wilkinson, R. and M. Marmot (eds)(2003) *Social Determinants of Health – The Solid Facts*. World Health Organisation. Geneva.
- 3 Meyer, I. (2007) Prejudice and discrimination as social stressors. In I. Meyer and M. Northridge (eds) *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations*. Springer. Pp.242-267; Institute of Medicine (2011) op. cit.
- 4 Hillier, L. et al. (2010) *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Australian Research Centre in Sex, Health and Society, La Trobe University. Melbourne
- 5 Leonard, W (2002) *What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians: Research Paper*. Ministerial Advisory Committee on Gay and Lesbian Health, Victorian Government Department of Human Services. Melbourne
- 6 Pitts et al. (2006) op. cit.
- 7 Pitts, M. et al. (2006) *Private Lives: A report on the wellbeing of GLBTI Australians*. Australian Research Centre in Sex, Health and Society, LaTrobe University. Melbourne
- 8 Couch, M. et al. (2007) *Tranznation – a report on the health and wellbeing of transgender people in Australian and New Zealand*. Australian Research Centre in Sex, Health and Society, LaTrobe University. Melbourne
- 9 Australian Bureau of Statistics. Unpublished data from the 2007 *National Survey of Mental Health and Wellbeing* provided to Queensland Association of Healthy Communities in 2010
- 10 Australian Bureau of Statistics (2007) *National Survey of Mental Health and Wellbeing: Summary of Results*. 4326.0
- 11 Couch et al. (2007) op. cit.
- 12 Pitts et al. (2006) op. cit.
- 13 Di Ceglie, D (2000) 'Gender Identity Disorder in Young People', *Advances in Psychiatric Treatment*, 6: 458-466; Holman, CW & Goldberg, J (2006) 'Ethical, Legal and Psychosocial Issues in Care of transgender Adolescents', *Counseling and Mental Health Care of Transgender Adults and Loved Ones*; Perkins (1991: 53) quoted in National Transgender HIV/AIDS Needs Assessment Project (Australia) et al. (1994) *Transgender lifestyles and HIV/AIDS risk*. National Transgender HIV/AIDS Needs Assessment Project School of Sociology, University of New South Wales, Kensington, N.S.W; Ontario Public Health Association (2003) *Trans Health Project*. A position paper and resolution adopted by the Ontario Public Health Association. Toronto www.opha.on.ca/our_voice/ppres/papers/2003-06_pp.pdf [viewed 16/4/2011]
- 14 Commonwealth Department of Health and Aged Care (2000) *LIFE – A framework for prevention of suicide and self-harm in Australia: Learnings about suicide*, CDHAC. Canberra; Suicide Prevention Australia (2009) op.cit.
- 15 Dyson, S et al. (2003) *Don't ask, don't tell. Report of the same-sex attracted youth suicide data collection project*. Australian Research Centre in Sex, Health and Society, LaTrobe University. Melbourne
- 16 Nicholas, J. and J. Howard (1998) Better Dead Than Gay? Depression, Suicide Ideation and Attempt Among a Sample of Gay and Straight-Identified Males Aged 18-24. *Youth Studies Australia* 17(4):28-33
- 17 Australian Bureau of Statistics. Unpubl. data op. cit.