

Summary Factsheet

STATES OF MIND

Mental Health and Wellbeing & Alcohol, Tobacco and Other Drugs (ATOD) Use in Queensland Lesbian, Gay, Bisexual and Transgender (LGBT) Communities- A Community Needs Analysis



Queensland Association
for Healthy Communities



Major Report Themes

- hetero-normative mainstreaming
- normalisation
- homophobia

Mental Health & Well-Being

- Stress, anxiety, depression, self harm and suicide were the most common mental health issues. Almost half reported high to extreme levels of psychological distress.
- A quarter of respondents had attempted suicide and a third had self harmed in lifetime.
- Diagnosed psychiatric disability was the most common form of disability
- Levels of depression, psychological distress, self harm and suicide were greater than the general population.
- LGBT communities demonstrated significant well being, positive mental health and sources of coping & resiliency

Mental health risk & protective factors

- Risk factors were homophobia, coming out & acceptance, social isolation, contemporary life and role pressures, stereotyping, hetero-normative mainstreaming, social exclusion, rejection by family/friends, relationship breakdown and their interactions with other life stresses
- Alcohol, cannabis and illicit party drug use can also be a cause or influence of mental health problems
- Protective factors for mental well being were friends/friendships, partners, LGBT community & social participation, creative expression and exercise/healthy lifestyles

Alcohol, Tobacco & other Drugs

Alcohol

- Alcohol was reported as the most widely used drug.
- Almost half of respondents (48%) reported high levels of harmful drinking.
- Nearly a quarter of respondents (22%) reflected alcohol dependency.
- Lesbian rates of harmful drinking was over twice that of general women's population.
- There was no significant differences between lesbian and gay male rates of harmful drinking and alcohol dependency.

Tobacco

- 19.5% of LGBT respondents indicated that they were smokers, roughly the same as the national average (19.4%).
- 26.8% of lesbian respondents reported smoking, exceeding that of gay male respondents (18.3%) and that of the general women's population
- Gay male respondents reported smoking and daily smoking at roughly the same rates as the general male population.

Illicit drug use

Ever used

The 5 most commonly ever used illicit drugs reported by LGBT community respondents were:

- Cannabis (52.8%)
- Ecstasy (31.4%)
- Methamphetamine powder (27.5%)
- Amyl nitrate (24.4%)
- Cocaine (21.8%)
- These rates exceeded that of the general population
- Lesbian respondents reported using cannabis significantly more than gay male respondents in their lifetime.
- Gay men reported using significantly more methamphetamine (crystal), ketamine, GHB, other opiates and amyl nitrate than lesbian respondents in their lifetime.

Used in last 12 months

The 5 most commonly used illicit drugs in the last 12 months reported by LGBT community respondents were:

- Cannabis (28.4%)
- Ecstasy (15.2%)
- Amyl nitrate (10.4%)
- Methamphetamine powder (10.0%)
- Cocaine (5.6%)
- These rates exceed that of the general population
- Cannabis use was roughly similar between gay and lesbian respondents.
- Amyl nitrate use in the last 12 months was the only significant difference reported with more gay men than lesbians using this substance.

Reasons for use

Drug and alcohol use is normalised in LGBT communities, and is associated with coping with stressors, socialising, seeking sexual partners and use during sexual activity.

Some of these stressors include:

- expectations to succeed
- over performing
- stereotyping
- coming out
- being single
- isolation
- loneliness
- low self esteem
- menopause
- gender inequality
- homophobia
- internalised homophobia
- family rejection
- violence and abuse
- transitioning
- transphobia
- internalised transphobia

Drug and alcohol use also had positive effects as it was seen to facilitate connection to friendship circles and the celebration of LGBT community and culture

Mental Health and Alcohol, Tobacco & other Drugs (ATOD) Services

LGBT Perceptions of Services

- ATOD services were considered by LGBT as not equipped to effectively treat and or have sufficient knowledge of LGBT issues. ATOD concerns and service access is less than mental health concerns and service access.
- Cost, hetero-normativity & homophobia and attitudes of self reliance were the major access barriers.
- Treatments and interventions (both medical and psycho-social) are often not effective and are highly medicalised with little social support.
- Overall satisfaction & personal experiences with mental health and ATOD services is poor.
- More early intervention and prevention is needed, especially for young people and regional communities.
- More counsellors for free peer-based pre-transitioning support service and a funded non-medicalised resource/informal drop in centre needed for transgender individuals and more medical specialists.
- More LGBT awareness training for professionals, peer support, more services with an LGBT component and LGBT specific ATODS services needed.
- Friends, partners and LGBT communities/services are the main sources of support.
- Overall, sexuality or gender identity is largely neglected in services. It is particularly absent at the point of intake. When it does arise and is recorded, which it is usually only on more in-depth assessment and it's consideration in treatment planning remains extremely rare. Risk was a important factor motivating it's recording.
- Services providers were often, but not always uncomfortable in asking or raising sexuality or gender identity. This was for many reasons. These included the sense of privacy and concern over offending clients, general anxiety or discomfort, not seeing sexuality or gender identity as relevant, not feeling confident for knowing how to ask and lacking LGBT specific information and knowledge.
- A significant proportion of service providers felt there were barriers to providing both mental health & ATODS services to their LGBT clients and many were equally unsure. These barriers included concerns over cultural competency and specific knowledge of LGBT issues, their lack of training and resources in their organisation and lack of knowledge on where to refer clients.
- Service providers felt that LGBT clients did experience a range of specific needs that needed to be taken into account in their care.
- Services providers did identify many of the same issues in their LGBT clients that were identified by the community – depression, anxiety, stress, and many of the causes of these issues – homophobia, lack of acceptance, isolation, social exclusion, coming out stresses, identity issues for transgender people, discrimination and late reporting for ATODS issues.

Mental Health & ATOD Services Perceptions and Findings.

- LGBT clients were generally invisible in mental health & ATODS services. LGB clients were seen in services, but rarely. Transgender clients were seen even more rarely.
- There was inconsistency in treating LGBT holistically or confidently. Sexuality and gender identity was often not seen as relevant or related when considering mental health or ATODS needs and issues.
- Service providers perceived that gaps existed in their services for LGBT clients. Many were either not aware of the strategies in place to address LGBT clients specific needs or didn't feel their organisation as a whole was competent in dealing with these issues and needs. A range of strategies were identified to address this situation with a particular focus on training, information and knowledge, organisational practice & workforce diversity. Barriers to these recommendations were also identified.