

## The mental health of sexuality, sex and gender diverse Australians

Mandy Arnold<sup>1</sup>, Gabi Rosenstreich<sup>2</sup>

<sup>1</sup>UnitingCare West, <sup>2</sup>National LGBTI Health Alliance

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Mandy Arnold is a community development worker for UnitingCare West's 'True Colours' program in Albany and the Great Southern, Western Australia (a member of the National LGBTI Health Alliance). An educator with a keen interest in community development projects and programs, she has developed a passion to promote peer education and support, particularly among rural and regional LGBTI youth.

Mandy has a nursing background, has travelled extensively around the world and has tertiary qualifications in cultural issues. Her goals include raising community awareness and support regarding issues of sexual attraction and gender identity. Mandy also wants her local community to be a safe and fun place for LGBTI youth.

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I acknowledge and respect the traditional custodians whose ancestral lands we are meeting upon here today. I acknowledge the deep feelings of attachment and relationship of Aboriginal people to country. I also pay respect to the cultural authority of Aboriginal people visiting/attending from other areas of Australia.

Hello everyone—my name is Mandy Arnold. I am giving this presentation on behalf of myself and Gabi Rosenstreich of the National LGBTI Health Alliance. The topic I am presenting on is the mental health of sexuality, sex and gender diverse Australians.

I am a community development worker for the UnitingCare West 'True Colours' project. UCW is a not-for-profit social justice organisation funded by the Uniting Church of Australia. True Colours is based in 2 rural locations in Western Australia, providing support for LGBTI youth.

I invite you to join me as we examine some of the mental health issues faced by those in rural, remote and metropolitan settings who don't conform to cultural 'norms' around sexual attraction, sexual behaviour and gender identity.

The structure of today's presentation:

- the LGBTI acronym
- the continuum model: demonstrates how feelings and attractions, sexual behaviours and sexual identity are very fluid
- statistics on transgender and intersex people
- mental health statistics
- what contributes to LGBTI poorer mental health outcomes?
- what can be done to improve LGBTI mental health outcomes?
- the National LGBTI Health Alliance—a national approach
- the True Colours program—a state initiative
- contact details.

### The LGBT acronym

The LGBT acronym refers to identity labels that relate to sexual orientation, sex and gender identity. The first three relate to sexual orientation.

**Lesbian:** women whose primary attraction, sexuality and/or romantic relationships are with other women

**Gay:** sometimes used for men and women, but generally used for men whose primary attraction, sexuality and/or romantic relationships are with other men

**Bisexual:** people whose attraction, sexuality and/or relationships are not limited to one gender

Transgender is not about sexual orientation—it relates to gender identity and is an umbrella term for people whose understanding of their gender is not in line with the physicality of the body they were born with.

Intersex is an umbrella term relating to sexual identity and includes a wide range of conditions in which a person’s sexual development is not in line with common understandings of what male or female is, ie their body doesn’t fit into either of those paradigm for a number of reasons for example, hormones and/or chromosomes.

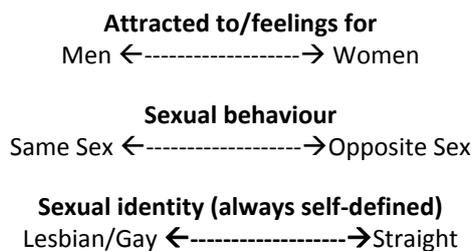
Often if the genitals of an infant are ambiguous, then there will be surgical intervention—this is a practice that intersex advocates make very clear is damaging to the physical and mental health of Intersex people.

There are many taboos and shame associated with being intersex, making intersex people and their parents extremely vulnerable in a range of ways.

Before we get any further, I would like to introduce the idea that sexuality and gender are not something we have a choice about: contrary to what many people think.

### Continuum model

Sexual attraction, sexual behaviour and sexual identity are most easily understood by using a continuum model. It is not unusual for us to change our position along continuum over time.



For example: a person may be attracted to others of the same sex, but not be sexually active with same sex partners and identify as ‘straight’. This same person might begin exploring their sexual orientation and identify as ‘bisexual’, ‘gay’ or ‘lesbian’ later in life.

A person can be at different places on these continuums at the same time—for example, identifying as ‘straight’ but having sex with both men and women.

Identity is always self-defined.

### Statistics on transgender and intersex people

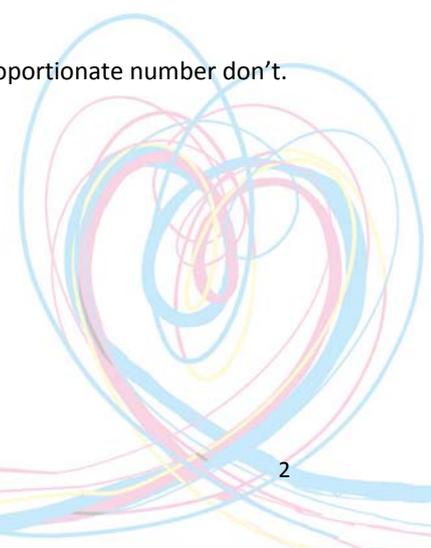
At present we lack robust data on the number of transgender and intersex peoples in **Australia**, however estimates vary from 1:200 to 1:2000 depending on the conditions included (Diamond 2004, Blackless et al. 2000).

Recent **international** estimates of the prevalence of transgender people could be as high as 1:1,000 (Department of Health 2008, Olyslager & Conway 2007).

Many LGBTI people have happy healthy lives and are extremely resilient but a disproportionate number don’t.

### Mental health statistics

- Anxiety disorders: LGB 31% (others 14%)
- Depression and related disorders:
  - LGB = 19% (non LGBTI = 6%)
  - Transgender = 50–60%



- Intersex numbers higher
- Self harm:
  - Lesbians = 28% (Hetero women = 8%)
  - Gay men = 21% (Hetero men = 5%)
  - Bisexual males = 30% male
  - Bisexual females = 35%

Research shows that suicide attempts and self-harm among LGBTI communities are significantly higher than their heterosexual peers in fact 3.5–14 x higher. The average age of a first attempt is 16 years (Pitts et al 2006 Private Lives).

Estimates show that up to half of all transgender people have attempted suicide (Di Ceglie et al 2000) the statistics are likely to be similar among Intersex people.

These figures are most likely under-represented as sexual orientation, sex identity and gender identity, unlike other demographic characteristics, are rarely identified in most data collection methods.

Evidence suggests that many suicide attempts by LGBTI people occur while coming to terms with their sexuality and/or gender identity and prior to disclosing to others.

The *'Writing Themselves in 3'* national report (Hillier et al, 2010 Latrobe University) on the sexual health and wellbeing of Same Sex Attracted and Gender Questioning young people showed that 20% of their respondents came from rural and remote areas. These young people were less likely to have internet access and less likely to feel safe on the internet.

They also reported feelings of isolation, discrimination and lack of appropriate services and support. Self harm, suicidal ideation and suicide attempts were higher in rural areas, there were also higher rates of drug use in remote areas.

Risk factors for young people and those living in rural and remote locations is compounded by effects of homophobia, transphobia and gay-related stress.

### What contributes to LGBTI people's poorer health outcomes?

Australian studies of young people replicate international findings indicating that between 9-11 per cent of the population are same-sex attracted (SSA) (Lindsay, Smith & Rosenthal, 1997).

This equates to *one in ten young people* having attractions to the same sex. These figures are likely the same for adult same-sex attracted adults.

Most young people know they are attracted to the same sex prior to starting high school, with two-thirds realising this by the time they finish puberty (Hillier, Turner & Mitchell, 2005).

Research demonstrates that poor health outcomes are related to social determinants, particularly discrimination, violence, social exclusion and isolation.

Some 80% of LGBTI people experience public insults, 20% explicit threats and 13% physical assault. Sadly, the most 'at risk' places are home and school.

The failure of mainstream generic health providers to provide suitable intervention and prevention strategies inclusive of LGBTI people and their needs has led to poor mental health outcomes (Couch et al. 2007, Dyson et al. 2003, Hillier et al. 2005).

Many LGBTI people are reluctant to access health services or 'come out' to professionals for fear of a negative response (eg Semp2006, Fish 2006, Myers et al 2005, Meckler et al. 2006, Neville & Henrickson 2006).

If they do disclose they are often confronted with lack of knowledge and understanding of LGBTI issues resulting in poor quality service provision.

In these circumstances LGBTI people may have difficulty raising issues related to their sexuality, sex or gender identity, even where they believe these issues are directly relevant to their medical needs

There is also an enormous gap in the provision of LGBTI-specific or LGBTI-friendly community based services.

There are knowledge and awareness gaps about mental health issues pertinent to LGBTI people—therefore LGBTI issues have been unfairly excluded from policy, programs and research projects

There is a lack of funding to raise issues such as lack of support services, projects and policy development to progress LGBTI issues at local, state and federal levels.

Little effort by mainstream service providers to be inclusive mean there is limited (if any) access for LGBTI people to competent mental health care.

### **What can be done to improve mental health outcomes for LGBTI people?**

By understanding the issues relevant to LGBTI people we can overcome ignorance and prejudice—especially that people have no choice about their gender identity and sexual attraction.

Introduce legislation and policy changes that ensure LGBTI equality and inclusion.

Work in partnership with LGBTI organisations to improve mental health outcomes.

Promote LGBTI diversity issues and inclusive practices.

Introduce workforce training and cultural development about LGBTI issues.

Create community education and awareness campaigns raising the issues faced by LGBTI people.

Increased funding for LGBTI projects and services.

### **The National LGBTI Health Alliance**

The National LGBTI Health Alliance is a newly formed national peak body to promote LGBTI health and wellbeing.

Initiated in 2007, the Alliance was established in 2009 when 10 LGBTI community organisations pooled money to seed-fund the organisation and hire a staff member.

The Alliance now has 104 members across Australia ranging from organisations with over 100 staff through to volunteer-based organisations and peer-support groups.

The Alliance also has individual researchers, advocates and health professional members that represent the vast majority of the LGBTI community sector.

The Alliance works to improve the health and wellbeing of LGBTI people by working collaboratively to advocate for greater recognition of LGBTI health needs as well as the provision of targeted program delivery and research.

It works with national legislators and policy-makers, researchers, non-government organisations in the health and human rights sectors, the corporate sector and individuals.

It aims to:

- develop a national agenda for LGBTI health and wellbeing
- advocate with a national voice on LGBTI health needs
- build political commitment to the support of LGBTI health
- improve access to national funding for LGBTI health projects



- share information and resources to build capacity in the LGBTI health sector

The Alliance has only 1 staff member, and its seed funding will run out in June of this year.

Without core funding, it will be very difficult for the Alliance to continue its' work in any of the other areas of need, or indeed to maintain basic organisational infrastructure.

Other population groups with evidence of high risk, such as CALD, older people, youth, rural people have government funded peak bodies, but not LGBTI people.

This would not be such a problem if the generic peak bodies were working inclusively of LGBTI people, but currently they are not.

LGBTI voices need to be heard and the Alliance works to make that happen.

So how does the Alliance work to improve health outcomes for LGBTI people?

The Alliance has provided submissions on a range of national policy initiatives including:

- The Inquiry into Suicide
- The Preventative Health Taskforce
- National Men's and Women's Health Policies

It also develops evidence-based reports and position statements—for example, the Alliance is currently negotiating with the Federal Dept of Health and Ageing about a LGBTI mental health and suicide prevention project that will focus on developing links between the LGBTI sector and mainstream mental health and suicide prevention initiatives and researchers.

The Alliance plans to participate in national advisory groups to develop:

- appropriate LGBTI resources
- LGBTI suicide prevention networks
- appropriate education and training about LGBTI issues for community workers and other mental health professionals.

The Alliance organised the 7th National LGBTI Health Conference *Health in Difference* focusing on mental health issues and research.

The Alliance assists organisations to address LGBTI-specific issues and work inclusively with LGBTI people.

The Alliance is about to launch an online network for members with an interest in mental health to connect with each other, share knowledge and resources.

### 'True Colours'

'True Colours' is a program of UnitingCare West (UCW), the Western Australian division of UnitingCare Australia.

UCW is a community service social NFP committed to achieving justice, hope and opportunity for all, by working to support and empower those most in need in the WA community.

The 'True Colours' program offers support for young people around healthy relationships with a particular focus on diverse sexualities and/or genders.

We do this by providing 'Safe Spaces' for young people in Bunbury and Albany where they can access support and information about feelings, attractions, relationships, and identity.

True Colours refers to and partners with other NFP's and agencies (eg headspace, YMCA, Population Health and schools) to raise awareness and provide support for specific projects such as Sexual Health Week, Mental Health Week and Youth Week.

'True Colours' provides community education and awareness raising programs about the issues faced by LGBTI people and promotes Diversity and Inclusivity practices.

We also facilitate workshops for professionals, teachers and young people about sexual health and healthy relationships, as well as working with caregivers and families.

We are in the process of implementing the 'Safer Schools' project to combat homophobia in a Bunbury (rural) school.

Challenges for True Colours:

1) Attracting and retaining LGBTI youth to our Safe Space program—the lack of anonymity and safety are specific to rural and remote regions, we work hard to ensure safety and privacy issues

2) Create safer rural and remote communities for LGBTI youth

3) Retain our LGBTI youth in our towns—many youth remain closeted and move to the city, they then have access to LGBTI-specific support services (eg the Freedom Centre), can develop their social networks and have the all important anonymity they crave

4) Make schools and families safe (safer?) for young Same Sex attracted and Gender Diverse people—who report feeling less safe at school and home and who are more likely to use illicit substances and report contraction of a sexually transmitted infection (Hillier, Turner & Mitchell, 2005)

5) Raise community awareness of LGBTI issues so that the issues are 'on the radar' of health professionals and others

6) Train professionals and targeted services so that they can better support LGBTI people and understand the issues specific to them

7) Ongoing funding—TC is funded by the Uniting Church in Perth—no government funding is currently available that would support our operations, only small amounts for discrete projects such as suicide prevention, mental health. We also need funding to continue the 'Safer Schools' project.

Future plans: True Colours hopes to partner with WA AIDS Council, The Freedom Centre and Gay and Lesbian Community Services in WA to develop a state-wide blueprint for the development of GLBTI youth and services and make a joint submission to State government for funding.

## Contact details

### LGBTI Health Alliance

[www.lgbthealth.org.au](http://www.lgbthealth.org.au)

[info@lgbthealth.org.au](mailto:info@lgbthealth.org.au)

0437 876 824

### UnitingCare West

[truecolours@unitingcarewest.org.au](mailto:truecolours@unitingcarewest.org.au)

1800 663 528

