

# infocus

The Primary Health of LGBTI Australians:  
A Brief Priority Needs Summary

VAC 



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## Purpose

This report developed by the Victorian AIDS Council (VAC) with support from Gay and Lesbian Health Victoria briefly highlights some of the key primary health needs in the lesbian, gay, bisexual, transgender and intersex (LGBTI) population. It is designed to inform population health planners of the priority needs in this significant portion of the community.

## Overview

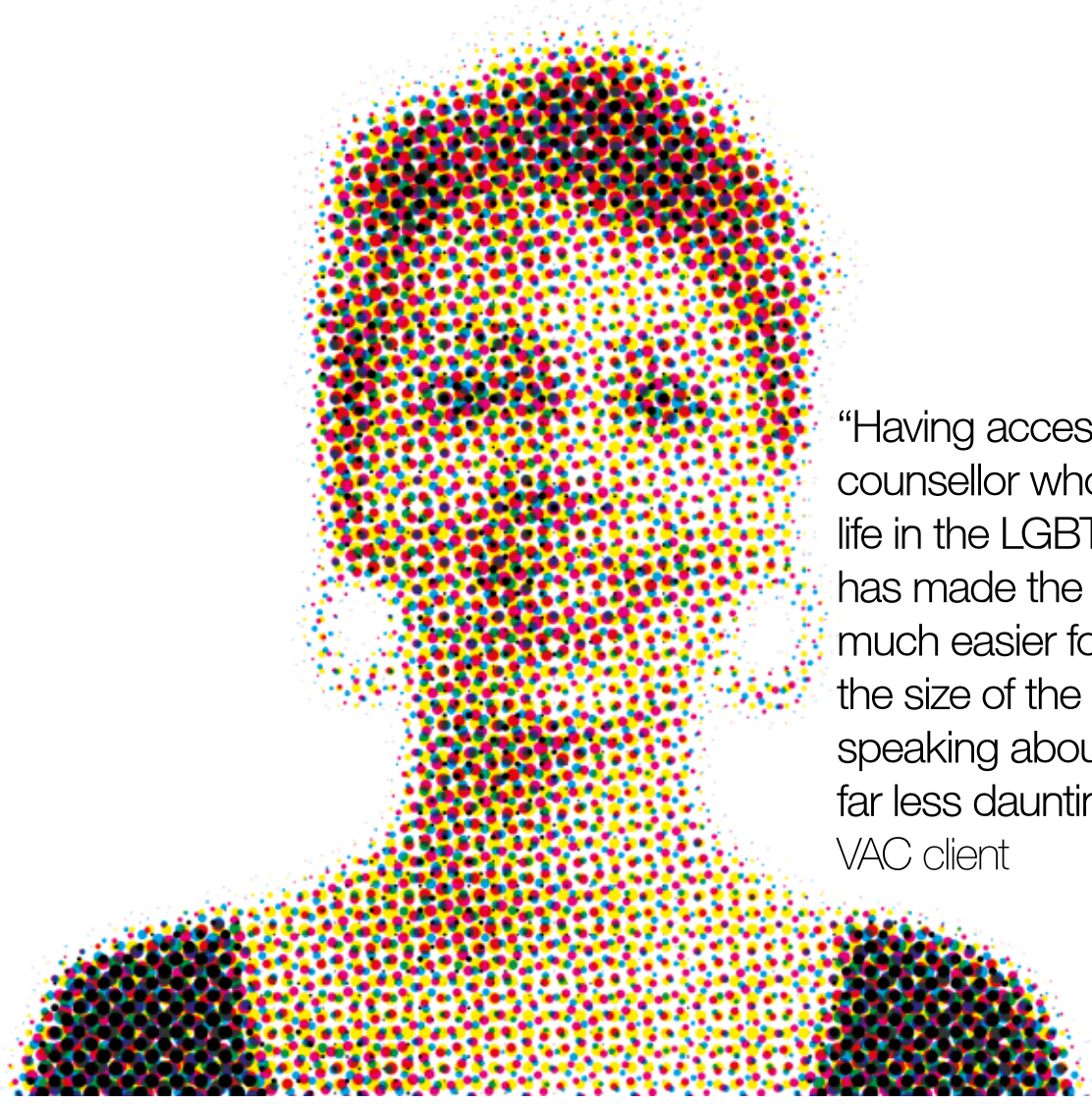
Australia is facing gaping holes in health service responses to the needs of its LGBTI population.

There is growing and compelling evidence documenting the specific health impacts likely to disproportionately affect LGBTI Australians. These poorer health outcomes are driven by the effects of systematic stigma, abuse and discrimination on the health and wellbeing LGBTI Australians (Bariola, Lyons and

Leonard 2016 ANJPH; Leonard et al 2012 PL2; 2015; Ruth McNair and others). That data show that systemic heterosexist and genderist discrimination leads to:

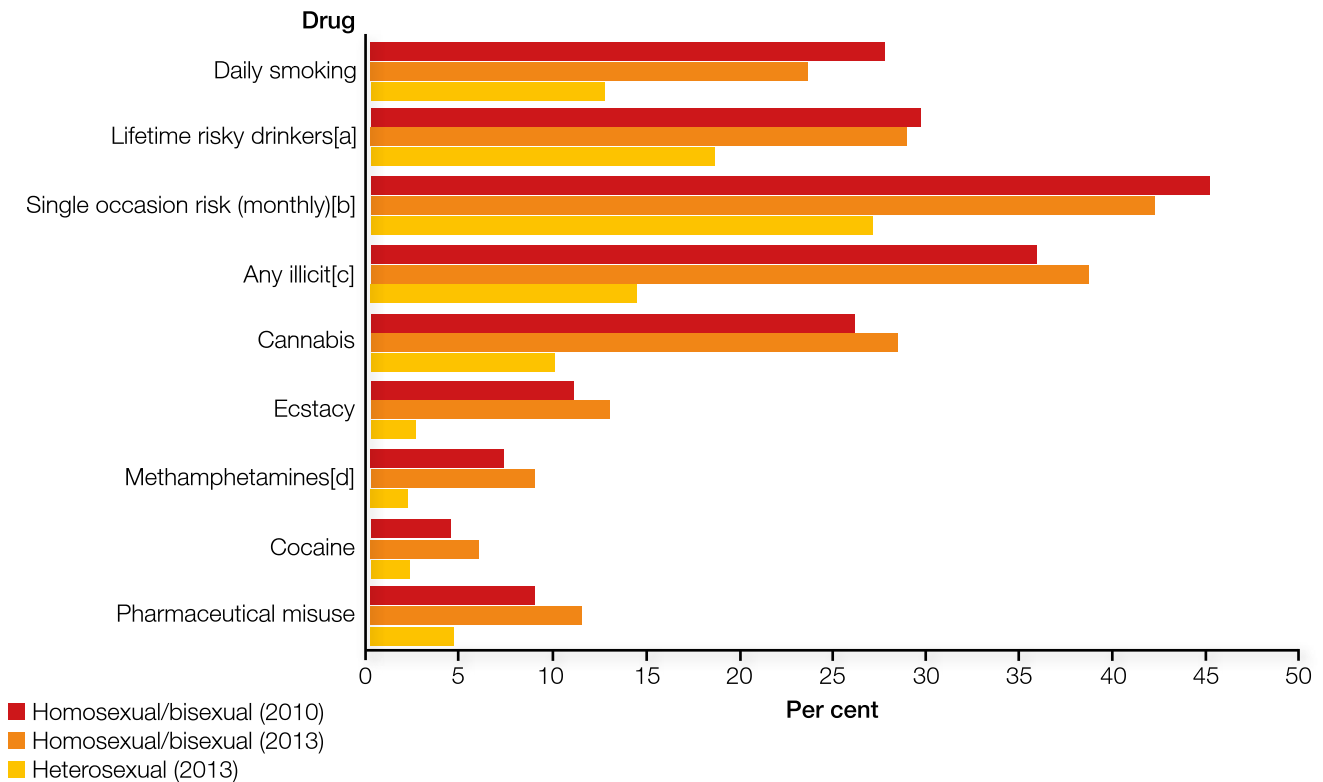
- Higher rates of violence, social isolation and alienation among LGBTI Australians, which are drivers of reduced physical and mental health; and
- Reduced access and use of health services by LGBTI people who have experienced or anticipate experiencing discrimination and reduced quality of care from service providers.

Over 20 per cent of headspace youth mental health clients across 16 metro, rural and regional offices in Victoria identify as LGBTI. This example illustrates the significant health service needs of LGBTI people and highlights the need for the health system to work with the LGBTI community to respond to the specific needs of this still stigmatised and often marginalised population.



“Having access to a counsellor who understands life in the LGBTI community has made the process so much easier for me, and the size of the challenge speaking about my situation far less daunting.” Maria, 26, VAC client

### Drug use by sexual orientation, people aged 14 or older, 2010 and 2013 (per cent)



- [a] On average, had more than 2 standard drinks per day.
- [b] Had more than 4 standard drinks at least monthly.
- [c] Used at least 1 of 17 illicit drugs in the previous 12 months in 2013.
- [d] For non-medical purposes.

Source: AIHW 2014. National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

### LGBTI Population Health Needs

Following is a sample of statistics, which paint a disturbing picture of the pressures that LGBTI Australians face and the impact of discrimination on their health and access to quality health care.

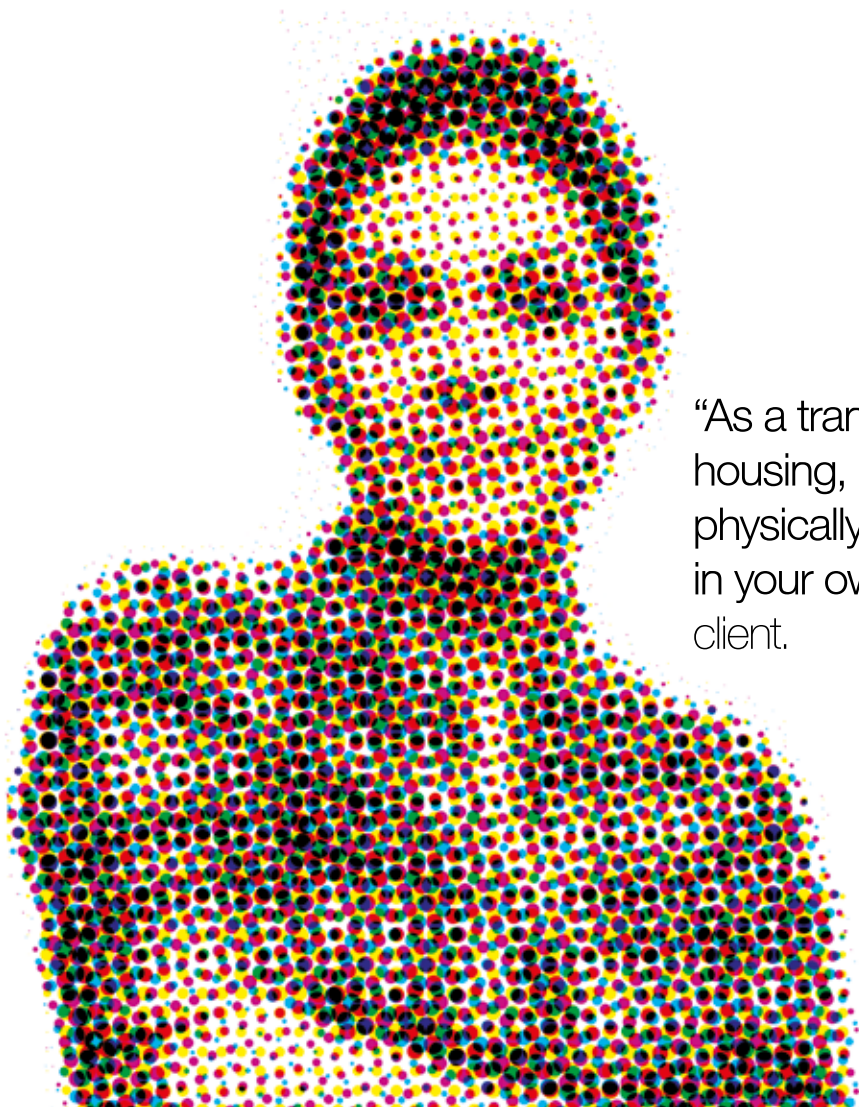
#### Mental health and wellbeing

According to Suicide Prevention Australia (2009) LGBT people are between 3.5 and 14 times more likely to attempt suicide than the national average. The Australian national data sets show that non-heterosexuals are at increased risk of a number of mental health problems compared with heterosexual Australians including anxiety (31.5% versus 14.1%), affective disorders (19.2% versus 6.0%) and substance use disorders (8.6% versus 5.0%). Private Lives 2 show that LGBT Australians also experience significantly higher levels of psychological distress than the general population (K10 of 19.6 versus 14.5) and lower levels of general mental health. Rates of psychological distress are particularly high among LGBT

young people aged 16 to 24 years, with 55% of young women and 40% of young men in the PL2 sample reporting high levels of psychological distress compared with 18% of young women and 7% of young men in the national sample (National Survey of Mental Health and Wellbeing 2007).

#### Alcohol & Drug use

According to Private Lives 2, rates of drug use among LGBT Australians are considerably higher among LGBT people than the general population. Further, there is a growing body of evidence to suggest that people who identify as LGBTI may be at a higher risk of developing mental health and substance use problems. Overall, there is a range of risk and protective factors related to drug use and mental health. Some of these factors are relevant for both LGBTI and non-LGBTI populations. However, many of these risk factors are experienced to a greater extent by LGBTI populations than other populations (Ritter et al. 2012).



“As a trans woman living in public housing, I know what it’s like to be physically assaulted and feel unsafe in your own home.” Shelley, 52, VAC client.

A national Australian survey found that among young people, 7.8% of same sex attracted secondary school students had ever injected drugs compared with 1.3% of opposite-sex attracted (Smith, Agius et al., 2009).

The SWASH study (2015) revealed tobacco and alcohol use rates almost double the general population in lesbian, bisexual and queer (LBQ) women (Mooney-Somers, Deacon, Richters, Parkhill).

For some LGBTI people their experiences of living in a homophobic and transphobic environment can trigger mental health problems and/or the use of drugs as a way of coping with the cumulative effects of being abused and discriminated against and made to feel less worthy than the heterosexual and gender normative majority (Leonard, Lyons and Bariola 2015; Leonard and Metcalf 2014 and more).

#### **Discrimination and violence**

LGBTI Australians report high levels of everyday harassment and abuse based on their sexual orientation or gender identity (Leonard, Lyons and Bariola 2015 A Closer Look at PL2). Over 55% of trans males and nearly 50% of trans females in Private lives 2 reported ongoing harassment and abuse based on their gender identity. Rates of harassment and abuse, including physical and sexual assault, were also high for lesbian, gay and bisexual people, with 35.1% of gay men and 30.9% of bisexual women reporting incidents of harassment based on their sexual orientation in the 12 months prior to completing

the survey. An earlier Victorian study concluded that for most LGBT respondents the actuality or threat of violence and discrimination was part of their everyday lives (Leonard, W. et al. 2008 Coming Forward). In Coming Forward one in seven LGBT respondents said they lived in fear of homophobic or transphobic violence. According to Private Lives 2, nearly 34% of LGBT Australians usually or occasionally hide their sexual orientation or gender identity when accessing services while 39% do so at work to avoid possible discrimination and abuse.

**The data suggest that the ongoing and systemic violence experienced by LGBTI people, combined with complex coping behaviours that include an unwillingness to be open about a fundamental aspect of who they are for fear of recrimination, lead to poorer mental and physical health, increased drug and alcohol use and reduced health service use among this population.**



## Health Service Access

Australian and international studies show that LGBT people underutilise services and delay seeking treatment due to actual or anticipated bias from service providers (Leonard et al. 2012; McNair . . . and others). This can lead to reduced screening for a range of physical and mental health conditions and an escalation of issues and poorer prognosis. The Australian Longitudinal Study on Women's Health (2011) shows that sexual minority young women in Australia are significantly more likely than heterosexual women to have lower continuity of GP care and lower satisfaction with that care.

At the same time, if LGBT people are unwilling to disclose their sexual orientation, gender identity or intersex variation to services or individual practitioners and counsellors, this may hinder accurate diagnosis and effective treatment and ongoing care. The inability or unwillingness of services to consider the needs of LGBT clients increases the likelihood that these clients will not feel comfortable disclosing to service providers. It also means that many services will not be able to provide their LGBT clients with the care they need.

## Interventions

A systematic review of research on counselling for LGBT people in the UK found that one of the major barriers to LGBT people seeking mental health care was the lack of an affirmative provider (King et al. 2007; Owens et al. 2007). Affirmation was linked to feeling not only safe and supported by staff and other clients but also in being valued and affirmed as LGBT by the service. In Australia, there is anecdotal evidence that the provision of LGBT affirmative services in potentially sensitive areas of services provision, such as sexual health, drug and alcohol and mental health, is best delivered by LGBT led organisations. For many LGBT people their presenting drug and alcohol or mental health issues are strongly tied to their experiences of homophobic and transphobic abuse and they want to be cared for and supported by individual practitioners and services that have a deep and profound understanding of the pressures they face every day (Leonard and Metcalf 2014; Leonard, Lyons and Bariola 2015). Similarly, for many LGBT people accessing sexual health services often involves disclosing aspects of their private lives and social worlds that they feel are not understood or open to judgement by non-LGBT practitioners and services.

The need for affirmative pathways of care for trans and gender diverse people, for example, can be highlighted through projects that have taken off in Fitzroy, Geelong, Wodonga and Frankston because of a dramatic increase in trans and gender diverse clients and lack of appropriate GP or specialist care.

**VAC advocates for an increase in both specialist LGBTI community based health services to address these gaps and programs to build capacity of the mainstream primary and community care systems.**

## Implications for Primary Care

The primary care system can do much to address the poorer health outcomes and barriers to service access for LGBT Australians. The Primary System needs to create a gender and sexuality affirmative primary care system by:

- Ensuring commitment to workforce development of the primary care system on the specialist needs of the LGBTI population;

- Building a primary care system to support LGBTI specialist health care pathways in priority areas including alcohol and drug, and mental health;
- Resourcing LGBTI community-led primary mental health services;
- Partnering with LGBTI community members and service providers in system co-design and co-delivery.

## About VAC

VAC is Australia's oldest LGBTI health organisation and Victoria's largest, having been formed by the community in 1983, in response to the HIV/AIDS epidemic and imposed challenges upon the broader LGBTI community. VAC adheres to a social model of health aligned with the Ottawa Charter for Health Promotion which determines that all people have the right to increase control over and improve their health.

Through a range of projects, VAC delivers community-led and culturally appropriate services that improve the health and wellbeing of LGBTI people living throughout Victoria and South Australia. Our organisation is built on a historical foundation of peer-to-peer and professional expertise in services and programs delivered by staff and volunteers and in partnership with other organisations.

## Service Areas

VAC delivers a broad range of direct health services, and provides a range of capacity building, training and consulting services to individuals and organisations including:

- Education and training programs for Primary Care and Community Workforce
- Alcohol and drug treatment and health promotion services for LGBTI people;
- Alcohol and drug treatment services for Aboriginal LGBTI people;
- Counselling and primary mental health services;
- Mental health services for low, medium and high complexity LGBTI clients;
- Suicide prevention and intervention;
- Smoking Support Services for LGBTI people including lesbian and bisexual women;
- Chronic Condition Care for people living with HIV;
- Sexual health promotion campaigns and services for LGBTI community;
- Primary care for trans and gender diverse people;
- Primary care for whole of LGBTI community and people living with HIV;
- Disability and Aged community support for LGBTI community;


## Organisational Values

From delivering LGBTI community-led service models, person-centred care and working in partnership, VAC's organisational values are embedded in everything we do. Our values are:

- meaningful participation of our communities
- social justice
- honesty and fairness
- commitment to excellence
- working together

**For more information contact Caroline Bayer, Business Development Manager, [caroline.bayer@vac.org.au](mailto:caroline.bayer@vac.org.au) or Kent Burgess, Director of Services, [kent.burgess@vac.org.au](mailto:kent.burgess@vac.org.au)**





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