Royal Commission into Victoria's Mental Health System:

Toward a mental health system that works for LGBTIQ people

5 July 2019

Rainbow Health Victoria

Rainbow Health Victoria is a program that supports lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. We are located at the Australian Research Centre in Sex, Health and Society at La Trobe University, and are funded by the Victoria Government.

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Thorne Harbour Health

Thorne Harbour Health is one of Australia's largest community-controlled health service providers for people living with HIV and the lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) communities. Thorne Harbour Health primarily serves the populations of Victoria and South Australia, but also leads national projects. Thorne Harbour Health works to protect and promote the health and human rights of LGBTI people and all people living with HIV.

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Switchboard

Switchboard Victoria Inc is a community based not for profit organisation that provides a peer based, volunteer run support service for the lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGBTIQA+) community and their allies, friends and families.

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Guiding principles

1. Safe and equitable health care: All LGBTIQ[1] people deserve to live happy and healthy lives, and to enjoy the benefits of a mental health system that is safe, affirming and supportive.

2. Community-controlled services: Community-controlled services are run by and for affected communities, and are best placed to provide affirming care and build therapeutic relationships with LGBTIQ people. Funding of LGBTIQ community-controlled services should be prioritised alongside the development of inclusive practice in mainstream services.

3. Structural drivers of poor mental health must be dismantled: All LGBTIQ mental health interventions must seek to address the structural drivers of poorer mental health - including homophobia, biphobia and transphobia, and resulting marginalisation, stigma, discrimination, violence and abuse. Efforts are required to both dismantle these structures and address their impact on individuals and communities across the lifespan.

4. Human rights are non-negotiable: The human rights of LGBTIQ people must be protected and promoted, including the right of trans and gender diverse, and intersex people to bodily integrity and autonomy.

5. Difference is not a defect: LGBTIQ people are not broken and don't need to be fixed. In particular, pathologising people who are trans and gender diverse, or people born with variations in sex characteristics, has negative impacts on mental health.

6. Diverse communities require tailored and culturally appropriate services: 'LGBTIQ' comprises multiple distinct and overlapping communities. Within these communities, intersecting risks and disadvantages result in differing levels of need. Services must be tailored to diverse communities, based on understanding how intersectionality contributes to individual mental health outcomes.

7. Integrated and easy to navigate service model: Mental health is intrinsically linked to broader health and wellbeing needs for LGBTIQ people. Mental health services must be integrated with specialist and wraparound support services, such as general practice, alcohol and other drug, family violence and housing services. A key focus should be the ease of navigation for service users.

8. Trauma-informed models of care: Trauma-informed care is based on the principles of safety, choice, collaboration, trustworthiness and empowerment. All interventions for LGBTIQ mental health must be trauma-informed and address the cumulative impact of discrimination, marginalisation and violence upon individuals, families and communities.

[1] Different variations of the acronyms LGBTI, LGBTIQ or LGBTIQA+ will be used throughout this submission when describing specific studies and issues that include or do not include various groups, and programs and organisations that use different versions of the acronym.

1. Our vision

Thorne Harbour Health (formerly the Victorian AIDS Council), Rainbow Health Victoria (formerly Gay and Lesbian Health Victoria), and Switchboard Victoria welcome the opportunity to contribute to the Royal Commission into Victoria's Mental Health System.

Together, we have a vision for:

- A healthy and safe Victoria free of stigma, discrimination and violence.
- A mental health system that provides safe and equitable health care.
- Mental health and allied services working better together.

The Royal Commission is an unprecedented opportunity to make urgent improvements to mental health policy and service delivery that will transform quality of life for LGBTIQ Victorians and save lives.

The life experiences of LGBTIQ people are varied and complex, and the majority are happy and content. However, a range of poor health outcomes, particularly poor mental health outcomes, are known to exist amongst LGBTIQ populations. These are associated with disconnection from family or communities, stigma, discrimination, harassment and abuse.

Research shows that LGBTIQ people delay or avoid seeking health services due to actual or perceived stigma and discrimination, and the lack of an affirmative provider.

Addressing these issues requires a sustained, high-level commitment to system-wide mental health prevention, early intervention and treatment initiatives.

Attached to this submission is a statement signed by a broad cross section of peak bodies, health and community services calling for urgent action on LGBTIQ mental health in six key areas. This submission builds on these calls to action, providing detailed recommendations for implementation.

Our organisations remain available to provide further evidence, consultation and testimony to support the efforts of the Royal Commission, as required.

2. Summary of recommendations

Prevention

Recommendation 1
Fully resource the development of an LGBTIQ Mental Health Prevention Framework. This framework would require high level government support, and would draw together existing research and knowledge, map and assess interventions, and define and prioritise actions moving forward.

Recommendation 2
Update Victorian requirements for gender affirmation and support the implementation of an informed consent model for trans and gender diverse people accessing hormonal and surgical interventions state-wide.

Recommendation 3
Develop and fully implement human rights-based standards of care for people born with variations in sex characteristics, incorporating a definition of 'medically necessary' interventions as the test for determining whether an intervention is permissible in the absence of an individual's own informed consent.

Recommendation 4
Provide ongoing funding to community-controlled LGBTIQ organisations to deliver health promotion activities related to mental health and associated factors such as alcohol and other drug use.

Early intervention

Recommendation 5
Fund intersex organisations to develop and deliver:

- training for all health professionals that work with intersex people on the health needs and human rights of intersex people;
- independent and affirmative peer-based, community-controlled support groups that are inclusive and open to all individuals born with variations in sex characteristics; and
- peer-based education and support services to parents of intersex children and medical professionals.

Recommendation 6
Fund the development of a framework for early intervention and entry into care for LGBTIQ+ young people encompassing the family and social support services provided through HEY and mainstream mental health early intervention services for young people.

Recommendation 7
Increase funding for the HEY partners to:

- develop state-wide access to clinical specialist secondary consultation services for early intervention community groups to assist them in supporting and referring high needs participants.
- establish ongoing online support spaces where those yet to come out can connect with peers and access resources in a space facilitated by professionals; and
- develop community led, peer support programs that support the resilience of LGBTIQ+ people of all ages.

Community-controlled services

Recommendation 8
Make a significant investment in ongoing funding for community-controlled LGBTIQ mental health and wraparound support services. These should include in-person, phone-based and bed-based services. These must be in place before community mental health promotion campaigns are conducted, to ensure they are available to meet demand.

Recommendation 9
Increase funding for community-controlled LGBTIQ drug and alcohol services to provide services in both metropolitan and regional areas.

Recommendation 10
Expand the provision of LGBTQ community-controlled housing support programs that are integrated with other mental health services, and work with mainstream providers to ensure safe, appropriate and accessible service provision.

Sector-wide LGBTIQ inclusive practice

Recommendation 11
Require key mental health services in each geographic region of Victoria to achieve the Rainbow Tick and provide the assessment and staffing costs to facilitate this within three years. Further expansion of this network should then be funded to occur until all services in the system achieve the Rainbow Tick.

Recommendation 12
Require all mental health early intervention, crisis response and treatment services to attend the HOW2 program over a five year period.

Recommendation 13

Fund a specialised role within an LGBTIQ training organisation such as Rainbow Health Victoria to provide ongoing consultation, capacity building and advice to organisations mandated to receive the Rainbow Tick and to coordinate peer-to-peer learning through an ongoing community of practice.

Recommendation 14

Fund a workforce training needs analysis to inform the development of a whole of sector LGBTIQ inclusive practice capacity building strategy. This should be integrated with the rollout of the HOW2 and Rainbow Tick.

Recommendation 15

Fund the authorship of an 'LGBTIQ Affirmative Practice Training Package' in conjunction with Service Skills Organisations. This would establish a Unit of Competency, a Qualification Framework, and Assessment Guidelines to ensure consistency in embedding LGBTIQ Affirmative practice into the skills and qualifications of the mental health sector workforce going forward.

Recommendation 16

Provide dedicated funding to LGBTIQ community-controlled health services, and LGBTIQ research centres, to employ sector capacity building and policy advisory staff to support ongoing reform.

Recommendation 17

Develop and implement an intersectionality framework similar to *Everybody Matters* in the family violence sector to identify how multiple and overlapping disadvantages impact on people with mental illness, LGBTIQ status and other intersecting minority positions, and address barriers to inclusion through an integrated policy framework and associated organisational toolkits.

Recommendation 18

Amend the Victorian *Equal Opportunity Act* to provide the legal underpinnings for LGBTIQ inclusive service delivery. This should:

- prohibit discrimination on the basis of sex characteristics to protect intersex people;
- make the definitions of 'gender identity' and 'sexual orientation' consistent with the federal *Sex Discrimination Act* and/or best-practice;
- remove or narrow unjust exemptions to prevent religious organisations from discriminating in public service delivery and to protect vulnerable people; and
- require organisations relying on a religious exemption to publicly publish the grounds (or protected attributes) on which they intend to discriminate.

Recommendation 19
Adopt a sector-wide trauma-informed model of care. This must include a focus on cultural safety for those communities who experience higher levels of trauma such as LGBTIQ people, and be co-designed with these communities.

Service expansion

Recommendation 20
Adopt the recommendation by Mental Health Victoria for a system of Community Mental Health Centres, and fully fund their establishment so it does not disrupt funding or access to existing community mental health services. These centres should be required and adequately resourced to ensure LGBTIQ consumers receive effective and culturally sensitive care so that they can access this innovative 'no wrong door' pathway.

Recommendation 21
Establish an LGBTIQ specific Prevention and Recovery Care (PARC) service in Victoria to provide short-term, residential treatment and recovery services. This should be done in close partnership with LGBTIQ community-controlled organisations to ensure it is culturally safe and providing affirmative care.

Recommendation 22
Require all acute bed-based care environments to provide separate beds for trans and gender diverse patients for them to access if they so choose.

Recommendation 23
Make an urgent investment in specific psychology services for both young trans and gender diverse people and adults attached to LGBTIQ community-controlled organisations, with the ability to provide short, medium, and longer-term support.

Recommendation 24
Support the growth of the specialist clinical mental health workforce delivering care for trans and gender diverse people through the provision of specific training pathways and standards, and communities of practice.

Recommendation 25
Consult with intersex organisations and peer advocates to develop specific psychosocial support models for intersex people as part of the development of, and to be integrated with, the standards of care for intersex people.

Recommendation 26
Upscale Victoria's Early Intervention Psychosocial Support Response, or provide additional psychosocial interventions, to meet the needs of Victorians with severe mental health issues who were left without care following the introduction of the NDIS. Funding provision should be made for LGBTIQ specific services, provided by LGBTIQ community-controlled organisations.

Recommendation 27
Increase funding for LGBTIQ suicide prevention as a categorical priority within mental health services. This should include specific bereavement postvention programs for LGBTIQ people who have been affected by loss following a death by suicide.

Recommendation 28
Expand the Hospital Outreach Post-Suicide Engagement (HOPE) program across the state. This program must include an LGBTIQ specific HOPE service, provided by an LGBTIQ community-controlled organisation, with experience delivering phone and group-based suicide postvention activities.

Data, research and evaluation

Recommendation 29
Require and resource the mainstream mental health, coronial systems and other services adjacent to mental health services to gather and disaggregate data that represents the experience of LGBTIQ people, and expand existing outcome frameworks to measure the experiences of LGBTIQ Victorians across a broader range of domains.

Recommendation 30
Fund a five year collaborative project to identify, formulate and evaluate mental health interventions. This should be led by LGBTIQ community-controlled service organisations together with a research body that has appropriate expertise in LGBTIQ mental health.

Recommendation 31
Develop a targeted call for research that draws on existing expertise within Victoria in LGBTIQ health and wellbeing, with a focus on filling critical evidence gaps and directly supporting implementation of interventions to improve LGBTIQ mental health.

3. LGBTIQ experiences of mental health

3.1. Evidence for 'at risk' status

There is a significant body of international and Australian evidence that indicates LGBTIQ people experience higher rates of anxiety and depression, and are at greater risk of suicide and self-harm, than their heterosexual peers.

A number of systematic reviews of the literature support this finding.[2] Young people and lesbian or bisexual women are particularly at risk.[3] According to Suicide Prevention Australia LGBT people are between 3.5 and 14 times more likely to attempt suicide compared to the national average.[4]

In Private Lives, a national survey of the health and wellbeing of LGBT Australians, transgender participants reported the highest rates of diagnosis or treatment for a mental health problem while females reported higher rates than males (41.7% compared to 29.7%).[5] The Trans Pathways study found significant levels of depression, anxiety, self-harm and suicidality amongst transgender young people.[6]

Bisexual people have consistently been found to have poorer mental health, with significantly higher rates of psychological distress and suicidality than gay, lesbian or heterosexual people.[7]

There is less available data on the mental health of intersex people. However, some studies have found significant levels of self-harm and suicidality in people born with variations in sex characteristics. In many cases, participants from these studies identified unnecessary medical interventions and other people's comments and attitudes as drivers of reduced mental health and wellbeing, rather than the intersex variation itself.[8]

[2] Michael King et al, 'A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people' (2008) 8 *BMC Psychiatry* 1; Julienne Corboz et al, 'Feeling queer and blue: A review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually-active people' (Australian Research Centre in Sex, Health and Society, La Trobe University, December 2008).
[3] Ruth McNair et al, 'The mental health status of young adult and mid-life nonheterosexual Australian women' (2005) 29(3) *Australian and New Zealand Journal of Public Health* 265.
[4] Suicide Prevention Australia, Position Statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities (August 2009).
[5] William Leonard et al, 'A Closer Look at Private lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians' (Monograph Series No. 103, The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne, April 2015).
[6] Penelope Strauss et al, 'Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of Results' (Telethon Kids Institute: Perth, Australia, October 2017).
[7] Julia Taylor et al, 'Bisexual mental health: 'Findings from the Who I am study' (2019) 48(3) *Australia Journal of General Practice* 138.
[8] William Leonard and Tiffany Jones, 'Health and Wellbeing of people with intersex variations: information and resource paper' (Victorian Government Department of Health and Human Services, 21 March 2019).

3.2. Causal factors – discrimination, harassment and abuse

The reasons for higher rates of poor mental health and suicidality among LGBTIQ people are not always clear. However, there is an association between poor mental health and disconnection from family or communities, or experiences of discrimination and harassment. Despite a legal and social environment that is increasingly supportive of LGBTIQ people, harassment and discrimination driven by homophobia, biphobia and transphobia still occurs.

Actual and perceived instances of stigma and discrimination devalue LGBTIQ people. One example of how this impacts mental health is the recent debate around marriage equality. More frequent exposure to negative media messages has been found to be associated with greater psychological distress.[9]

Furthermore, the Private Lives survey found that:

- At least half of transgender participants reported harassment or abuse based on their gender identity in the past 12 months; and
- 30-35% of lesbian, gay and bisexual people reported experiences of harassment or abuse in the past 12 months.[10]

Reported levels of psychological distress were higher for those who had experienced both verbal and physical abuse.

Homophobic, biphobic and transphobic violence from family members remains common, particularly for those who are dependent on their family, which is most often children and young people, disabled people, and older people. Despite progress made as a result of the Victorian Royal Commission into Family Violence, the systemic response to family violence has historically been blind to these forms of abuse and the structural drivers that reproduce them.

In a study of young LGBT Australians, attempted suicide was reported by twice the number of respondents who had experienced verbal abuse, and by four times the number who had experienced physical abuse, compared to those who had not experienced abuse.[11] In another Australian study, two thirds of trans and gender diverse young people had experienced verbal abuse, and over 90% of young people who experienced physical abuse thought about suicide as a result.[12]

[9] Stefano Verrelli et al, 'Minority stress, social support, and the mental health of lesbian, gay, and bisexual Australians during the Australian Marriage Law Postal Survey' (2019) 54(4) *Australian Psychologist* 1.
[10] Leonard et al (n 5).
[11] Lynne Hillier et al, 'Writing Themselves in 3: The Third National Study on the Sexual Health and Wellbeing of Same Sex Attracted and Gender Questioning Young People' (Monograph series no. 78, Australian Research Centre in Sex, Health & Society, La Trobe University, 2010).
[12] Elizabeth Smith et al, 'From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia' (Australian Research Centre in Sex, Health & Society, La Trobe University, September 2014).

3.3. Service access barriers

Australian and international studies show that LGBTIQ people underutilise health services and delay seeking treatment due to actual or anticipated bias from service providers. In *Private Lives*, nearly 34% of LGBT Australians reported 'usually or occasionally' hiding their sexual orientation or gender identity when accessing services to avoid possible discrimination and abuse.[13] This can lead to reduced screening for a range of physical and mental health conditions and an escalation of issues and poorer prognosis.

Discrimination can also lead to social isolation and economic disadvantage, which, in turn, negatively affects access to health services generally and to private health care in particular.

The *Trans Pathways* study of transgender young people in Australia found that young people seeking mental health and other medical services encountered inexperienced or transphobic service providers, and long waiting lists to see 'trans-friendly' providers.[14] Feeling isolated from services was found to have a significant negative impact on mental health.

A systematic review of research on counselling for LGBT people in the UK found one of the major barriers to LGBT people seeking mental health care was the lack of an affirmative provider.[15] Affirmation was linked to feeling not only safe and supported by staff and other clients but also to being valued and affirmed as LGBT by the service.

3.4. The way forward

While there is a strong evidence base that suggests LGBTIQ people are at greater risk of poorer mental health, there are gaps in the policy framework that would support effective interventions. There are not yet any overarching Commonwealth or state-based strategies for LGBTIQ health and wellbeing, and LGBTIQ people are often included as one group among many in mental health policy frameworks.[16]

Recognising LGBTIQ people as being 'at risk' in policy frameworks sets the basis for a funded commitment across the full spectrum of mental health interventions, including prevention, early intervention, at both LGBTIQ community-controlled and mainstream services, to ensure they are supported and resourced to deliver LGBTIQ inclusive services.

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[13] William Leonard et al, 'Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians' (Monograph Series No. 86, Australian Research Centre in Sex, Health & Society, La Trobe University, 2012) <https://www.glhv.org.au/sites/default/files/PrivateLives2Report.pdf>.
[14] Strauss et al (n 6).
[15] King et al (n 2).
[16] Marina Carman et al, 'Falling through the cracks: the gap between evidence and policy in responding to depression in gay, lesbian and other homosexually active people in Australia' (2012) 36(1) *Australian And New Zealand Journal Of Public Health* 76.

This submission details each of these key areas in developing a comprehensive and effective response to support LGBTIQ mental health and wellbeing in Victoria.

Victoria currently leads the way nationally in its public commitment and funded initiatives for LGBTIQ mental health. However, there are critical gaps and an enormous opportunity to design and delivery a comprehensive and integrated system of initiatives that will deliver real results for LGBTIQ Victorians.

4. Prevention

4.1. Prevention Framework

Heteronormativity and rigid gender norms are the drivers of stigma, discrimination, violence and abuse against LGBTIQ people. These experiences in turn negatively impact the mental health of those who experience it. Therefore, programs that counter heteronormativity and rigid gender norms would have a preventative impact on poor mental health for LGBTIQ people. Conversely, showing LGBTIQ people that there is nothing wrong with them and they should be celebrated will build resilience and have a protective effect.

A key piece of work that would change the landscape in Victoria, and nationally, is the development of a shared framework for prevention to recognise and address the higher risk of poorer mental health for LGBTIQ people. The Prevention Framework would need to engage with the social reality for LGBTIQ people, and specific protective factors that promote resilience.

Existing research evidence indicates that social networks, supportive relationships, and a feeling of belonging or connectedness are important protective factors. For LGBT people, connection and belonging to LGBT and mainstream communities and family are predictors of improved mental health.[17]

LGBTIQ peer relationships and connections appear to have a significant part to play in resilience. In Private Lives, three quarters of respondents rated LGBT friends most highly for emotional support.[18] Respondents who had participated in LGBT community events had lower rates of psychological distress than those who had not, among all gender identity groupings. For transgender people, having frequent contact with LGBT peers was associated with greater resilience.[19]

Both Trans Pathways[20] and Blues to Rainbows[21] found that for trans and gender diverse young people, the most important protective factors included engaging in art, music, talking to friends and peers, and a supportive family.

This research evidence can be built upon to engage with the specific context in Victoria, and to define a shared framework to guide effective future prevention strategies and interventions.

Ending homophobia, biphobia, and transphobia, and countering rigid gender norms will require strong leadership, a clear vision and a commitment from the government. Ad-hoc efforts to

[17] Ibid; Taylor et al (n 7); Anthony Lyons et al, 'Rural-Urban Differences in Mental Health, Resilience, Stigma, and Social Support Among Young Australian Gay Men' (2015) 31(1) *Journal of Rural Health* 89.
[18] Leonard et al (n 5).
[19] Emily Bariola et al, 'Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals' (2015) 105(10) *American Journal of Public Health* 2108.
[20] Strauss et al (n 6).
[21] Smith et al (n 12).

address the drivers of poor LGBTIQ mental health have lacked the coordination and strategic vision necessary to drive generational change.

A Prevention Framework would provide a roadmap for these efforts and fill an important gap in the policy response to mental health in LGBTIQ people. Rainbow Health Victoria has long-standing expertise in research into LGBTIQ health and wellbeing, research synthesis and policy development, and would be well-placed to lead or contribute strongly to the development of the Prevention Framework.

The Prevention Framework should:

- Clearly define the issue, using research evidence, and a collective call to action;
- Analyse the structural drivers of poorer mental health;
- Identify protective factors that promote resilience and mental health for individuals, families, and the broader community;
- Emphasise approaches based on valuing and affirming gender and sexual diversity, not just tolerance;
- Examine the different settings, models and achievements of existing interventions;
- Outline principles and strategies for effective community engagement both to and between LGBTIQ communities and wider society;
- Identify synergies with existing gender violence prevention work frameworks, systems and interventions;
- Analyse sector capacity needs and workforce development plan;
- Provide an evaluation framework based on measurable outcomes; and
- Define a set of staged actions, and a plan for review and renewal of the framework in line with emerging evaluation evidence.

The Framework would need to be developed through extensive consultation with key stakeholders in government, non-government organisations, community, service providers, and across the sectors engaged in LGBTIQ health and mental health.

The Prevention Framework should outline a three year, five year and twelve year plan to be reviewed at these intervals, acknowledging that generational change of this nature requires a long-term commitment.

Recommendation 1

Fully resource the development of an LGBTIQ Mental Health Prevention Framework. This framework would require high level government support, and would draw together existing research and knowledge, map and assess interventions, and define and prioritise actions moving forward.

4.2. Depathologising trans and gender diverse health

A key issue to be addressed in the mental health prevention work for trans and gender diverse people is depathologisation. Definitions used by the World Health Organization and the Diagnostic and Statistical Manual of Mental Disorders have classified being trans and gender diverse as a 'disorder' or mental illness.

In Victoria, trans and gender diverse people are required to provide documented proof of a pathological experience of persistent 'gender dysphoria' in order to access medical interventions to affirm gender affirmation. Requirements are particularly demanding for those seeking genital surgical affirmation, with two referrals from qualified mental health professionals required.

These requirements reinforce stigmatising attitudes about trans and gender diverse people, and create significant strain on service systems and the individuals seeking to access them.

The Victorian government recently commissioned a review of the health system for trans and gender diverse Victorians. The Trans and Gender Diverse Service System Development Project report outlined a vision for a new state-wide service model.[22]

A key finding was the importance of moving from pathologising and gatekeeping eligibility requirements for medical affirmation to an informed consent model that is person-centred and respects the autonomy and agency of the individual.

The Equinox Clinic at Thorne Harbour Health provides access to gender affirming hormone therapies under an informed consent model that centres the agency of the person. This model is endorsed by Australian and New Zealand Professional Association for Transgender Health.

Recommendation 2

Update Victorian requirements for gender affirmation and support the implementation of an informed consent model for trans and gender diverse people accessing hormonal and surgical interventions state-wide.

4.3. Depathologising intersex health

Depathologisation is also a key issue in mental health prevention for people born with variations in sex characteristics. As stated earlier, medically unnecessary interventions, stigma and

[22] Australian Healthcare Associates, 'Development of trans and gender diverse services in Victoria: Final report' (Department of Health and Human Services, Victoria, June 2018)

discrimination have been identified by intersex people as drivers of reduced mental health and wellbeing, rather than their intersex variation itself.

4.3.1. Terminology

Intersex people are often referred to by medical professionals as having 'disorders of sex development', a term that was introduced in a 2006 'Consensus statement on management of intersex disorders.'[23] This pathologising language is offensive to intersex people and is also misleading, as many intersex people are healthy and do not require medical intervention.

The terminology 'people born with variations in sex characteristics' should be used instead of 'disorders of sex development' across all public and community health policy and documentation.

4.3.2. Human rights-based care

In the Victorian medical system most intersex children and babies are subjected to medically unnecessary interventions as non-consenting minors, including 'normalising' sex reassignment surgeries and hormone treatments. This occurs even though such interventions on intersex people pose significant physical and psychological harms.

Medically unnecessary interventions that alter sex characteristics and are performed without an individual's informed consent breach several human rights. These include the right to security of person, the right to freedom from all forms of violence, the right to the highest attainable standard of health and the right to freedom from torture or ill treatment.[24] These practices represent physical abuse that can result in psychological trauma.[25]

The *Yogyakarta Principles Plus 10*, introduced in 2017, address issues specific to those born with variations in sex characteristics, affirming the right to bodily and mental integrity as part of the highest attainable standard of health. They appeal for the prohibition of 'invasive or irreversible medical procedures that modify sex characteristics without… free, prior and informed consent, unless necessary to avoid serious, urgent and irreparable harm to the concerned person.'[26]

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[23] Ieuan Hughes et al, 'Consensus statement on management of intersex disorders' (2006) 91(7) *Archives of Disease in Childhood* 554.
[24] Jonathan Meddings and Travis Wisdom, 'Genital autonomy' (White Paper, Rationalist Society of Australia, 2017) <https://www.academia.edu/32477639/RSA_White_Paper_Genital_Autonomy>.
[25] Convention on the Rights of the Child, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990) art 19, 39.
[26] International Commission of Jurists (ICJ), The Yogyakarta Principles Plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics, to Complement the Yogyakarta Principles, 10 November 2017, Geneva, 10 <http://www.yogyakartaprinciples.org/principles-en/yp10/>.

4.3.3. Standards of care

Non-pathologising standards of care for intersex people must be developed and applied across the Victorian health system. Building on the Department of Health and Human Services information and resource paper *Health and wellbeing of people with intersex variations,* these standards and supporting legislation must be applied as a matter of urgency.[27]

These standards of care must be consistent with international human rights law, and should be developed by individuals and advocacy groups representing the lived experience of intersex people, human rights experts, child advocates, medical ethicists, child psychologists and medical doctors. This process should be facilitated by the Department of Health, independent of hospitals or peak medical bodies.

The standards of care must incorporate a definition of 'medically necessary' interventions, with 'medical necessity' the test for whether interventions for particular variations in sex characteristics at particular times are permissible. To ensure the standards of care are adhered to, legislation should be enacted that establishes a special decision-making and review tribunal, and prohibits medically unnecessary interventions that alter the sex characteristics of non-consenting individuals.

In their submissions to the Australian Human Rights Commission's 2018 inquiry into protecting and promoting the human rights of people born with variations in sex characteristics in the context of medical interventions, Thorne Harbour Health[28] and Intersex Human Rights Australia[29] made comprehensive recommendations. The following high-level recommendation should be read in conjunction with the detailed recommendations in these submissions.

Recommendation 3

Develop and fully implement human rights-based standards of care for people born with variations in sex characteristics, incorporating a definition of 'medically necessary' interventions as the test for determining whether an intervention is permissible in the absence of an individual's own informed consent.

[27] Leonard and Jones (n 8).
[28] Thorne Harbour Health, Submission to the Australian Human Rights Commission, *Protecting and promoting the human rights of people born with variations in sex characteristics in the context of medical interventions* (4 October 2018).
[29] Intersex Human Rights Australia, Submission to the Australian Human Rights Commission, *Protecting and promoting the human rights of people born with variations in sex characteristics in the context of medical interventions* (30 September 2018).

4.4. LGBTIQ health promotion

Health promotion activities are important to raise awareness about health issues, and encourage people to seek out information and services. By increasing people's health knowledge and literacy, over time their attitudes and behaviours can change to be more conducive to better health outcomes, including better mental health.

Effective health promotion relies on an embedded understanding of the communities that programs are seeking to influence, including the drivers of mental ill-health and the broader social and cultural forces that shape both health behaviour and outcomes. LGBTIQ community-controlled organisations are well-positioned to channel this understanding into engaging health promotion interventions that are positioned within the physical and online spaces LGBTIQ people are most likely to occupy.

Thorne Harbour Health has implemented world-leading health promotion campaigns for decades as part of Victoria's HIV response, and more recently has engaged in health promotion initiatives such as ReThink the Drink, which seeks to reduce the significantly higher levels of problem drinking in LBQ women.

Recommendation 4

Provide ongoing funding to community-controlled LGBTIQ organisations to deliver health promotion activities related to mental health and associated factors such as alcohol and other drug use.

5. Early intervention

Early intervention in LGBTIQ mental health requires initiatives to support the early diagnosis and treatment of mental health issues. For many, self-acceptance, experiences and decisions around disclosure ('coming out'), and dealing with the reactions of others are significant factors influencing their mental health and care seeking.

5.1. Early intervention for LGBTIQ people

The moment someone realises they are LGBTIQ (but have yet to tell anyone else) is a high-risk period as the person struggles to consider disclosing to others and the potential response from family, friends, co-workers and the broader community. Coming out is often a gradual and ongoing process. Some never choose to come out at all, leaving them vulnerable to isolation, fear of being 'outed' against their will, and internalised stigma. It is often assumed that coming out occurs while young, but people continue to come out later in life. Indeed, people come out repeatedly throughout life as they meet new people.

Coming out is a critical life stage both for the individual and for their family of origin. It can result in alienation and estrangement from family, isolation from community, complex trauma and family violence. Conversely, having a supportive and nurturing family that is connected with appropriate support services will improve mental health outcomes.

5.2. Bisexual people

Bisexual people are at greater risk of poor mental health, and often experience marginalisation, rejection, discrimination and erasure of their identity both within LGBTIQ communities as well as in the mainstream. Many feel pressured to identify as gay or lesbian due to biphobic attitudes, or a desire to belong.[30]

5.3. Trans and gender diverse people

For trans and gender diverse people, a lack of appropriate medical and social support, and negative reactions from others to affirming one's gender, are likely to impact negatively on mental health.

Trans and gender diverse people who change their name, gender markers or pronoun often encounter resistance, both from individuals and the official systems that record this information. For many non-binary people, the pressure to conform with binary notions of gender from both the mainstream and some parts of LGBTIQ communities is an additional stressor.

[30] Meg Barker et al, 'The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity' (The Open University, Centre for Citizenship, Identities and Governance and Faculty of Health and Social Care, February 2012) 17.

5.4. Intersex people

People born with variations in sex characteristics and their families often elect to conceal intersex status, and pursue unnecessary and invasive medical interventions, due to a lack of support to guide and emotionally process a diagnosis with an intersex variation. This isolates intersex people and their families, and precludes them from making fully informed decisions about interventions that can cause lasting and irreversible bodily harm, lifelong medical complications, and negatively impact on mental health.

There remains little integrated health, psychological, and peer-based support for intersex people, caregivers, and families, and a lack of awareness of intersex variations and issues amongst the population in general and medical professionals in particular.

The *Darlington Statement* has identified the importance of independent peer-based support, capable of affirming the broad diversity of intersex experiences, and supporting intersex people in their day-to-day lives.[31] Independent peer-led groups and psychological support services that are affirmative and inclusive are essential to supporting individuals and families.

Recommendation 5

Fund intersex organisations to develop and deliver:

- training for all health professionals that work with intersex people on the health needs and human rights of intersex people;
- independent and affirmative peer-based, community-controlled support groups that are inclusive and open to all individuals born with variations in sex characteristics; and
- peer-based education and support services to parents of intersex children and medical professionals.

5.5. Existing early interventions

A range of LGBTIQ mental health early intervention initiatives exist in Victoria, but more investment is required to expand their reach and integrate them effectively with the mental health treatment system. Many of these programs have been led by grassroots efforts, are staffed by volunteers, and are a mix of state-wide and place-based groups.

[31] 'Joint consensus statement from the intersex community retreat in Darlington', *Intersex Human Rights Australia* (Web Document, March 2017) <https://ihra.org.au/wp-content/uploads/key/Darlington-Statement.pdf>.

5.5.1 HEY partners

In 2010, the Victorian government began funding the Healthy Equal Youth Project, now known as HEY partners. HEY partners play a vital role in supporting the mental health of young LGBTIQ+ Victorians by providing social connection and peer support, early intervention and referral. In addition to support for LGBTIQ+ young people, partners facilitate community visibility, celebration, and education and capacity development initiatives for services and workers, as well as support for families and carers.

The model for this project was developed by the LGBTIQ+ sector and there has been significant support for this approach amongst key LGBTIQ+ agencies and youth mental health services in Victoria. Ongoing funding is provided through the mental health branch of the Department of Health and Human Services.

One of the recommendations of a recent HEY sector consultation was the need to support the linkages and relationships between LGBTIQ+ specific supports and mainstream services, including mental health services. Many early intervention services, such as social support groups, have minimal staff or are facilitated by peer volunteers. They report feeling pressured to provide ad hoc, out of scope psychosocial support to participants for fear of referring to culturally unsafe services or because of the lack of an available referral pathway.

An increase in funding to HEY partners would allow an expansion in services across the state. Currently the geographic reach of these supports is very limited. Additional funding should also be allocated for HEY partners to:

- Provide clinical support for LGBTIQ+ young people attached to HEY partners, including state-wide coordination, supervision, advocacy, peer-learning and reflection.

- Provide state-wide access to clinical specialist secondary consultation service for early intervention community groups to assist in supporting and referring high needs participants.

- Establish ongoing online support spaces where people who are yet to come out can connect with peers and access resources in a space facilitated by professionals.

- Support the specific needs of young queer, trans and gender diverse, Indigenous and people of colour (QTIPoC) through specialist programs offered as part of HEY.

- Develop community-led, peer-navigator programs that situate LGBTIQ+ young people as experts in their own mental health.

Emerging innovative models for community-controlled peer support and outreach services aim to help families process their feelings and affirm their loved ones by connecting them with other families in a facilitated space. All members of a family are welcome, with separate facilitated

spaces and events available for people of different ages and family roles. Further consultation and scoping are required to understand how this model could be effectively integrated into existing Victorian systems. This process could be led by the HEY program.

Recommendation 6

Fund the development of a framework for early intervention and entry into care for LGBTIQ+ young people encompassing the family and social support services provided through HEY and mainstream mental health early intervention services for young people.

Recommendation 7

Increase funding for the HEY partners to:

- develop state-wide access to clinical specialist secondary consultation services for early intervention community groups to assist them in supporting and referring high needs participants;
- establish ongoing online support spaces where those yet to come out can connect with peers and access resources in a space facilitated by professionals; and
- develop community led, peer support programs that support the resilience of LGBTIQ+ people of all ages.

6. Community-controlled services

Many LGBTIQ people want to be cared for and supported by practitioners and services that have a deep and profound understanding of the pressures they experience every day.[32]

The provision of LGBTIQ affirmative services in potentially sensitive areas of services provision, such as mental health, sexual health, family violence, and drug and alcohol services, is often best delivered by community-controlled LGBTIQ organisations.

6.1. Mental health services

Community-controlled organisations are governed and operated by and for affected communities. This enables these organisations to deliver trusted, safe and culturally appropriate services to the communities they serve. Community-controlled organisations have unique features that enable them to provide relevant, cost-effective and efficient services and programs that address the evolving health needs of their communities.[33]

LGBTIQ Victorians currently only have access to a limited range of LGBTIQ specific mental health services. These programs target low-intensity, high-prevalence mental health issues such as depression and anxiety, as well as providing a range of individual and group-based interventions to address internalised homophobia, biphobia and transphobia; treat trauma; deliver psychoeducation around identity, self-care and health; and build connections with community.

Funding for existing services is very limited, and is often delivered through a combination of blood borne virus prevention, drug and alcohol and small LGBTIQ specific program funding.

Thorne Harbour Health provides the following services to support the mental health of LGBTI people:

- Counselling services for people affected by or at risk of HIV (many of whom in Victoria are men who have sex with men) as well as people from LGBTI communities
- Alcohol and drug counselling, care coordination and therapeutic group services for LGBTI people and people living with HIV
- Family/intimate partner violence programs for LGBTI people and people living with HIV
- LGBTI inclusive general practice and specialist care for people living with HIV or hepatitis C, and bulk billing general practice services to the trans and gender diverse community
- The Positive Living Centre, a psychosocial support program for people living with HIV

[32] William Leonard and Atari Metcalf, 'Going upstream: A framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people' (National LGBTI Health Alliance, 2014)

[33] Nous Group, 'Demonstrating the value of community control in Australia's HIV response: AFAO and Australia's State and Territory AIDS Councils' (24 June 2016).

- Housing Plus, a state-wide program supporting people living with HIV who are homeless or at risk of homelessness
- Volunteer participation and community events which promote acceptance, validation, visibility and community connection.

Switchboard currently delivers the following programs:

- Phone and web counselling and referral service (part of national QLife)
- Out & About Community Connections for Older People, a social home visiting service for LGBTIQA+ Victorians at risk of social isolation
- QTIPoC Project, which aims to build greater equity for Queer and Trans Indigenous Peoples and/or People of Colour and People of Faith
- Suicide prevention initiatives, specific postvention research and bereavement support programs, crisis intervention skills training and education
- w/respect: Switchboard manages the after-hours telephone support line component of this Victoria wide LGBTIQA+ family violence and intimate partner violence service.

Drummond street Queerspace services include:

- counselling (including individual, relationship and family counselling), case management, advocacy and support services
- peer support, including groups and seminars
- professional development, training, consulting and support for organisations who work with LGBTIQ+ people and their families.

Wait lists for these services are extremely long, with some services having to intermittently close their books due to overwhelming demand, or choose not to promote their services due to lack of capacity.

The community-controlled phone support service, Switchboard, is primarily staffed by volunteers and receives no state funding for LGBTIQ mental health services, despite a rising number of calls from clients experiencing suicidal ideation and planning. This increased demand has created significant strain on existing information technology infrastructure, staff and volunteers. Current funding remains tenuous, with programs such as the suicide postvention support program only funded for twelve months. Urgent, ongoing investment is required in this vital service to improve infrastructure and staffing levels.

There are no acute, bed-based or forensic services available that specialise in supporting LGBTIQ Victorians. The development of community-controlled services in these areas would require additional investment.

Recommendation 8

Make a significant investment in ongoing funding for community-controlled LGBTIQ mental health and wraparound support services. These should include in-person, phone-based and bed-based services. These must be in place before community mental health promotion campaigns are conducted, to ensure they are available to meet demand.

6.2. Alcohol and other drug services

Rates of drug use are considerably higher among LGBT people than the general population.[34] The Sydney Women and Sexual Health (SWASH) study found that tobacco and alcohol use rates are almost double the general population in lesbian, bisexual and queer (LBQ) women.[35] The reasons for this are not known. It is likely that for some women alcohol is a mechanism for coping with experiences of discrimination. However, this is not necessarily the case for all LBQ women. It is likely that alcohol and bar culture historically plays a key part in the social networks of LBQ women.

Similarly, gay and bisexual men have high rates of drug use, particularly party-drugs such as crystal-methamphetamine and MDMA (ecstasy).[36] This is not necessarily associated with poorer mental health. In some cases, it is associated with connection to community. However, long term or problematic drug use poses a risk to both mental and physical health.

For some LGBT 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. This points to the need for integration of services for LGBT people.

The Victorian Government funds a state-wide drug and alcohol treatment program known as the PARTi Project. The Peer Advocacy Responsive Training initiative is a peer-led harm reduction initiative dedicated to reducing drug-related harms and promoting people's safety and wellbeing in a party and nightclub setting. The project is a collaboration between Thorne Harbour Health and Star Health. This highly innovative and successful project aims to empower nightclubs in Melbourne's Stonnington and Port Phillip area by increasing their capacity to deal with potential

[34] Leonard et al (n 5).
[35] Julie Mooney-Somers et al, 'Women in contact with the Sydney gay and lesbian community: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016' (Sydney: ACON & Sydney Health Ethics, University of Sydney, 2017).
[36] Mohammed Hammoud et al, 'Following Lives Undergoing Change (Flux) study: Implementation and baseline prevalence of drug use in an online cohort study of gay and bisexual men in Australia', (2017) 41 *International Journal of Drug Policy* 41.

overdose and drug-related harm, using a harm-reduction framework to create safer environments for club-goers and venue staff.

The service provides counselling, enhanced case management and group programs to members of LGBTI communities experiencing drug and alcohol issues, as well as support to partners, friends and family. It also provides region-based treatment services through funding from the South East Primary Health Network. Further investment is required to expand the reach of these services into regional and rural areas.

Recommendation 9

Increase funding for community-controlled LGBTIQ drug and alcohol services to provide services in both metropolitan and regional areas.

6.3. LGBTQ housing support

There is an increasing body of evidence showing that LGBTQ people are at higher risk of homelessness than the general population. In the 2014 Australian General Social Survey, 34% of lesbian and gay people and 21% of bisexual people reported experiencing homelessness in their lifetime, compared with 13% of heterosexual people.[37]

While there is no population-based data on homelessness rates among trans and gender diverse people, studies point to significant levels of homelessness or housing insecurity in these populations.[38]

In the general population, a range of factors are known to make people more vulnerable to homelessness including mental health problems, trauma history, family violence, problematic alcohol or substance use, and financial insecurity. Many of these factors are experienced at high rates amongst LGBTQ people.[39,40]

6.3.1. Access to housing services

Addressing homelessness and housing insecurity is made more difficult by structural barriers that prevent many LGBTQ people from accessing mainstream housing services.

[37] Australian Bureau of Statistics, *General Social Survey, User Guide: Australia* (Catalogue No 4159.0.55.002 2014) <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0.55.002>
[38] Strauss et al (n 6) 1
[39] Marian Pitts et al, 'Private Lives: A report on the health and well-being of LGBTI Australians' (Gay and Lesbian Health Victoria and the Australian Research Centre in Sex Health and Society, La Trobe University, 2006) 51.
[40] 'Snapshot of mental health and suicide statistics for LGBTI people', *National LGBTI Health Alliance*, (Web Page, July 2016) <http://lgbtihealth.org.au/wp-content/uploads/2016/07/ SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf>; Leonard et al (n 13).

Trans and gender diverse or non-binary people are often rejected from bed-based housing services that are specifically allocated to one gender.[41] Moreover, many LGBTQ people report that they do not feel safe using mainstream housing and homelessness services due to experiences of stigma, marginalisation, misinformation or misgendering. Fear of encountering discrimination or exclusion from services, particularly faith-based services, contributes to a lack of trust in housing and accommodation services among LGBTQ people.[42]

There is an urgent need to establish community-controlled LGBTQ housing support services, and to earmark crisis accommodation and housing specifically to tackle LGBTQ homelessness and housing insecurity, with priority on the nomination rights for these properties given to community-controlled services.

Thorne Harbour Health has expertise in providing Housing Plus – a state-wide program that supports people living with HIV who are homeless or at risk of homelessness to seek appropriate and stable accommodation.

Housing Plus is an example of a best-practice, community-controlled housing support service. It has proven the benefit of working with mainstream service providers to ensure safe, appropriate and accessible service provision to people from marginalised minority groups, while also streamlining referrals to wraparound community-controlled support services including alcohol and other drug, family violence and general counselling services. This successful model should be replicated for the provision of LGBTQ housing support.

Recommendation 10

Expand the provision of LGBTQ community-controlled housing support programs that are integrated with other mental health and support services, and work with mainstream providers to ensure safe, appropriate and accessible service provision.

[41] Ruth McNair et al, 'LGBTQ homelessness: risks, resilience and access to services in Victoria' (LGBTQ homelessness research project, Gay and Lesbian Foundation of Australia, September 2017) <https://researchbank.swinburne.edu.au/file/e391af0b-f504-403f-bff5-06ecc73e90f5/1/2017-mcnair-lgbtq_homelessness_final.pdf>
[42] Ibid.

7. Sector-wide LGBTIQ inclusive practice

7.1. Cultural safety

LGBTIQ people are more likely to access and benefit from services that they see as being culturally-safe. Building effective models of treatment and care for LGBTIQ people means ensuring access to mainstream services and treatment pathways that are also safe and inclusive.

The Australian Human Rights Commission defines Cultural Safety as; 'an environment that is safe for people: where there is no assault, challenge or denial of identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and true listening.'[43]

Culturally-safe services acknowledge the unique strengths and vulnerabilities of LGBTIQ people, and have structures and processes in place that proactively identify and address potential risks to safety and wellbeing. Culturally-safe services must consistently provide affirmative, responsive, trauma-informed, and person-centred care.

Establishing cultural safety requires more than training and individual professional development; it requires a comprehensive strategy for systemic culture change and service system re-design. Cultural safety needs to be applied across the entire service system, as one poor episode along a client journey can result in a client dropping out of care entirely. This must include GP clinics, psychologists, mental health triage, acute and sub-acute bed-based services, case management, complex care, forensic, and NDIS mental health services.

Rainbow Health Victoria has played a leading role in the development and implementation of sector-wide cultural safety and inclusive practice reforms in Victoria. Most recently, in response to the LGBTIQ specific recommendations of the Victorian Royal Commission into Family Violence, Rainbow Health Victoria has been funded to provide state-wide training and service accreditation support, consultation, practice development and innovation, and facilitate communities of practice.

[43] Australian Human Rights Commission, *Social Justice Report* (October 2011).

7.1.1. Rainbow Tick

'Undertaking Rainbow Tick has been an extraordinary journey, and there have been so many positive outcomes – for clients, for staff and for volunteers – that I really couldn't have imagined at the start of that journey. Achieving Rainbow tick, for me, was far more than the sum of its parts and the impact on everyone involved with the organisation has been extraordinary. It represents a true celebration of the LGBTIQ community.'

Jac Tomlins, Project Coordinator, Gender and Sexuality

The Rainbow Tick program is a quality framework that helps organisations demonstrate that they are safe, inclusive and affirming services and employers for LGBTIQ communities. It is made up of six standards designed to build lasting LGBTIQ cultural safety. The Rainbow Tick is a world first and was developed by Rainbow Health Victoria in consultation with Quality Innovation Performance (QIP), the organisation that conducts the accreditation process.

Achieving the Rainbow Tick requires organisations to review and develop their systems, facilitate cultural change and ensure their staff have been appropriately trained to provide culturally-safe services to LGBTIQ clients.

The Victorian Royal Commission into Family Violence recommended that all family violence services obtain the Rainbow Tick. However, due to the size and complexity of the mental health system, a staged approach based on requiring a key service in each geographic region to achieve the Rainbow Tick and developing networks of referral is recommended. This will create an interim safe and affirming pathway available to all LGBTIQ Victorians.

Recommendation 11

Require key mental health services in each geographic region of Victoria to achieve the Rainbow Tick, and provide the assessment and staffing costs to facilitate this within three years. Further expansion of this network should then be funded to occur until all services in the system achieve the Rainbow Tick.

7.1.2. HOW2 program

'The practical tools and resources in the HOW2, as well as good practice examples and the 'homework' helped with implementation and sustainability. We gained insight into the frameworks and support required to implement LGBTI inclusion in our workplace.'

— How2 participant

The HOW2 program helps organisations to embed LGBTIQ inclusive practices within their workplace and services, creating lasting cultural change. The program takes participants from different organisations through a series of practical steps to help them develop and begin to implement a plan for inclusive practice specific to their organisation.

Designed around the six national standards that make up the Rainbow Tick this small group program involves a series of four training sessions that coach participants through practical steps in embedding LGBTIQ inclusive practices in their organisation. The sessions are offered five to six weeks apart with participants completing tasks in their workplaces between sessions with guidance from HOW2 trainers.

As part of the reforms arising from the Victorian Royal Commission into Family Violence all Victorian family violence services are required to attend the HOW2 training. Rainbow Health Victoria also supports organisations by providing a range of resources, including sector-specific introductory all-staff training packages.

In the first year of implementation, priority access to the HOW2 program should be given to the identified key organisations in each geographic region for establishing an interim safe and affirming pathway for LGBTIQ Victorians. In the remaining four years the HOW2 program should be funded to run in each region to expand this network locally and further link up across the state.

Recommendation 12

Require all mental health early intervention, crisis response and treatment services to attend the HOW2 program over a five year period.

Recommendation 13

Fund a specialised role within an LGBTIQ training organisation such as Rainbow Health Victoria to provide ongoing consultation, capacity building and advice to organisations mandated to receive the Rainbow Tick and to coordinate peer-to-peer learning through an ongoing community of practice.

7.1.3. Workforce capacity building

Adopting a homogeneous, one-size-fits all training response where all workers receive the same training means that different parts of the workforce will not learn the knowledge and skills required for their specific approach, area of focus or target demographic.

For capacity building activities to be effective a system-wide needs analysis must first be completed to identify gaps and appropriately direct capacity building activities. Rainbow Health Victoria is currently conducting a needs analysis for youth workers to identify mental health skills training required in the LGBTIQ youth services sector. This approach could be readily scaled to cover the state-wide mental health system. The findings of the needs analysis would then inform whole of sector LGBTIQ inclusive practice capacity building strategy.

Capacity building should at a minimum seek to:

- Raise awareness of LGBTIQ issues;
- Identify the protective factors for LGBTIQ mental health as well as drivers of poor mental health;
- Foster empathy and self-reflection;
- Emphasise the importance of cultural safety and intersectionality;
- Provide opportunities to acquire and practice specific affirmative practice tools and skills;
- Explain how to identify and respond to homophobic, biphobic and transphobic family violence;
- Detail relevant legislative requirements;
- Promote a person-centred and trauma-informed model of care;
- Encourage collaboration and shared learning across disciplines;
- Build pathways for specialisation in LGBTIQ mental health; and
- Address the needs of specific cohorts such as intersex people, trans and gender diverse people, bisexual people, younger people and older people.

Activities could include (but are not limited to) training interventions and learning resources, practice guidance tools and frameworks, communities of practice and workforce qualification benchmarking.

Individual qualification frameworks provide inconsistent and often insufficient levels of training in affirmative practice and diversity inclusion, with little input from LGBTIQ health experts or the communities in question. An LGBTIQ affirmative practice competency framework that can be scaled for all qualification levels across all disciplines is required to ensure a consistent and enduring shift in attitudes and skills to drive greater system-wide cultural safety.

Recommendation 14

Fund a workforce training needs analysis to inform the development of a whole of sector LGBTIQ inclusive practice capacity building strategy. This should be integrated with the rollout of the HOW2 and Rainbow Tick.

Recommendation 15

Fund the authorship of a suite of 'LGBTIQ Affirmative Practice Units of Competency' in conjunction with Service Skills Organisations. This would establish appropriate Units of Competency across a range of Australian Qualifications Framework levels, including a specialist Certificate IV qualifications, a range of Units packaged within relevant existing qualifications going forward.

7.1.4. Ongoing consultation and advice

System reform is a long and exhaustive process that draws heavily on subject matter experts, community organisations, service providers and peak bodies to provide ongoing consultation and advice. For LGBTIQ communities, resources are extremely limited and there are no LGBTIQ community peak bodies or funded policy advisory roles within the Victorian LGBTIQ sector. LGBTIQ community-controlled health services, and LGBTIQ research centres should be funded to employ sector capacity-building and policy advisory staff to provide expert advice, support policy development and represent service users and affected communities.

Recommendation 16

Provide dedicated funding to LGBTIQ community-controlled health services, and LGBTIQ research centres, to employ sector capacity building and policy advisory staff to support ongoing reform.

7.1.5. Intersectionality framework

The recognition of age, class, gender, race, sexuality, cultural background and disability offers a framework for inclusive consideration of multiple intersecting disadvantage. People who are LGBTIQ and from an Aboriginal and Torres Strait Islander or culturally and linguistically diverse background, or who have a disability can face multiple, compounding disadvantages, and are more likely to delay, avoid or prematurely cease mental health care. The effectiveness of programs and supports depends on intersectional needs being recognised and addressed in policy and service design, and service delivery.

Recommendation 17

Develop and implement an intersectionality framework similar to *Everybody Matters* in the family violence sector to identify how multiple and overlapping disadvantages impact on people with mental illness, LGBTIQ status and other intersecting minority positions, and address barriers to inclusion through an integrated policy framework and associated organisational toolkits.

7.2. Equal Opportunity Act

The *Equal Opportunity Act* provides the legal underpinnings for LGBTIQ inclusive service delivery. While in Victoria the act prohibits discrimination on the basis of sexual orientation or gender identity, unfortunately it does not have any explicit protections for people on the basis of intersex status. Furthermore, the definitions of 'sexual orientation' and 'gender identity' are inconsistent with federal law and fail to capture non-binary people and people with diverse sexualities.

The *Equal Opportunity Act* also contains broad exemptions for religious organisations and individuals that fail to appropriately balance the rights to non-discrimination and freedom of religion. These exemptions allow, for example, services operated by religious bodies to deny service to LGBT people. Rejection, and the prospect of rejection, from services on the basis of one's sexual orientation or gender identity can be profoundly distressing experience for vulnerable LGBT people seeking support for their mental health.

Recommendation 18

Amend the Victorian *Equal Opportunity Act* to provide the legal underpinnings for LGBTIQ inclusive service delivery. This should:

- prohibit discrimination on the basis of sex characteristics to protect intersex people;
- make the definitions of 'gender identity' and 'sexual orientation' consistent with the federal *Sex Discrimination Act* and/or best-practice;
- remove or narrow unjust exemptions to prevent religious organisations from discriminating in public service delivery and to protect vulnerable people; and
- require organisations relying on a religious exemption to publicly publish the grounds (or protected attributes) on which they intend to discriminate.

7.3. Trauma-informed care

Trauma-informed care is fundamental to providing a person-centred, safe, and affirming service to those experiencing mental health issues. This is especially true for vulnerable populations with higher rates of trauma such as LGBTIQ people.

The medical model of mental health centres diagnosis and pharmaceutical treatment options, often failing to effectively identify and treat trauma or the broader psychosocial needs of the individual. This medical model has itself been, and continues to be, a source of significant trauma for many LGBTIQ people who have had their bodies, genders and sexualities pathologised and dehumanised; their bodily autonomy violated; been verbally, physically and sexually abused within treatment spaces such as wards and rehab; and been subject to violent and harmful conversion practices. The experience of having your name, gender, pronouns, or relationships and family structure discounted can also be traumatising.

Recommendation 19

Adopt a sector-wide trauma-informed model of care. This must include a focus on cultural safety for those communities who experience higher levels of trauma such as LGBTIQ people, and be co-designed with these communities.

8. Service expansion

Current levels of mental health services for the Victorian population are inadequate. It is estimated that current rates of access to clinical care sits at 1.1% of the Victorian general population, and a fraction of that again provided for LGBTIQ specific mental health care. Mental Health Victoria has recommended that should be expanded to 5% of the population, with an interim goal of 3.1%.

8.1. Community mental health centres

Mental Health Victoria has recommended that the Victorian Government fund the design and establishment of Community Mental Health Centres across the state, based on the Commonwealth funded trial of adult community mental health care centres and in partnership with existing community health services. These centres are innovative, specialised, built-for-purpose care and rehabilitation services that provide a high standard of evidence-based care.

For this model to safely and effectively service LGBTIQ communities the following steps must be consistently applied across all centres:

- Each centre must be required to fully meet the requirements of the Rainbow Tick with its principles fully accounted for as part of scoping, design, implementation and ongoing quality frameworks;
- Family-centred care must be provided through an inclusive lens that acknowledges the role of family-of-choice for LGBTIQ clients and carers;
- All centres must include an LGBTIQ care team staffed with LGBTIQ care coordinators and peer workers to directly support LGBTIQ service users and carers, as well as an LGBTIQ clinical advisor to provide expert advice to care teams supporting LGBTIQ individuals with complex needs. These teams should also be funded to provide consultation and support to LGBTIQ people in mental health beds and accessing partner programs to ensure a continuity of care; and
- The rollout of new service systems such as Community Mental Health Centres must be fully funded and carefully implemented to ensure that existing service infrastructure and funding arrangements remain protected.

Recommendation 20

Adopt the recommendation by Mental Health Victoria for a system of Community Mental Health Centres, and fully fund their establishment so it does not disrupt funding or access to existing community mental health services. These centres should be required and adequately resourced to ensure LGBTIQ consumers receive effective and culturally sensitive care so that they can access this innovative ‘no wrong door’ pathway.

8.2. Bed-based care

LGBTIQ people, particularly trans and gender diverse people, are more likely to experience violence, discrimination and abuse when in bed-based care. Clients with a history of trauma or internalised homophobia, biphobia or transphobia can be put at significant risk if they encounter abuse in a bed-based care environment.

Cultural safety within this context requires an approach that acknowledges the risks of shared space while allowing individuals to self-select which service they wish to access. In instances where a person may feel unsafe in a shared environment due to their sexuality or gender expression, separate treatment spaces must be made available.

8.2.1. Sub-acute care

Mental health Prevention and Recovery Care (PARC) services are sub-acute mental health services operating in community settings. These services treat people becoming unwell and those in recovery from an acute episode. They are short-term, residential treatment services that offer a mix of clinical and psychosocial support with a recovery focus.

For many LGBTIQ people experiencing mental health issues, family support can be limited. Access to a bed-based 'step up, step down' recovery centre specialised in LGBTIQ mental health is essential in a service system that acknowledges the unique experiences of these communities.

Recommendation 21

Establish an LGBTIQ specific Prevention and Recovery Care (PARC) service in Victoria to provide short-term, residential treatment and recovery services. This should be done in close partnership with LGBTIQ community-controlled organisations to ensure it is culturally safe and providing affirmative care.

8.2.2. Acute bed-based care

Acute bed-based care environments can also be highly unsafe spaces for LGBTIQ people, and for trans and gender diverse people in particular. All acute bed-based care services must include the facility for trans and gender diverse people to access a bed that is separate from others if they choose to do so.

Recommendation 22

Require all acute bed-based care environments to provide separate beds for trans and gender diverse patients for them to access if they so choose.

8.3. Service gaps

8.3.1. Trans and gender diverse people

Trans and gender diverse people require distinct service responses that provide a specialised and holistic model integrating mental health care as part of a broad suite of medical, psychological and social services.

The Trans and Gender Diverse Service System Development project found that the current system was unable to meet increasing demand, with significant wait lists at many services.[44]

The report outlined a three-tiered system that includes a key role for general practitioners, primary care services and expanded community mental health; establishment of Care Hubs with expertise in trans and gender diverse health in all regions; and the establishment of a Centre of Excellence in Trans and Gender Diverse Care to provide clinical and specialist services and support, education and training, information, service quality improvement and research.

Clinics such as Equinox at Thorne Harbour Health offer a best-practice integrated model of care including GP services, sexual health, counselling, drug and alcohol support and peer support. The Victorian Government has announced funding for two multidisciplinary health clinics for trans and gender diverse people based on this model, a peer support program and a state-wide training initiative in informed consent and affirmative practice to improve service access. Following the evaluation of these pilot sites, an ongoing commitment is required to expand these services to ensure wait lists remain reasonable and all trans and gender diverse Victorians have access to high quality care.

Psychological treatment for trans and gender diverse people often requires addressing issues of complex trauma and mental health over a sustained treatment period. Current financially accessible models of service are limited to a maximum of twelve sessions a year, which is inadequate for people with complex needs. There is also a significant gap in psychological services for trans and gender diverse children and youth, due to a lack of funding and training and support for clinicians working with this cohort.

[44] Australian Healthcare Associates (n 22)

Recommendation 23

Make an urgent investment in specific psychology services for both young trans and gender diverse people and adults attached to LGBTIQ community-controlled organisations, with the ability to provide short, medium, and longer-term support.

Recommendation 24

Support the growth of the specialist clinical mental health workforce delivering care for trans and gender diverse people through the provision of specific training pathways and standards, and communities of practice.

8.3.2. Intersex people

There are currently no funded specialist, community-controlled psychosocial support services for intersex people, and the multi-disciplinary teams that care for intersex people are overly weighted towards doctors.

Psychosocial support models need to be developed in conjunction with the intersex community as part of the development of the standards of care for intersex people. Teams that treat intersex people should include human rights specialists, child advocates, medical ethicists, mental health professionals and intersex community representatives, to ensure they operate in line with the human rights-based standards of care.

The aim is to build an adequately-resourced life-long medical and allied health service system for intersex people.

Recommendation 25

Consult with intersex organisations and peer advocates to develop specific psychosocial support models for intersex people as part of the development of the standards of care for intersex people.

8.4. Psychosocial support services

Mental Health Victoria has identified that the introduction of the NDIS has created a significant gap in services, with tens of thousands of Victorians left without access to care.[45] Urgent intervention is required to support those caught in this gap, particularly those more marginalised within the system. The Victorian Government has provided short term funding for the Early Intervention Psychosocial Support Response to help fill this gap.

Recommendation 26

Upscale Victoria's Early Intervention Psychosocial Support Response, or provide additional psychosocial interventions, to meet the needs of Victorians with severe mental health issues who were left without care following the introduction of the NDIS. Funding provision should be made for LGBTIQ specific services, provided by LGBTIQ community-controlled organisations.

8.5. Suicide prevention and postvention

The evidence exists for LGBTQ people to be considered a priority in suicide prevention services.[46] In particular, suicide 'postvention' programs support suicidal people being discharged from care in their recovery, address ongoing risk, and refer to appropriate services. For LGBTIQ help seekers at risk of suicide, a culturally-safe, affirming and uninterrupted care pathway is required to support recovery. A state-wide LGBTIQ community-controlled HOPE program is required for the most at-risk help seekers to ensure that they do not fall through the gaps.

Recommendation 27

Increase funding for LGBTIQ suicide prevention as a categorical priority within mental health services. This should include specific bereavement postvention programs for LGBTIQ people who have been affected by loss following a death by suicide.

[45] Nicola Hancock et al, 'Mind the Gap: The National Disability insurance Scheme and psychosocial disability – The Victorian Story: Insights and policy recommendations from expert stakeholders (Report, The University of Sydney and Mental Health Victoria, March 2018).
[46] Suicide Prevention Australia (n 4).

Recommendation 28

Expand the Hospital Outreach Post-Suicide Engagement (HOPE) program across the state. This program must include an LGBTIQ specific HOPE service, provided by an LGBTIQ community-controlled organisation, with experience delivering phone and group-based suicide postvention activities.

9. Data, research and evaluation

9.1. Data

Historically, mainstream services and coronial processes have not gathered data that represents the experience of LGBTIQ people within the mental health and suicide prevention system, and staff have voiced a lack of confidence and competence in sensitively and appropriately asking these questions.[47]

A consistent data set is required that captures sexuality, gender, intersex bodies and relationships, and must also include suicide registers. This should be supported by training and systems development to ensure these questions are asked sensitively, using best-practice principles in asking participants about gender and sexuality, and that the information treated with appropriate confidentiality.

The recently developed Victorian Family Violence Data Framework is a useful model for collecting data on LGBTIQ people for programs and services. In response to the Royal Commission into Family Violence, the Victorian Crime Statistics Agency undertook a consultative process in 2017 to improve data collection around the demographic characteristics of individuals impacted by family violence, including LGBTIQ people. Thorne Harbour Health participated in the consultation.

These data standards, supported by ongoing training around appropriateness and sensitivity, are now recommended for widespread use.

The Victorian public health and wellbeing outcomes framework, which measures progress against the five-year Victorian Public Health and Wellbeing Plan, notes that ‘data collection is more complete for some measures than others. For example, there is generally better coverage for age and sex than for culturally and linguistically diverse populations or for sexual orientation’.[48]

The outcomes framework maps the availability of the population group category of ‘Sexual orientation and gender identity (LGBTIQ)’ against the 118 ‘measures’ measuring different aspects of Victorian health and wellbeing, and this mapping shows that ‘LGBTIQ’ data is available for four measures only:

2.1.3.3 Proportion of adults feeling safe walking in their street at night.
2.1.3.4 Percentage of adults experiencing at least one incident of crime in the past 12 months.

[47] Price Waterhouse Coopers, ‘Mental Health and Suicide Prevention Project Final Report’ (National LGBTI Health Alliance, 2011).
[48] State of Victoria, ‘Victorian public health and wellbeing outcomes framework’ (Department of Health and Human Services, October 2016) 10.

4.1.2.1 Percentage of adults who have someone outside their household they can rely on to care for them or their children in an emergency.
4.1.2.2. Average overall life satisfaction of adults.

There are at least 38 measures that are relevant to the mental health and wellbeing of LGBTIQ Victorians across outcome areas such as health promotion and protection, sexual health, mental health and wellbeing, safety and security and social engagement and inclusion; of these, the above-mentioned four measures are the only measures on which LGBTIQ data are collected.

Recommendation 29

Require and resource the mainstream mental health, coronial systems and other services adjacent to mental health services to gather and disaggregate data that represents the experience of LGBTIQ people, and expand existing outcome frameworks to measure the experiences of LGBTIQ Victorians across a broader range of domains.

9.2. Research and evaluation

To date, much of the research relating to the mental health of LGBTIQ populations has focussed on understanding the extent and nature of the issue. Numerous studies have identified high rates of anxiety, depression and suicidality among these populations as a whole and further analyses have demonstrated how these outcomes are higher among particular sub-populations (including people who identify as bisexual and those from culturally and linguistically diverse backgrounds). In a similar vein, research has sought to identify the correlates or predictors of mental ill-health among LGBTIQ populations, typically showing that social support and familial acceptance of their identity are central to support mental wellbeing.

Alongside initiatives to address the drivers of poorer mental health, and to deliver effective services, an investment is needed in research and evaluation. This would address critical evidence gaps and research questions, including:

- How do the drivers of poor mental health differ for trans and gender diverse people, intersex people, and bisexual people compared to lesbian and gay people?
- How does broader structural change impact on the mental health of LGBTIQ people?
- How does reducing LGBTIQ stigma and exclusion within the mental health sector improve the mental wellbeing of LGBTIQ people?
- What is the role of community-controlled and peer support organisations in improving mental wellbeing among LGBTIQ people?

There is also an extremely limited evidence base relating to effective mental health interventions, either for early intervention, addressing everyday stressors or for more acute mental health concerns that LGBTIQ people may experience. LGBTIQ counselling services apply a range of individual and group-based interventions; however, these interventions have not been formally evaluated.

This is a significant barrier to the scale-up of mental health services that are safe and inclusive. It can be addressed by the mapping and evaluation of existing interventions both within mainstream mental health services and within LGBTIQ specific services, organisations or networks that may show promise but currently lack the capacity to meet demand.

The Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University runs a series of periodic surveys of the LGBTIQ population in Australia and the latest iteration of two of these will soon begin data collection. *Private Lives* and *Writing Themselves In* will produce national-level data relating to the nature and prevalence of mental health issues among LGBTIQ people in Australia from 14 years old and up. This data will allow examination of a range of intersections and cast light on how social and cultural forces influence mental health and wellbeing amongst this population.

ARCSHS is uniquely placed to contribute to future research. The centre houses the largest team of LGBTIQ specialist researchers in the Southern hemisphere and has a global reputation for high quality interdisciplinary research in this sector. Over the past 27 years it has developed extensive networks through the LGBTIQ communities and earned the trust of a population that has often been marginalised.

Rainbow Health Victoria is a dedicated LGBTIQ knowledge translation and training team at ARCSHS. Through strong relationships and connections with Thorne Harbour Health, the largest Victorian LGBTIQ community-controlled service provider, and Switchboard, the infrastructure exists for an integrated research, evaluation, sector development and service delivery program to support significant transformations in mental health services and outcomes for LGBTIQ Victorians.

Recommendation 30

Fund a five year collaborative project to identify, formulate and evaluate mental health interventions. This should be led by LGBTIQ community-controlled service organisations together with a research body that has appropriate expertise in LGBTIQ mental health.

Recommendation 31

Develop a targeted call for research that draws on existing expertise within Victoria in LGBTIQ health and wellbeing, with a focus on filling critical evidence gaps and directly supporting implementation of interventions to improve LGBTIQ mental health.

10. Conclusion

This submission has outlined a full suite of interventions to improve the mental health of LGBTIQ Victorians, including prevention, early intervention, access to community-controlled and mainstream services, service expansion and gaps, and data collection, evaluation and research.

Key community-controlled, service and research organisations have collaborated on this submission. There is a wealth of existing evidence, expertise and capacity to be drawn upon in fully implementing the recommendations outlined.

This submission has carefully considered the range of actions required to fill critical gaps in evidence, policy frameworks and service delivery. It seeks to build on existing funded programs and best-practice in order to ensure affirmative, skilled and effective mental health interventions for all LGBTIQ Victorians, who deserve nothing less.

Leading Health Organisations call on the Royal Commission into Victoria's Mental Health System to Consider LGBTI Mental Health

27 June 2019 – All lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) people deserve to live happy and healthy lives, and to enjoy the benefits of a mental health system that is respectful, safe, affirming and supportive.

The life experiences of LGBTI people are diverse and the majority of LGBTI Victorians are happy and content. However, a range of mental health outcomes are known to be associated with experiences of marginalisation, discrimination, stigma, violence and abuse.

Community-controlled LGBTI organisations, and experts in LGBTI health, have identified significant gaps in service delivery and policy frameworks that support the mental health of LGBTI Victorians.

This Royal Commission into Victoria's Mental Health System represents an opportunity to make real change.

We, the undersigned, stand in support of LGBTI communities, and call upon the Royal Commission to address these gaps as a matter of urgency.

We call for the complete de-pathologisation of people with diverse sexual orientations, gender identities and sex characteristics. Difference is not a defect.

We call for the protection and promotion of human rights of LGBTI people, including the right to bodily integrity and autonomy for trans and gender diverse and intersex people. Human rights are non-negotiable.

We call for greater government investment in more general and specialist community-controlled and mainstream LGBTI mental health services, including in-person, phone-based and bed-based services.

We call for specialist family services to support people coming out or transitioning and their families.

We call for a comprehensive review of data gathering infrastructure, including coronial data, to better capture rates of mental health outcomes and suicide in LGBTI communities.

We call for greater inclusion and safety of LGBTI people within the general mental health system, supported by organisational accreditation and whole-of-workforce training.

SIGNED BY:

Thorne Harbour Health

Rainbow Health Victoria

Switchboard Victoria

Access Health and Community
Alcohol and Drug Foundation
Australian Healthcare and Hospitals Association
Australian Health Promotion Association
Australian Medical Students Association
Australian Primary Health Care Nurses Association
Australian Psychological Society
Ballarat Community health
Black Dog Institute
Brophy Family Services
Chronic Illness Alliance
Cobaw Community Health Services
cohealth
DPV Health
EACH
Equality Australia
Gateway Health
Headspace
HEY Partners
Life Without Barriers
Lifeworks
Mental Health Australia
Mental Health Victoria
Merri Health
Mind Australia
National LGBTI Health Alliance
Nothern District Community Health
Northside Clinic
Peninsula Health
Prahran Market Clinic
Public Health Association of Australia
Queerspace
Rainbow Network
Royal Australasian College of Physicians
SANE Australia
Star Health
Victorian Alcohol and Drug Association
VicHealth
VincentCare
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adf
Alcohol and Drug Foundation
PREVENTING HARM IN AUSTRALIA


ACCESS
Health & Community


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150
YEARS
1869-2019


Merri Health
Healthcare that moves with you


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HEY
YOUTH
HEALTHY
PARTNERS
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Peninsula Health


SANE
AUSTRALIA


Australian
HEALTH
PROMOTION
Association


NOCH


VincentCare
Engage. Enable. Empower.


cohealth
care for all


LifeWorks
...when relationships matter


EQUALITY


mind
Help, hope and purpose


MentalHealth
Victoria
Collaboration • Knowledge • Leadership


vaada
Victorian Alcohol & Drug Association


LGBTI
National LGBTI
Health Alliance


Q
switchboard


Rainbow
Health
Victoria


thorne
harbour
health


headspace
National Youth Mental Health Foundation


RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE


Mental Health
Australia


VicHealth


ahha
australian healthcare &
hospitals association


StarHealth
First for your Health & Wellbeing


amsa
AUSTRALIAN
MEDICAL STUDENTS'
ASSOCIATION


Ballarat
Community
HEALTH


brophy
family and youth services


Black Dog
Institute


APS
Australian
Psychological
Society


WE
LIFE WITHOUT BARRIERS
VE


NC
Northside Clinic


each


gatewayhealth


your
COMMUNITY HEALTH


30+
YEARS
COBAW
COMMUNITY
HEALTH


prahran market clinic


Public Health Association
AUSTRALIA

queerspace
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Chronic
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Alliance

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RAINBOW
NETWORK