**National LGBTI Health Alliance**

Pre-Budget Submission 2019-2020

1 February 2019

**National LGBTI Health Alliance**

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. Through collaboration between communities, government, services, and researchers the Alliance provides a national focus to improve health outcomes for LGBTI people through policy, advocacy, representation, research evidence, and capacity building.

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**Introduction**

The National LGBTI Health Alliance (the Alliance) welcomes the opportunity to provide a pre- budget submission for the 2019-2020 Federal Budget. The Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. We recognise that people’s genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

**Health and wellbeing of LGBTI people and communities**

Although most LGBTI Australians live healthy and happy lives, an overwhelming amount of research evidence has consistently demonstrated that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than non-LGBTI people. It is important to note that the adverse mental health outcomes among LGBTI people are not due to their sexual orientation, gender identity or intersex status. Rather, it is due to the stigma, prejudice, discrimination and social exclusion as key social determinants of health.

LGBTI people are at higher risk of a range of mental health diagnoses and are more likely to be diagnosed with anxiety and depression, and psychological distress.[[1]](#footnote-1) Lesbian, Gay and Bisexual people are twice as likely to have symptoms that the criteria for a mental health disorder in the past 12 months, with 24.4% of LGBTI people currently meeting the full criteria for a major depressive episode.[[2]](#footnote-2)

It is unknown how many LGBTI die by suicide due to the lack of standardised questions regarding sex, gender, gender identity, sexuality, and intersex status in suicide death data records. However, the increased rates of poor mental health, and related suicide thoughts and behaviours leads to the conclusion that LGBTI people would undoubtedly be at a heightened risk of death by suicide.[[3]](#footnote-3)

There is a clear and demonstrable relationship between abuse and harassment, and psychological distress. LGBT people aged 16 and over score an average K10 score of 19.6, indicating moderate psychological distress, which is higher than the general population average score of 14.5 indicating low psychological distress. However, LGBT people who have experienced abuse and harassment scored an even higher average K10 score of 22.83, indicating a high level of psychological distress.[[4]](#footnote-4)

Rather than being isolated incidences, 39.5% of LGBT people reported experiences of harassment and abuse, 66% of people with intersex variations had experienced discrimination from strangers ranging from indirect to direct verbal, physical or other discriminatory abuse.[[5]](#footnote-5) 61% of same-gender attracted and gender diverse young people have experienced verbal abuse, and 18% physical abuse.[[6]](#footnote-6)

It is vital to note that LGBTI Indigenous and Torres Strait Islander people who are also LGBTI, Sistergirls or Brotherboys experience a number of significant and intersecting points of discrimination and marginalisation. These include structural, institutional and interpersonal forms of discrimination based on race, gender, colonialism, and LGBTI status. As a result, Indigenous LGBTI people face further challenges in relation to their overall mental health, social and emotional wellbeing.[[7]](#footnote-7)

**Recommendations**

The Alliance asks that consideration be given within the budget to the following proposals:

Ensuring a national focus on LGBTI health

* Greater investment at the national level to ensure LGBTI people can contribute and engage in robust and constructive participation in developing policies, initiatives and programmes relevant to their own health.
* We seek a commitment to creating, implementing and evaluating a National LGBTI Health Strategy.

Valuing the role of LGBTI health and social services providers

* Adequately funding and resourcing LGBTI health providers who are best placed to provide quality standards of care to LGBTI communities and engage in best practice. While we understand that mainstream services play a role in the lives of LGBTI people, it is important to ensure that there is specific investment in LGBTI services and that those services across Australia are recognised as priority providers.

Understanding the health and health needs of LGBTI people

* We recognise that there is a need to undertake further research into the health and health needs of LGBTI people so that there is a better understanding of causal factors, health issues and health service utilisation. This can be achieved by the inclusion of sexual orientation, gender identity and intersex status in population research and health and social services data collections. A well-coordinated and funded national program of LGBTI health research that secures poorly funded yet highly valuable existing research studies as well as new studies that are community and sector developed is much needed.

Acknowledging the key health issues affecting LGBTI people

* The Alliance seeks greater investment in existing programs in mental health and suicide prevention, in addition to providing funding to broader programs to reduce the impacts of minority stress experienced by LGBTI people.
* Investment in targeted health promotion interventions is needed to ensure a reduction in substance use and harms associated with substances such as nicotine, alcohol, tobacco and illicit drugs.
* Investment in ageing and aged care to ensure culturally safe and inclusive aged care for LGBTI elders. It is also imperative that funding focuses on health ageing in an overall effort to reduce experiences of social isolation and loneliness and improve the mental health and wellbeing of LGBT elders and to ensure that the right to self-determination is fundamental to an individual’s aged care journey.
* It is vital that future funding focus on the impacts of certain cancers amongst LGBTI people whilst also considering the need for health promotion messaging and reducing access barriers to screening.
* Investment in a coordinated national approach to domestic and family violence within LGBTI communities.
* We seek adequate resourcing and funding for systemic advocacy on intersex issues, and mandatory independent access to counselling and peer support for intersex individuals and their families.
* It is also imperative that funding is provided to establish independent oversight mechanisms to determine individual cases involving persons born with intersex variations who are unable to consent to treatment, bringing together human rights experts, clinicians and intersex-led community organisations.
* Funding for the creation of advisory bodies to develop appropriate human rights-based, lifetime, intersex standards of care for intersex people with full and meaningful participation by intersex community representatives and human rights institutions.
* There is a need to undertake legislative reform and to financially invest in removing existing financial and structural barriers so as to enable trans and gender diverse people to affirm their gender identity and improve their overall health and wellbeing.

The Alliance would like to thank the Assistant Minister for Treasury and Finance for the opportunity to provide a submission. If you require any further information, please do not hesitate to contact myself on (02) 8568 1123 or via email at nicky.bath@lgbtihealth.org.au.

Yours Sincerely,

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1. National LGBTI Health Alliance, (2016). “Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people.” Available from: <https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf> [↑](#footnote-ref-1)
2. National LGBTI Health Alliance, (2016). “Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people.” Available from: <https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf> [↑](#footnote-ref-2)
3. National LGBTI Health Alliance, (2016). “National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy: A New Strategy for Inclusion and Action.” Available from: <https://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf> [↑](#footnote-ref-3)
4. National LGBTI Health Alliance, (2016). “Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people.” Available from: <https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf> [↑](#footnote-ref-4)
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7. Australian Human Rights Commission, (2015). “Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights.” Available from: <https://www.humanrights.gov.au/sites/default/files/document/publication/SOGII%20Rights%20Report%202015_Web_Version.pdf> [↑](#footnote-ref-7)