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Crisis in LGBTIQ mental health and suicide points to investment failure

The Commonwealth Government must develop a mental health and suicide prevention blueprint to tackle the crisis of unmet need within the LGBTIQ community.

La Trobe University research released today found 57.2% of more than 6,000 surveyed lesbian, gay, bisexual, transgender, intersex and queer people were experiencing high or very high levels of psychological distress, while 41.9% reported thoughts about suicide over the past 12 months.

“Mental health in the LGBTIQ community is in crisis, and the La Trobe research makes it clear action and investment in LGBTIQ mental health and suicide prevention is sorely needed,” Darryl O’Donnell, chief executive officer of AFAO, said. “Existing approaches aren’t working and LGBTIQ communities are paying the price.”

AFAO is calling for public investment in LGBTIQ health organisations for

- culturally safe, professional counselling services
- short-term and early intervention services that can be accessed quickly and easily without a referral
- LGBTIQ peer-support and psychosocial support
- training for mainstream providers to improve accessibility, service quality and cultural safety for LGBTIQ people.

“There are many factors contributing to poorer mental health and suicide risk in LGBTIQ communities, including disadvantage, stigma, barriers to mainstream health services and a critical lack of LGBTIQ mental health services.

"The LGBTIQ community needs to know suicide is preventable and recovery from mental health crisis is possible. Support exists, but the problem is overwhelming the limited LGBTIQ services available and more investment is urgently needed.

"There is remarkable strength and resilience across the LGBTIQ community in the face of this crisis. Professional LGBTIQ health organisations already have the tools to address mental health and promote community resilience, but they need proper public funding."

AFAO’s call for action is modelled on Australia’s world-leading response to HIV where Federal and state governments have invested in quality education and clinical services provided by LGBTIQ community organisations.
HIV transmission is now at its lowest level in two decades. This is built on community foundations such as peer-led testing, counselling and focused public health campaigns. This existing public health infrastructure needs to be empowered to meet the mental health and support needs of the community.

"The answer to mental health distress and suicide in the LGBTIQ community will be found within the community,” said Mr O’Donnell. "The community has a track record of tackling serious health challenges such as HIV.

"We know how to educate and mobilise our people, but we need the government to recognise this crisis is distinct to the LGBTIQ community and scale up our clinical services and support to the community."

La Trobe University’s Australian Research Centre in Sex, Health and Society which conducted the survey also found the majority of LGBTIQ people did not feel accepted when accessing health services but reported positive experiences when accessing LGBTIQ targeted services.

"Someone's sexuality or gender identity or sex characteristics should not be a barrier to accessing mental health support.

"Feeling understood and accepted is key to mental health recovery, but La Trobe's research shows the majority of LGBTIQ people do not feel accepted when accessing health services.

"A professional mental health response led by the LGBTIQ community means people will find support from their peers, who have insights into their experience."

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