LGBTQ+ INCLUSIVE & AFFIRMING PRACTICE GUIDELINES

FOR ALCOHOL, SUBSTANCE USE,
AND MENTAL HEALTH SERVICES, SUPPORT,
AND TREATMENT PROVIDERS

phn CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

NADA network of alcohol and other drugs agencies

mhcc mental health coordinating council

PIVOT POINT

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ACON, NADA and Mental Health Coordinating Council Acknowledge the traditional owners of the land on which we live, learn and work. We remind people that we are on Aboriginal land. We also acknowledge and pay our respect to any Aboriginal and Torres Strait Islander people who may be reading these guidelines.

GLOSSARY

Binary
Something that is binary consists of two things or can refer to one of a pair of things. When talking about genders, binary genders are male and female, and non-binary genders are any genders that are not just male or female or aren't male or female at all.

Brotherboy
A term used by Aboriginal and Torres Strait Islander Peoples to describe trans people who have a male spirit and take on men's roles within the community. Brotherboys have a strong sense of their cultural identity.

Cisgender
A cisgender (cis) person is someone whose gender is the same as what they were assigned at birth, that is, someone who isn't trans or gender diverse.

Cisnormativity
The assumption and reinforcement that all people are cisgender. This erases the trans experience (binary and non-binary).

Deadname
A term used by some trans people to describe the name they were given and known by prior to affirming their gender and/or coming out and/or inviting in.

Drugs (substances or substance use)
All substances that have a psychoactive effect, including prescription medicines, licit and illicit.

Gender affirmation
This refers to the steps people may take to socially, medically, and/or legally align more with their gender.

Gender diverse
An umbrella term used to describe genders that demonstrate a diversity of expression and experience outside of cisgender binary experiences. Gender diverse people may or may not consider themselves trans, and may be men, women, non-binary, or may have a personal or culturally specific term to refer to their gender.

Heteronormative
The assumption that all people are heterosexual, and the reinforcement of the gender binary, and traditional gender roles.

Misgendering
Referring to someone by words or language that is not affirming for them, such as using a former name or pronoun, or making assumptions about their appearance.

Name
(as opposed to previous name, old name, or deadname)
The name a person uses and is known by, which may or may not be their legal name. It's okay to say name, as opposed to 'preferred name' or 'known name'.

Non-binary
This is an umbrella term for any number of genders that sit within, outside of, across or between the spectrum of the male and female binary. A non-binary person might be gender fluid, trans masculine, trans feminine, agender, bigender, or another gender/s.

Pansexual
A person who experiences romantic, emotional, and/or sexual attraction to another person irrespective of their gender.

Pronouns
Pronouns are words that we use to refer to people when we're not using their name. These include he/him/his, she/her/hers, and they/them/theirs. Some trans people may prefer that you use their name instead of a pronoun or may prefer more than one pronoun.

Service User
Includes client, patient, health consumer, service participant, that is, the person who is receiving support or treatment.

Sistergirl
A term used by some Aboriginal and Torres Strait Islander Peoples to describe trans people that have a female spirit and take on women's roles within the community. Including looking after children and family. Many Sistergirls live a traditional lifestyle and have strong cultural backgrounds.

Trans and **gender diverse**
Trans, trans and gender diverse or transgender and gender diverse are umbrella terms. We use the phrase trans and gender diverse to be as broad and comprehensive as possible in describing members of the many varied communities globally of people with gender identities and expressions that differ from the gender they were presumed to be at birth. This is different to cisgender people, whose gender is the same to what was presumed for them at birth.

Worker
Includes all practitioners and professionals including clinicians, psychosocial support workers, social workers, peer workers, counsellors, metal health workers, including any role that provides support to a service user such as reception staff.

CONTENTS

EXECUTIVE SUMMARY

While we know that most lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people who use alcohol and other drugs (AOD) do so with few to no harms, those that do experience harmful or dependent patterns of use face a range of specific challenges. People in sexuality and gender diverse communities also experience higher rates of mental health distress and mental illness than the general Australian population. There is a complex intersection between substance use and mental health conditions. Within LGBTQ+ communities, some of the contributing factors to substance use and mental health conditions can overlap.

Most people from sexuality and gender diverse communities who seek support for mental health or substance use, will access services that are not LGBTQ+ specialist services. Challenges that arise for LGBTQ+ people accessing support services include a lack of trauma-informed safety and cultural inclusivity, and fears of stigma and discrimination relating to their gender and/or sexuality. This is often compounded by intersectionality's such as Aboriginality, HIV status, disability, cultural backgrounds, and the stigmas associated with mental health distress and substance use. A summary of evidence is provided in the appendix accompanying this resource entitled, **Why Is This Population Important?**

ACON has been delivering LGBTQ+ and HIV counselling services for decades; however, ACON should not be the only service option for people from sexuality and gender diverse communities. LGBTQ+ people need choice. It's important that LGBTQ+ people seeking services receive appropriate supports wherever they go, because it has been shown to improve their health outcomes.

Better outcomes also occur when sensitive and culturally appropriate health promotion messaging help communities to identify early signs of harmful and/or dependent patterns of substance use, as well as the presence of mental health conditions and/or suicidality. Health promotion material and health/community workers who are inclusive in their practice can encourage our communities to check in and connect with support services. This guide provides you with a number of resources that can support your practice and those you support .

There are Four Guiding Principles for Inclusive for workers and organisations to be truly inclusive of ALL people of diverse genders and sexualities.

- Trauma-informed recovery-oriented and person led practice
- Intersectional lens
- Community consultation and codesign, co-production, co-implementation, and co-evaluation
- Family inclusive approach.

The inclusive journey is not just about putting a Progress Flag, Rainbow Pride Flag, or Welcome Here sticker on your service entry. It is also about inviting feedback from sexuality and gender diverse communities on how your service is meeting (or not meeting) the needs of LGBTQ+ service users. Services must invest in organisational and whole of workforce capacity building to ensure that knowledge about LGBTQ+ people is evidence-based, and that policies and practices meet the needs of diverse communities. An Inclusive Client Journey Checklist provides some tips and resources to support workers and service delivery.

ACON was commissioned by Central Eastern Sydney Primary Health Network (CESPHN) to develop this resource in 2018. ACON is proud to be working with the Network for Alcohol and Other Drugs Agencies (NADA) and Mental Health Coordinating Council (MHCC) in this revised edition, commissioned by CESPHN in 2021.

ACON is the leading organisation in NSW providing specialist support for people from sexuality and gender diverse communities. LGBTQ+ people and communities are not homogenous; they are diverse, and we pride ourselves on providing supports that are evidence based and culturally safe for people from a variety of sexuality and gender diverse communities. ACON however, cannot be and is not the only service that LGBTQ+ people in NSW attend and we work to support services across NSW to build expertise and strengthen practice around LGBTQ+ inclusivity. These pragmatic guidelines provide pivotal support to all services working in the mental health and drug and alcohol sectors in NSW.

Nicolas Parkhill,
CEO ACON

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drugs services in NSW. NADA has long history of advocacy and support for the LGBTQ+ communities and celebrates diversity amongst its members and the people they work with. NADA looks forward to working with members on incorporating these guidelines into policy and practice. These provide support to mainstream services in developing and strengthening evidenced based approaches when working with gender and sexuality diverse communities. They offer practical strategies that are applicable across the mental health and drug and alcohol sectors in NSW.

Robert Stirling,
CEO NADA

Central and Eastern Sydney PHN aims to build workforce capacity within organisations to provide care for people of diverse gender and sexuality. Understanding that people of diverse gender and sexuality need and should have choice, it's important that people seeking support receive accessible, culturally informed, and inclusive support wherever they choose to go. The LGBTQ+ inclusive practice guidelines can be used within your community mental health or alcohol and other drugs service as a practical resource to ensure aspects of service design and delivery are inclusive, affirming, and safe. We are thrilled to have partnered with ACON, MHCC and NADA on the development of these guidelines.

Nathalie Hansen,
CEO Central and Eastern Sydney PHN

Mental Health Coordinating Council (MHCC) is strongly committed to promoting LGBTIQ+ inclusivity across mental health and alcohol and other drug sectors in NSW. We are delighted that ACON, experts in providing services to sexuality and gender diverse communities, have developed evidence-based practical guidelines to share across all service contexts. These guidelines will enable the sectors to build capacity and better provide culturally safe and inclusive practice that meets people's individual needs, wherever they seek support. It is vital that LGBTIQ+ people in NSW feel respected and encouraged to seek support where and when they need it. These LGBTIQ+ Inclusive Practice Guidelines are a valuable resource that will lead to broad-based practice improvement and cultural change in the future.

Carmel Tebbutt,
CEO Mental Health Coordinating Council

FOUR GUIDING PRINCIPLES FOR INCLUSIVE PRACTICE

Whilst not unique to working with people of diverse genders and sexualities, there are four essential guiding principles for workers and organisations to be truly inclusive of people of diverse genders and sexualities. Applying these principles as an overarching approach when working with people of diverse genders and sexualities requires a nuanced understanding of these communities.

Trauma-informed, recovery-oriented and person led practice

Although most LGBTQ+ people live wonderful, connected, thriving lives, many have experienced stigma, discrimination, violence, and abuse that is driven by homophobia, biphobia, transphobia, and cisgenderism and heteronormativity.

Being trauma-informed and utilising a recovery-oriented and person-led approach to practice that supports LGBTQ+ people, requires an understanding of both historical and current contexts, as well as openness and transparency about the impacts of the individual and collective experiences of this diverse community and human rights movement.

There is strong evidence that many people seeking support from public, private, and community managed mental health and human services are trauma survivors and that their trauma experiences shape their experience of services. Trauma and its impacts on LGBTQ+ individuals, communities and society are substantial. The impacts of trauma characteristically persist long after the trauma has ended.

Trauma-informed care and practice recognises the prevalence of interpersonal trauma among those seeking support across a diversity of health and human service settings and acknowledges that people may have trauma histories which severely affect their mental and physical health and wellbeing. Trauma-informed care and practice acknowledges that trauma characteristically has lifelong impacts on the individual, their bio-social outcomes, their emotions, relationships with others and engagement with support services.

Trauma-informed care and practice is founded on six core principles – safety, trustworthiness, choice, collaboration, empowerment, and respect for diversity (NSW Health, 2020). A critical element of this approach is focusing on what has *happened* to, rather than what is *wrong* with a person.

Resources

Trauma-informed Care and Practice Organisational Toolkit (TICPOT) – MHCC

The TICP Organisational Toolkit (TICPOT) as a free public resource, to be used by any organisation wishing to improve its organisational and service delivery culture and practice. The TICP Toolkit is delivered in two parts: Audit & Planning and Implementation & Evaluation. These two documents are free to download and can be used as workbooks or templates to guide organisational change.

What is a recovery-oriented approach? – Principles for effective support, NSW Health

NSW Health principles for recovery-oriented approaches to support.

Recovery Oriented Language Guide 2019, Mental Health Coordinating Council

A Mental Health Coordinating Council guide to recovery-oriented language.

A trauma-informed approach is a strengths-based framework that is integral to the most contemporary **recovery-oriented best practice** approaches, which:

- Emphasises the physical, psychological, and emotional safety of both consumers and service providers.
- Workers understand that each person is different, they are the expert in their own life, they should be listened to respectfully, they should be supported to make their own decisions and affirmed to achieve their own hopes, goals, and dreams.
- Recognises that recovery means something different to every individual.
- Is trauma-informed and focuses on hope, healing, empowerment, connection, and resilience, rather than cure (NSW Health, 2020; Mental Health Coordinating Council (MHCC), 2018).

A person-led approach places the individual in the driver's seat of their own support. It relies on workers respecting where individuals are now, where they have been, and bringing into focus their dreams and goals. It requires a partnership approach between workers and the individual, their families, carers, and supporters to understand the individual's needs and promotes self-determination.

A person-led approach requires openness, transparency, and considerate curiosity to understand what kind of supports will best meet an individual's needs.

"Workers should respect a LGBTIQA+ person's privacy, but also be open to talking with LGBTIQA+ people about their identity and supporting the person to explore their identity if that is what they want"

– a person with lived experience of a mental health condition (NSW Health, 2020).

Intersectional lens

LGBTQ+ people come from all walks of life, cultures, faiths, and socio-economic backgrounds. Their sexual orientation and gender identity are just parts, not the whole of their identity.

"…individuals living within multiple minority groups face health disadvantage because of their unique social positioning"

– (NSW Health, 2020)

The health service system in general, has been slow to acknowledge the significance of intersectionality. However, a growing body of evidence demonstrates the importance of recognising the intersections of race and ethnicity with gender identity and sexual orientation and their impact on access to and experiences of support, health risk profiles, and health outcomes (Ng, 2016).

Applying an intersectional lens to supporting LGBTQ+ people for mental health or substance use requires workers to understand the social determinants of health and how different systems of oppression and inequalities intersect to impact individual health outcomes and equity of access to health services. If relevant, exploration and respectful curiosity of an individual's multiple marginalised identities, without assumptions about the impacts of these identities on their connection with community and health, is key to an intersectional approach.

Resources

BlaQ Aboriginal Corporation

BlaQ Aboriginal Corporation is committed to empowering the Aboriginal and Torres Strait Islander LGBTQ+ community through innovation, inclusion, understanding and advocacy.

Rainbow Cultures: LGBTQIA+ multicultural directory

A directory of LGBTQIA+ multicultural community groups and services in NSW

QueerAbility: A Toolkit to Access the NDIS

ACON's national toolkit to help LGBTQ+ disabled people access and navigate the NDIS.

Community codesign or consultation

People of diverse genders and sexualities are resilient and resourceful, and they represent a significant source of knowledge and expertise. They know what will strengthen their experience of services from being exclusive to inclusive, and what they need to improve their health and wellbeing.

Australia has a history of successful health advocacy and health promotion to draw upon when redesigning service delivery to affirm and respond to the health needs of diverse communities.

Any engagement with communities to seek their participation in the process of service design or to seek feedback on service delivery may be advantageous however it is important to understand the difference between the concepts of co-design and consultation. Co-design is an approach that seeks to involve a range of stakeholders (including people with lived experience and lived expertise) in all stages of service design, development and implementation. By contrast, consultation is a process of formally consulting or discussing services with stakeholders (stakeholders including community members with lived experience). When planning co-design or community consultations make sure to:

- Include people from a range of sexuality and gender diverse identities.
- Think about including a broad range of ages, as young LGBTQ+ people and older LGBTQ+ people have different needs at different times in their lives.
- Consider the inclusion of intersectional identities and cultural backgrounds such as Aboriginal and Torres Strait Islander people, people with a disability, people of culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds, and LGBTQ+ people of colour.
- Be open to being guided by participants throughout the process.
- Consider a range of service modalities, treatment options and interventions at the outset of any co-design process.
- Think about partnering with specialist LGBTQ+ organisations for subject matter expertise.
- Focus on diversifying your workforce.
- Including people with lived experience in all stages of service design, development, implementation or evaluation.

Resources

Principles of Codesign, NSW Council of Social Services (NCOSS)

NCOSS principles of codesign.

Codesign Toolkit, NSW Agency for Clinical Innovation

A practical resource for health services to adopt a codesign approach.

Model of Care for Co-design Practice Cards

The Model of Care for Co-design cards include simple prompts for individual practitioners and teams to use while planning and doing co-design.

Family inclusive approach

As with the population in general, people of diverse genders and sexualities come from a variety of backgrounds, have had unique experiences, and are members of diverse families. Many LGBTQ+ people may not have ongoing relationships with biological families or families of origin. Experiences of estrangement vary and for some, this estrangement may have resulted from familial discrimination or rejection associated with sexuality or gender identity. As such, the support provided by a person's partners or friends can be especially important to sexuality and gender diverse people.

LGBTQ+ people often draw great strength and support from their peers and chosen families (or families of choice). Chosen families, families of choice, or logical family are all terms that reference the support networks that many LGBTQ+ people form. These networks may be made up of partners and friends as well as families or kinship groups.

To be truly family-inclusive, services need to be welcoming and inclusive of chosen family in any support planning. Practitioners must also work to support carers and facilitate carer, ally, and family support.

Resources

Partners, Friends and Family, a resource to support LGBTQ people affected by drug or alcohol use

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST

The Inclusive and Affirming Client Journey Checklist provides thought-provoking information, questions, and resources to support critical reflective practice and the development, implementation, and review of inclusive practice principles within an organisation. It helps organisations think through the client experience when they engage with a service and support organisations to enact inclusive practice principles when delivering services to LGBTQ+ people.

This section is broken down into the following subsections.

- ☐ Organisational and staff development
- ☐ Visibility and cultural safety
- ☐ Disclosure and consent
- ☐ Access, intake, and assessment procedures
- ☐ Data collection
- ☐ Affirmative therapeutic relationship
- ☐ Support Planning
- ☐ Building inclusive referral pathways

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Organisational and staff development

LGBTQ+ awareness, inclusion, and affirmation training, supported by clearly co-designed workplace policies and procedures outlining how cultural safety for LGBTQ+ clients is established, is critical for all services. Services must ensure all staff are confident and skilled in working with LGBTQ+ people.

LGBTQ+ representation among staff should also be considered. Services that reflect diversity within their workforces benefit in many ways, including clients being able to see themselves in the service, providing diverse thinking and contributing to lived experience learning. LGBTQ+ staff should not be the default 'go to person' when it comes to responding to LGBTQ+ clients.

An understanding of the legislative obligations that protect LGBTQ+ clients and staff from the harms of discrimination and harassment is required by managers, as is a robust reporting and investigation process to address any breaches of the legislation, while supporting victims.

ASSESS YOUR SERVICE

- [ ] Are all levels of the organisation committed to LGBTQ+ Inclusive and Affirming Practice? If so, how do all staff know this?
- [ ] Are all levels of the organisation provided with the resources to make LGBTQ+ Inclusive and Affirming Practice a reality?
- [ ] Does the organisation rely on out LGBTQ+ workers and/or clients as evidence of Inclusive and Affirming Practice? Or does the organisation ensure that the responsibility is on all workers?
- [ ] Does professional development focus on building cultural knowledge and competency as well as skills?

TIPS

- [ ] Organisational change happens best when the actions take place from bottom-up and top-down. For example:
  - Training and support for leadership and those working with clients to enforce policies and implement strategic inclusive practice.
  - Management champion and lead cultural changes and provide systems that support inclusive practice.
- [ ] Ask LGBTQ+ staff what they need to support them in their work and how to increase their safety and inclusion at work.
- [ ] Encourage any LGBTQ+ identifying workers to join NADA's Gender and Sexuality Diverse AOD worker network.

RESOURCES

Pride Training

ACON's Pride Training is here to improve the health and wellbeing of people from sexuality and gender diverse communities (LGBTQ+ people) by building the capacity, knowledge, and confidence of clients to deliver inclusive and affirming practices and services.

Pride in Health + Wellbeing

ACON's Pride in Health + Wellbeing is a national membership program that provides year-round personalised support to organisations within the Health, Wellbeing and Humans services sector to improve their LGBTQ+ inclusive care, remove systematic barriers to accessing care and thereby reduce health disparities faced by LGBTQ+ communities.

Gender and Sexuality Diverse AOD worker network

This network established and supported by NADA, provides a space for AOD workers in NSW who are in sexuality and gender diverse communities to support one another in their everyday work with co-workers and clients, and to foster discussions about how to make AOD services more LGBTQ+ inclusive.

LGBTIQ+ Health Australia

LGBTIQ+ Health Australia 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, intersex and queer people and other sexuality and gender diverse (LGBTIQ+) people and communities.

The Rainbow Tick Guide to LGBTI Inclusive Practice

The guide aims to assist organisations improve the quality of care and services they provide to their lesbian, gay, bisexual, trans and gender diverse and intersex consumers, staff, and volunteers.

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Visibility and cultural safety

LGBTQ+ cultural safety is experienced in an environment when there is no assault, abuse, challenge, denial, judgement, or assumptions about LGBTQ+ identities and experiences. Examples may include misgendering people or failing to challenge discriminatory comments regarding sexuality or gender identity. Facilitating cultural safety needs to account for intersectionality, as this may contribute to a diversity of LGBTQ+ people's expression and understandings of their gender identities and sexualities. It is important to obtain knowledge and understanding of cultural differences between LGBTQ+ and non-LGBTQ+ people; and a sensitivity towards LGBTQ+ history in Australia. It is also important to be cognisant of the many contemporary human rights issues prevalent when a person is culturally, linguistically, and ethnically diverse, or from migrant and refugee backgrounds, or is a LGBTQ+ person of colour.

When an LGBTQ+ client is empowered and encouraged to express their needs and provide feedback about service provision, it fosters a culture of safety and demonstrates person-led best practice.

People of diverse genders and sexualities may look for visual indicators of safety, inclusion, and affirmation such as the Progress Pride Flag, Rainbow Pride Flag or ACON's Welcome Here symbol on front doors, promotional materials, or webpages. These symbolic indicators need to be supported by safe, inclusive, and affirming practice. Visibility also means organisational leaders being visible in their championing of inclusive practice and of diversity within the workforce.

ASSESS YOUR SERVICE

- [ ] How will LGBTQ+ people know that your service is inclusive, safe, and affirming? Are there visible signs or symbols of inclusion?
- [ ] Are front of house staff trained to use inclusive language, to respond with sensitivity, and the importance of not making assumptions?
- [ ] Do you celebrate and stand alongside LGBTQ+ people during LGBTQ+ community events and activities? For example: Bisexuality Day, Lesbian Visibility Day, Pride Month, Transgender Day of Remembrance, Wear It Purple Day?
- [ ] Have you considered and do you have processes in place to ensure that trans women, trans men and non-binary clients and staff can access appropriate bathrooms safely? For residential services, can your trans (binary and non-binary) clients access safe and appropriate sleeping arrangements?
- [ ] How do you invite and encourage your LGBTQ+ workforce to be open about their identity, relationships, and community in the workplace?

TIPS

- [ ] Establish a diversity and inclusion team to identify opportunities for diversity within a staff community to be celebrated and affirmed, and to build capacity within your service.
- [ ] Ensure all staff members are aware of the history of LGBTQ+ people – within Australia and internationally.
- [ ] Ensure staff know that it is their professional duty, and a requirement of routine care and accreditation to challenge prejudice and disadvantage and promote the importance of diversity and human rights in the workplace.
- [ ] People accessing your service should be aware that their human rights will be upheld throughout service delivery, which includes respect for their gender and sexuality.
- [ ] Leaders and managers:
  - Survey your workforce to assess whether they experience inclusivity at work.
  - Ensure LGBTQ+ clients can see themselves in your service via the images and language your service uses.
  - Remember there are cultural differences within the LGBTQ+ community. LGBTQ+ people are also Aboriginal or Torres Strait Islander, are of different faiths, are from diverse cultural and language backgrounds, are people living with a disability, are parents, grandparents, siblings and of different ages.

RESOURCES

Guidance to Support Gender Affirming Care for Mental Health

The guidelines assist medical, nursing, allied health professionals and mental health practitioners (across primary care, non-government services and public mental health services) to provide gender affirming health care.

Welcome Here

ACON's Welcome Here Project supports businesses and services throughout Australia to create and promote environments that are visibly welcoming and inclusive of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities. Members receive the Welcome Here rainbow stickers and charter to display in a prominent place to let everyone know that LGBTQ+ diversity is welcomed and celebrated within their business.

Pride Training

ACON's Pride Training is here to improve the health and wellbeing of people from sexuality and gender diverse communities (LGBTQ+ people) by building the capacity, knowledge, and confidence of clients to deliver inclusive and affirming practices and services.

Pride in Health + Wellbeing

ACON's Pride in Health + Wellbeing is a national membership program that provides year-round personalised support to organisations within the Health, Wellbeing and Humans services sector to improve their LGBTQ+ inclusive care, remove systematic barriers to accessing care and thereby reduce health disparities faced by LGBTQ+ communities.

Diversity Days

Diversity Days are all about celebrating or honouring LGBTQ+ days of significance and increasing awareness of the LGBTQ+ community's rich and fabulous diversity.

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Disclosure and consent

The criminalisation of LGBTQ+ people, those living with HIV, and their experiences of discrimination and stigma, create understandable and legitimate cause for distrust and concern about confidentiality, in particular the sharing of personal information and health records. These concerns may be particularly felt among Aboriginal communities, LGBTQ+ communities in rural and regional areas, as well as for people of culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds, and LGBTQ+ people of colour. Workers and services need to be mindful that when discussing the needs of a client internally with their colleagues and team members, they may disclose their sexuality, gender, or HIV status and therefore need to take steps to ensure the client has been informed about how information is shared internally and how confidentiality is protected.

Clients should be made aware that information relating to their supports may be seen by fellow team members. Explaining laws and ethical obligations relating to privacy, best practice data storage, record keeping, and information sharing may reassure some clients but for others it may not. If a client holds concerns around their privacy, these concerns need to be explored with them and solutions found to relieve these concerns.

Workers should never disclose information about a client to another service without the consent of a client.

ASSESS YOUR SERVICE

- [ ] Workers can and should ask people specific questions about their gender and sexuality, are staff trained to ask these questions?
- [ ] Are workers trained and confident in explaining to clients how their personal and health information is stored and who has access to it?
- [ ] Some people may not want their gender or sexuality, name or pronouns disclosed to others. How do you manage a client's personal and health data and ensure privacy is maintained, particularly when referring to other service providers?

TIPS

- [ ] While clients might disclose their sexuality and or gender to a health service provider, don't assume that they are out to everyone.
- [ ] Reassure clients that their personal information, including information about their gender and sexuality will not be shared with other services or other clients without consent.
- [ ] Disclosure of substance use exposes a client to the risk of real or perceived discrimination and judgement. Inform your LGBTQ+ clients about your processes and procedures for keeping their information confidential and safe and be transparent about circumstances when confidentiality may need to be breached.
- [ ] Train staff on maintaining confidentiality when shared support is appropriate.
- [ ] Ensure staff know how personal information is to be treated within teams.
- [ ] Ensure staff are trained and confident in understanding when they can disclose gender, sexuality, HIV status, mental health conditions and substance use, ensuring permission is sought and documented to disclose this information to external agencies.
- [ ] LGBTQ+ clients living with HIV and in small regional communities may be more concerned about the privacy of their health records due to fears of stigma and discrimination. Ensure sure your workers are sensitive and alert to these concerns.

RESOURCES

HALC Guides to HIV and the law

The HIV/AIDS Legal Centre (NSW) (HALC) produces several guides to HIV and the law.

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Access, intake, and assessment procedures

LGBTQ+ people may be hesitant to reach out to services for support. This may be due to fears of judgement, previous experience of poor service provision and intergenerational trauma particularly for Aboriginal and Torres Strait Islander service users, and difficulty for young people seeking support if financially dependent on an unsupportive family of origin. Services can be more accessible to members of the community by providing multiple access options such as telephone, telehealth, online enquiry and face-to-face (walk-in). Intake and assessment processes are generally a client's first interaction with a service and establishes the nature of their service experience. Inclusive, affirming non-judgemental intake and assessment processes ensure that no assumptions are made about a person's identity, including their sexuality and gender. It is recommended that intake and assessment processes provide the opportunity for all clients to disclose their gender and sexuality. The onus is placed on the service to create a safe space and invite and empower clients to disclose their gender and sexuality, and any other information relevant to their support needs.

From a client's perspective, they may be weighing up the benefits and risks – physical, emotional, and psychological - of 'coming out' to service providers. For this reason, it is important that intake and assessment processes do not create barriers, but rather reflect an openness to diversity and a non-judgmental environment.

ASSESS YOUR SERVICE

- [ ] Do sexuality diverse community members feel welcome and safe when accessing your service?
- [ ] Do gender diverse community members feel welcome and safe when accessing your service?
- [ ] Do your intake and assessment processes invite ALL clients to disclose their gender and sexuality?
- [ ] Do your staff feel confident about why it is important to ask all people accessing the service about their gender and sexuality i.e., to inform their care planning, assess service trends and outcome measurements?
- [ ] Are workers aware of the impact of HIV stigma, discrimination, and trauma on those living with HIV?
- [ ] Does your service understand and acknowledge the potential barriers and risks for the LGBTQ+ community to access services?

TIPS

- [ ] Provide multiple access entry into your service.
- [ ] Ask all clients what pronouns they use and preferred names. Preface this by having workers introduce themselves with their pronouns to help establish a safe environment.
- [ ] Ensure intake forms invite people to disclose their gender and sexuality.
- [ ] Ensure that staff know that it is OK for a clients gender and preferred names not to match Medicare cards and identity documents.
- [ ] Audit the language – written and verbal – used in your service to ensure that it is inclusive of LGBTQ+ people.
- [ ] Ensure that your intake process allows people to describe their biological and chosen families, intimate partners, and important relationships – not all families are nuclear or heteronormative.
- [ ] Include sexual health and wellbeing questions in your assessment process to build an understanding of your client's health needs without making assumptions due to their sexuality, gender or body.
- [ ] Promote LGBTQ+ issues in the office environment through posters and pamphlets.
- [ ] Ensure representation and leadership of diverse community members among your staff, leadership and board.

RESOURCES

Trans affirming intake form, TransHub, ACON

An example of a gender affirming intake form from ACON's TransHub.

Asking the question: inclusive data collection for gender and sexually diverse clients

A 50-minute practical guide on how to ask your clients questions about sexuality and gender, NADA and ACON

What are sex and gender anyway? TransHub, ACON

It seems like sex and gender should be simple to understand. We all have them, to some extent or another, and are aware of them more or less throughout our lives. However, when we stop and try to define them clearly, it seems to become a little more complicated.

A Language Guide: trans-affirming language guide

The guide explains key terms and offers examples of language that can help us build safer, more inclusive environments for trans and gender diverse communities.

Anti-Discrimination Legislation

A link to the Australian Government Attorney-General's Department website with all of the relevant Commonwealth antidiscrimination legislation.

Anti-Discrimination New South Wales

The New South Wales state government body that administers the *Anti-Discrimination Act 1977* (the Act). We strive to eliminate discrimination in New South Wales by, answering enquiries, resolving complaints, raising awareness about discrimination and its impacts, managing applications for exemptions from the Act, advising the government about discrimination issues.

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Data collection

LGBTQ+ people remain largely invisible from data collection undertaken by many health services. Therefore, LGBTQ+ health issues may remain absent from decisions about the allocation of resources to improve health and wellbeing for LGBTQ+ people. This not only impacts people at an individual level but also effects the development of health services and programs that meet the needs of the community.

In health services, workers may feel uneasy asking what is often perceived as sensitive questioning. However, research has found that people are more uncomfortable answering questions about personal things like income; and it is often the worker, not the client, who is feeling discomfort (Byles, Forder, Grulich, & Prestage, 2013). Asking questions about gender and sexuality feels easier when workers understand the purpose behind asking these questions and have an opportunity to practise and gain more confidence.

By collecting data about clients' gender and sexuality, services are better able to understand who is accessing their service (and who is not) and the specific health needs, service outcomes and service experience of LGBTQ+ clients.

When asking people about their sexuality and gender, it is important to be aware that this can sometimes lead people to make insensitive, dismissive or discriminatory remarks about people from sexuality and gender diverse communities. Encountering such prejudices may present challenges for LGBTQ+ workers who need to be supported by robust supervision and debriefing processes.

ASSESS YOUR SERVICE

- [ ] Do you have a consistent approach when seeking information from clients regarding their gender and sexuality?
- [ ] Does the data you collect allow you to better understand the health needs, outcomes, and experiences of LGBTQ+ clients using your service?
- [ ] Are your LGBTQ+ clients invited and empowered to participate in constructive feedback that will lead to quality improvement of your service delivery and outcomes via coproduction, co-design and evaluation processes?

TIPS

- [ ] Enable training courses and group supervision sessions that discuss the value of asking questions about gender and sexuality.
- [ ] Practise asking standard, curious questions about gender and sexuality with role play.
- [ ] Encourage reflective practice and conversations about the perceived obstacles to asking about client's sexual orientation and gender.
- [ ] ACON recommends that workers ask clients the following open-ended questions which assist in building rapport:
    - [ ] What are your pronouns? (Tick all that apply) (She/Her/Hers, He/Him/His, They/Them/Theirs, I use a different pronoun (please specify).
    - [ ] How do you describe your sexual orientation? (Prompt with options e.g., gay, hetero-sexual, bisexual).
    - [ ] How do you describe your gender? (Man or male, Woman or female, Non-binary, I use a different term (please specify), Prefer not to answer).
    - [ ] At birth, you were recorded as: (Male, Female, Another term (please specify), Prefer not to answer).
    - [ ] What name would you like me to use when speaking with you or referring to you, with permission, to others? (Note there may be different contexts where a client may use their name or the name originally given to them. Note down these contexts, settings and circumstances.)
- [ ] Be mindful that clients may voice prejudices that may affect LGBTQ+ staff and ensure that all workers are supported by robust supervision, support, and debriefing processes.

RESOURCES

Asking the question: inclusive data collection for gender and sexually diverse clients

A 50 minute practical guide on how to ask your clients questions about sexuality and gender, NADA and ACON.

LGBTIQ Recommended Community Indicators for Research

ACON's recommended community indicators for research

ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation

The Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 has been developed by the Australian Bureau of Statistics (ABS) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation.

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Affirmative therapeutic relationship

The nature of the relationship between a worker and client has been shown to be an essential determining factor related to positive outcomes for clients (DeAngelis, 2019). A relationship that is underpinned by unconditional positive regard and empathy for the client creates the conditions for recovery. True empathy requires cultural awareness, knowledge, skills, and a desire to be culturally competent and to create authentic connection with clients. The intention should be to extend a worker's practice from being more than 'accepting', to one that reflects the significance of being LGBTQ+ in a society that continues to promote heteronormative values.

An affirmative therapeutic relationship is based on person-led and trauma-informed recovery principles that recognise intersectionality and the unique experiences of individuals. In such therapeutic relationships and service settings, diverse sexualities, gender and other cultural diversities are acknowledged as strengths to be celebrated. Transparency about differences - ethnic, cultural, religious, social, racial, gender, sexuality, as well as linguistic diversity - between worker and client can be an essential ingredient to building a rapport that strengthens outcomes for clients.

To demonstrate the values of an LGBTQ+ affirmative relationship, practitioners are encouraged to examine their personal beliefs about gender and sexuality, gender stereotypes, and trans and/or gender diverse identities (ACT Government, 2021).

Workers should also reflect and identify gaps in their knowledge and endeavour to understand the unique health and contextual challenges and protective factors experienced by people of diverse sexualities and genders.

ASSESS YOUR SERVICE

- [ ] How confident are your non-LGBTQ+ workers in being able to create effective relationships with LGBTQ+ clients?
- [ ] How do your workers know if their clients are LGBTQ+ and what do they assume about them if they are?
- [ ] Is your organisation proactive about understanding best practice responses and interventions for LGBTQ+ clients?
- [ ] Do you customise support plans based on the individual and their specific needs and unique circumstances (including gender and sexuality)?

TIPS

- [ ] Define the difference between personal values and beliefs and the organisation's expectations regarding professional LGBTQ+ inclusive practice and ask workers to reflect on these.
- [ ] Run an in-service exploring the assumptions and preconceptions that might exist about LGBTQ+ people with your workers, how these attitudes and beliefs impact quality of service and reflect approaches that may invite behavioural change.
- [ ] Conduct an audit of language used and run role-plays with staff to raise awareness of the heteronormativity and cissexism of everyday language to support the development of best practice use of language to improve the experience of LGBTQ+ clients.
- [ ] Provide LGBTQ+ specific supervision, support coordination, and seek secondary consults to support work with LGBTQ+ clients.
- [ ] Mistakes will be made, and most often clients will forgive unintentional errors if they are acknowledged, if regret is sincerely expressed, and the commitment to do better is clear.

RESOURCES

Trans-Affirming Language Guide

This guide explains key terms and offers examples of language that can help us build safer, more inclusive environments for trans and gender diverse communities.

Guidance to Support Gender Affirming Care for Mental Health

These guidelines assist medical, nursing, allied health professionals and mental health practitioners (across primary care, nongovernment services and tertiary mental health services) to provide gender affirming health care.

Affirmative Counselling With LGBTQI+ People

A comprehensive handbook to guide educators, students, and clinicians in developing awareness, knowledge, and skills necessary to work effectively with LGBTQI+ populations.

Person-centred Counselling for Trans & Gender Diverse People

A book for professionals supporting the health and wellbeing of trans people and presents an affirmative approach, focussed on unlearning assumptions exploring gender diversity and autism, sex and sexuality, intersectionality, unconscious bias and reflective practice.

LGBTQ Clients in Therapy: Clinical Issues and Treatment Strategies

A comprehensive guide for therapists working with LGBTQ clients.

The Velvet Rage

A book addressing shame associated with sexuality from the perspective of a gay male clinician working with gay male clients. Reflects life experiences associated with prejudice, discrimination, homophobia, and internalised homophobia.

Handbook of Counselling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients, Second Edition

A book outlining the complex cultural contexts of LGBT individuals and the provision of psychotherapy to LGBT clients.

AN INCLUSIVE AND AFFIRMING CLIENT JOURNEY CHECKLIST (CONTINUED)

Support planning

A support plan for an LGBTQ+ client might look much like any other support plan. However, many mainstream or traditional forms of support might not always be appropriate for all clients because of their sexuality or gender experience.

'Protective factors' such as social inclusion, social connection and the social determinants of health are often compromised for sexuality and gender diverse people as well as for people from other marginalised groups, and those from multicultural or faith backgrounds. This can create identifiable gaps in areas of: social connection and inclusion, family relationships, safe housing, secure work and a sense of safety in the world.

The presence of homophobia and transphobia, as well as heteronormative and cisnormative assumptions and beliefs within therapeutic settings create obstacles and barriers to improving wellbeing for LGBTQ+ clients.

An understanding of the obstacles to achieving good health and wellbeing for LGBTQ+ people is essential to collaborating with clients on appropriate and realistic support plans and pathways. Explore which places, organisations, people, workers, services, communities, and institutions are safe and welcoming for LGBTQ+ clients to ensure referrals to external agencies are dependable and effective. In addition, explore and celebrate the broader protective factors like chosen family, pets, and community that might already be in place for LGBTQ+ folk.

ASSESS YOUR SERVICE

- [ ] Have you included a client's family, family of choice, partner/s in the support plan? Have they been invited to participate in counselling or other sessions with a LGBTQ+ client?
- [ ] Where are the safe, socially inclusive spaces for a LGBTQ+ client?
- [ ] Is a client's GP and allied healthcare provider/s LGBTQ+ affirming?
- [ ] What do you know about LGBTQ+ specific services supporting AOD and mental health recovery?
- [ ] Do workers use inclusive and affirming language when developing support plans with clients?
- [ ] What Aboriginal and Torres Strait Islander services are also culturally safe for LGBTQ+ clients, Sistergirls and Brotherboys?
- [ ] What are the other cultural safety considerations you need to consider when planning recovery treatment and support?
- [ ] Are there peer services available to support appropriate service provision?

TIPS

- [ ] Recognise and acknowledge the non-traditional family support structures that may exist for LGBTQ+ clients. Be curious about their relationships and build a picture of what 'family' looks like for clients. Research queer genogram symbols and collaborate with clients to create eco maps, relationship and family maps that reflect their lives.
- [ ] Acknowledge and validate the impact of a client's lived experience of homo/bi and or transphobia along with other experiences of discrimination, prejudice, stigma and harassment. At the same time don't assume that their sexuality or gender experience is 'the problem' or reason for attending a service.
- [ ] Book in a site visit (virtual or in-person) with all the LGBTQ+ services in your PHN or LHD to establish professional peer relationships that can support you and clients of your service.
- [ ] Consult with diverse community members about their recovery needs and adjust your approach or the services you deliver accordingly.

RESOURCES

Mental Health Coordinating Council Recovery Oriented Language Guide

NADA's Language Matters

NADA's Access and equity: Working with diversity in the alcohol and other drugs setting – second edition

Transhub Gender Affirming GPs

Building inclusive referral pathways

In most circumstances, a single AOD or mental health service will not be able to meet all of a client's wellbeing support needs, so referrals to other services may be required. Most available services across health and social care are not LGBTQ+ specialist services. Evidence shows that over two thirds of people from sexuality and gender diverse communities seek support for alcohol use by accessing mainstream health services (Hill, Bourne, McNair, Carman, & Lyons, 2021). LGBTQ+ people have a right to effective treatment in a culturally safe and supportive environment wherever they receive services.

As a service provider, it is important to be knowledgeable about services within your jurisdiction that may provide LGBTQ+ inclusive care and to build appropriate referral pathways in collaboration with these services. When referring a client to a new or unknown service, workers may speak with that service and enquire about their practice and procedures regarding LGBTQ+ safety and inclusion.

ASSESS YOUR SERVICE

- ☐ Do you know which LGBTQ+ specific health, social and community services and support groups exist within your area or online?
- ☐ How do you know that a client will experience culturally safe responses from an external treatment provider, worker, or service?
- ☐ Is your referral pathway LGBTQ+ centred and person-led?

TIPS

- [ ] Call the service you want to refer to and ask them, “have the workers attended LGBTQ+ cultural safety training?”
- [ ] Don’t assume that your client only wants LGBTQ+ specific support or services. Ask them what they want.
- [ ] Book site visits (virtual or in-person) with all the LGBTQ+ services in your PHN or LHD to establish professional peer relationships that can support you and clients of your service.
- [ ] When referring an LGBTQ+ client to an external service, follow up with the client and ask them what their experience was like? Would they recommend it as inclusive?
- [ ] Access local directories to understand what services are available in your area.

RESOURCES

Pivot Point, ACON

Pivot Point is ACON’s dedicated AOD harm reduction website with culturally informed resources, blogs, and a self-assessment toolkit for sexuality and gender diverse communities.

QDirectory, QLife

A directory of LGBTIQ+ national, state, and territory services.

10 Trans Questions To Ask A Doctor, Transhub, ACON

A selection of questions that can be asked to help find a gender affirming doctor.

Say It Out Loud Directory

Say It Out Loud encourages LGBTQ+ communities to have healthy relationships, get help for unhealthy relationships and support their friends, it also hosts a national directory of domestic and family violence services.

Gender Affirming Doctor List, TransHub, ACON

A map-based directory of gender affirming doctors in NSW, a non-exhaustive opt-in list.

APPENDIX: WHY IS THIS POPULATION IMPORTANT?

This appendix outlines data addressing experiences of substance use and mental health among LGBTQ+ people in Australia. The data in this section come from Private Lives 3 study, Australia's largest national survey of the health and wellbeing of lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people to date. It was conducted by the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University and published in 2020. One of the benefits of using these data is the ability to make comparisons between different parts of our communities. Comparing these data to those emerging from studies of the general population in Australia helps us to understand how LGBTIQ experiences of drug use and mental health may be different.

Most in our communities live happy and healthy lives.

Risks for mental ill health and harmful substance use

- Some of the risks for deteriorating mental health and harmful substance use are similar – minority stress such as the impact of stigma and discrimination, social isolation and exclusion, fractured relationships with family of origin, and negative experiences of health and social services relating to their diverse sexualities and/or genders.
- Acknowledge the bidirectional relationship between substance use and mental health – both constructive and destructive; that is that people with mental health conditions can use substances to positively or negatively affect their experiences of mental wellbeing, and people who use substances may be at risk of affecting their mental wellbeing because of substance use.

Benefits to AOD use

- LGBTQ+ consistently report several positive benefits to substance use, such as increased social connection, feeling a part of the LGBTQ+ community, for pleasure, to have fun and to let go (lower their inhibitions), and to enhance their experience and expression of their gender and/or sexuality.

Harms arising from AOD use

- Higher prevalence of use than the general population does not necessarily equate to higher prevalence of harms or more frequent patterns of use.
- Most people who use illicit drugs in our communities have patterns of AOD use that result in little to no harms.
- However, for those who do experience harms from AOD use (including dependent patterns of use), the harms are significant and there are several barriers to accessing AOD and mental health treatment and support.

Barriers to AOD and mental health services

- The most significant barrier to AOD and mental health treatment and support is the provision of culturally safe and affirming health services.
- LBGTQ+ people may not access AOD or mental health support because of fears resulting from past experiences of stigma, discrimination and trauma at health services.

Psychological stress (K10), diagnosed or treated mental health conditions

- LGBTQ+ people experience higher rates of mental illness, mental health distress, suicidal ideation, and suicide attempts (Private Lives 3) by comparison to the the general Australian population in the National Health Survey (Australian Bureau of Statistics, 2018)

Psychological distress

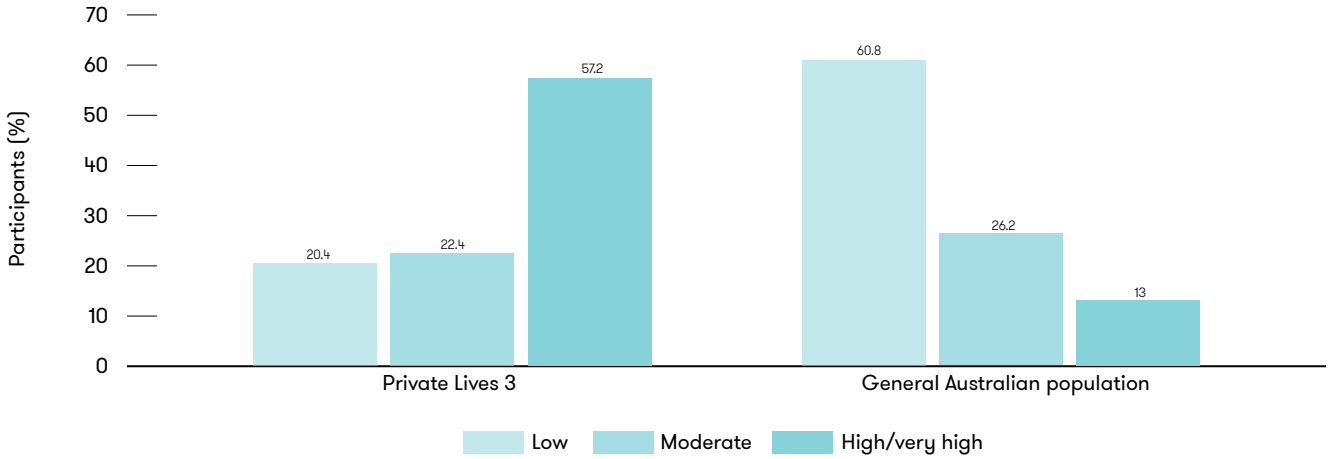

Figure 1
Proportion of participants experiencing low, moderate, high, or very high psychological distress (K10) (n=6,676)

Mental health conditions

People from sexuality and gender diverse communities experience a range of symptoms that result in diagnosis and treatment for mental health conditions.

	Private Lives 3		General Australian population
	Ever	Past 12 months	Past 12 months
Condition	**%**	**%**	**%**
Depression	60.5	39.1	4.1
Generalised anxiety disorder	47.2	33.4	2.7
Post-traumatic stress disorder	18.2	11.1	6.4
Eating disorder	10.5	3.3	nd-
Social phobia	7.9	4.0	4.7
Panic disorder	7.7	4.4	2.6
Obsessive-compulsive disorder	6.1	3.1	1.9
Bipolar disorder	5.7	3.7	1.8
Agoraphobia	2.2	1.0	2.8
Schizophrenia	0.9	0.5	nd
Other mental health challenge	13.3	9.3	nd
Any of the above	73.2	51.9	4.1

Table 1
Ever diagnosed with one or more mental health conditions and diagnosed or treated in the past 12 months (n=6,554) by prevalence rates, and among the general Australian population in the past 12 months (Australian Bureau of Statistics, 2018).

Depression and generalised anxiety disorder

LGBTQ+ people are not homogenous in their experiences of mental wellbeing. The diagram below describes the differences between depression and anxiety of the Private Live 3 sample, by gender (figure 2), and by sexuality (figure 3).

APPENDIX: WHY IS THIS POPULATION IMPORTANT? (CONTINUED)

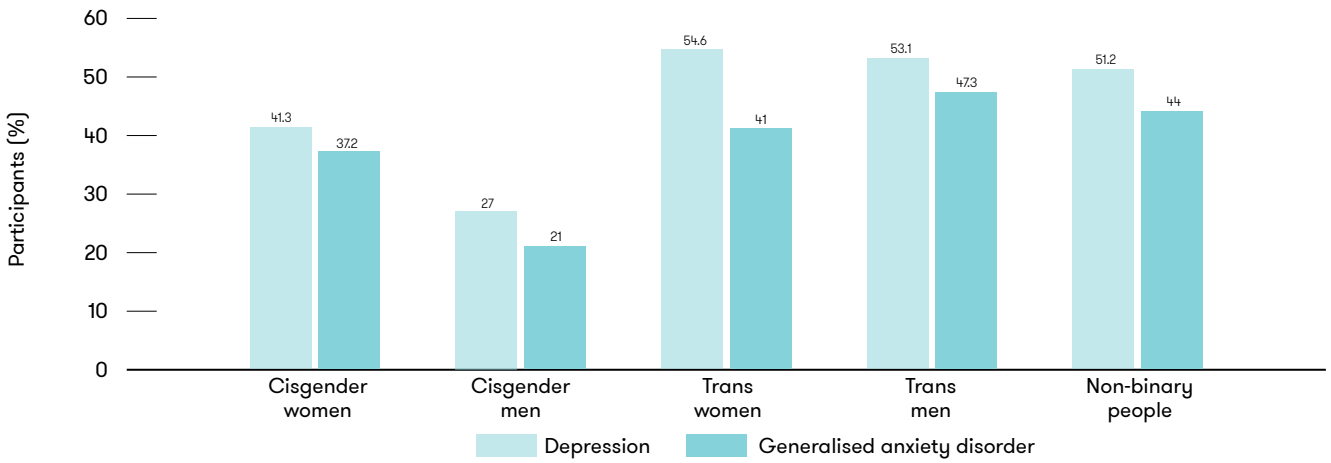

Figure 2

Diagnosed or treated for depression or generalised anxiety disorder in the past 12 months by gender (n=6,502)

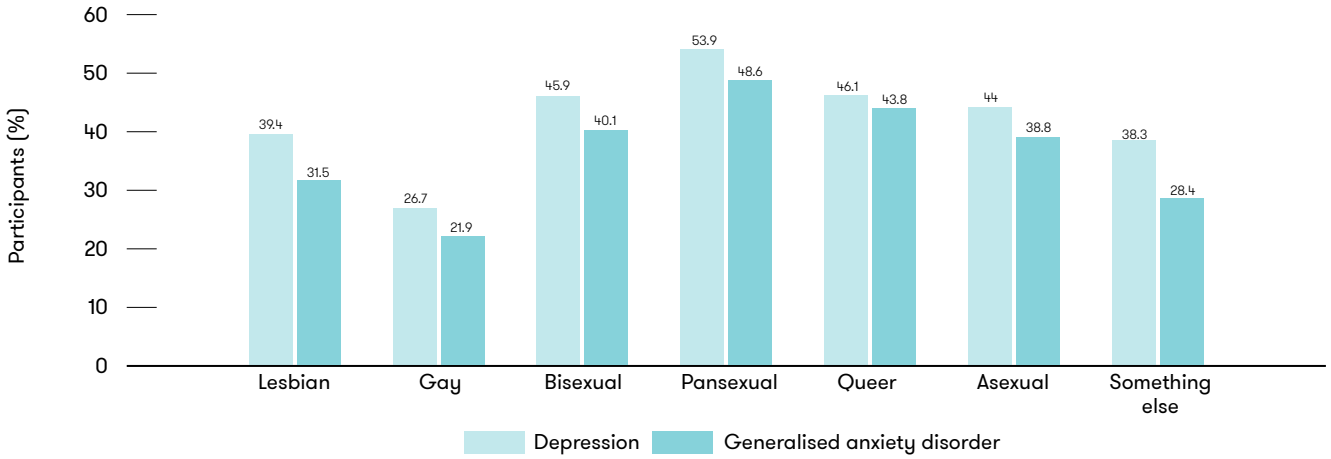

Figure 3

Diagnosed or treated depression or generalised anxiety disorder in the past 12 months by sexuality (n=6,537)

Suicidal ideation and suicide attempt

Among Private Lives 3 participants 41.9% reported suicidal ideation in the previous 12 months, while 2.3% of the general Australian report suicidal ideation in the previous 12 months. Almost three-quarters reported having ever considered attempting suicide at some point during their lives, which is more than five times higher than reported among the general Australian population (Johnson, Pirkis, & Burgess, 2009).

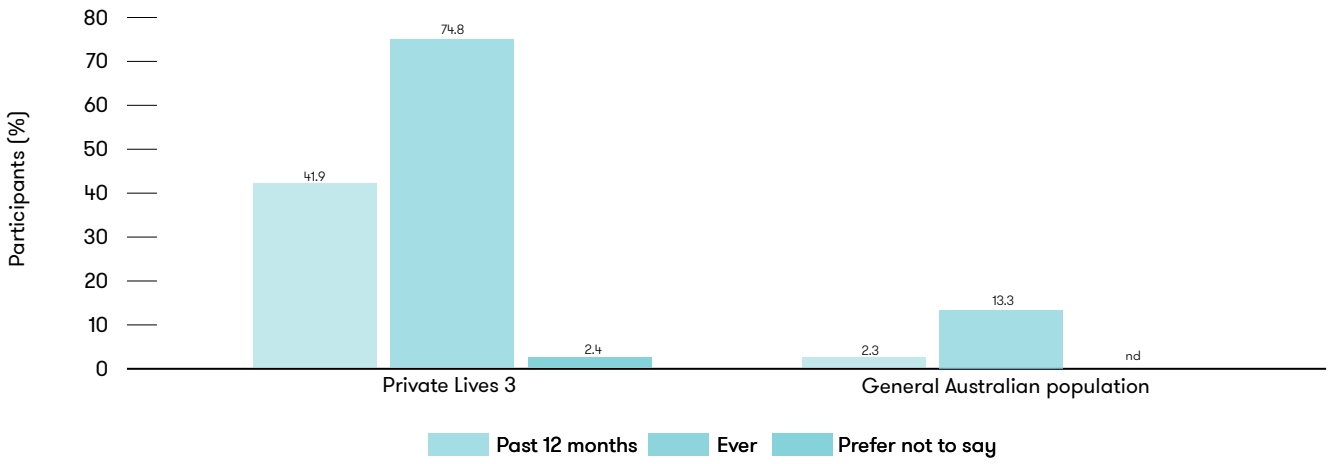

Figure 4

Suicidal ideation (n=6,799) in the past 12 months and ever among PL3 participants and the general Australian population

Trans and gender diverse people (binary and non-binary) experienced higher recent and lifetime experiences of suicidal ideation compared with their cisgender peers.

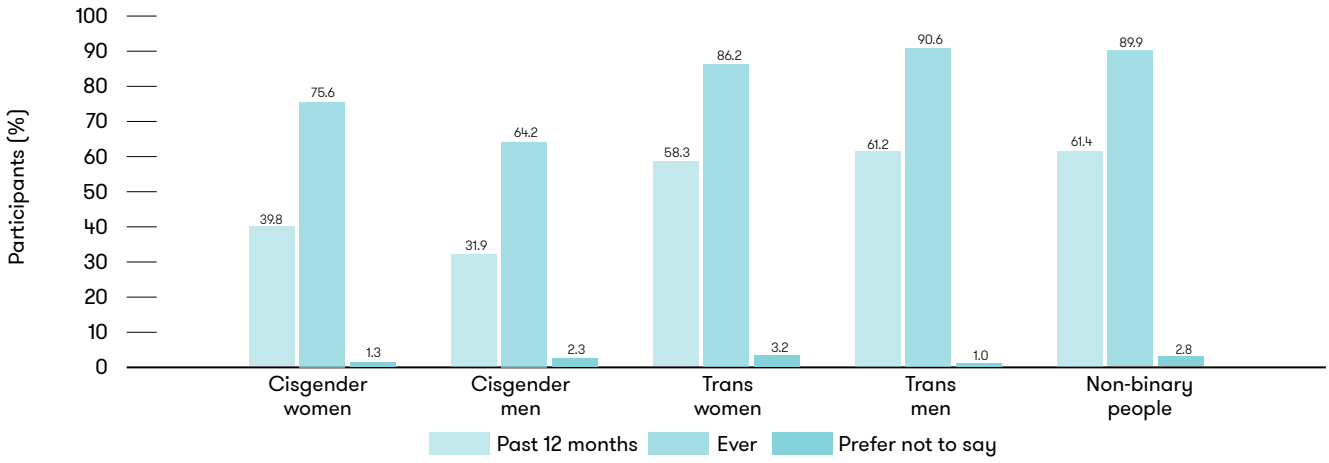

Figure 5

Suicidal ideation in the past 12 months and ever by gender (n=6,747)

Pansexual, bi+, queer, and asexual participants experienced higher recent and lifetime suicidal ideation when compared to lesbian and gay participants.

APPENDIX: WHY IS THIS POPULATION IMPORTANT? (CONTINUED)

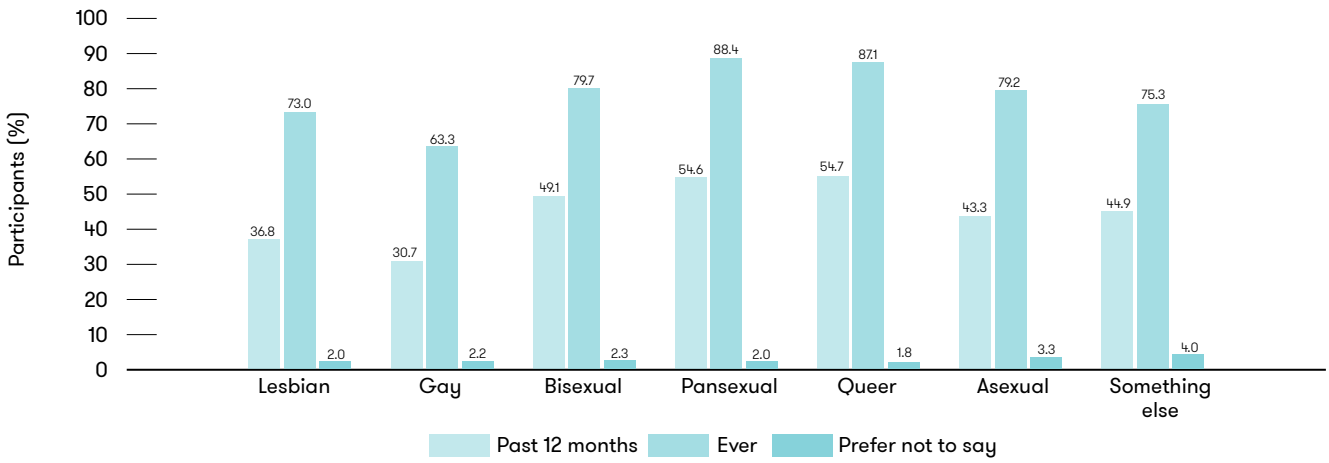

Figure 6

Suicidal ideation in the past 12 months and ever by sexuality (n=6,779)

One in twenty reported having attempted suicide in the past 12 months, ten times higher than reported among the general Australian population (Johnson, Pirkis, & Burgess, 2009).

Over one in three reported having ever attempted suicide at some point during their lives, which is eight times higher than reported among the general Australian population (Johnson, Pirkis, & Burgess, 2009).

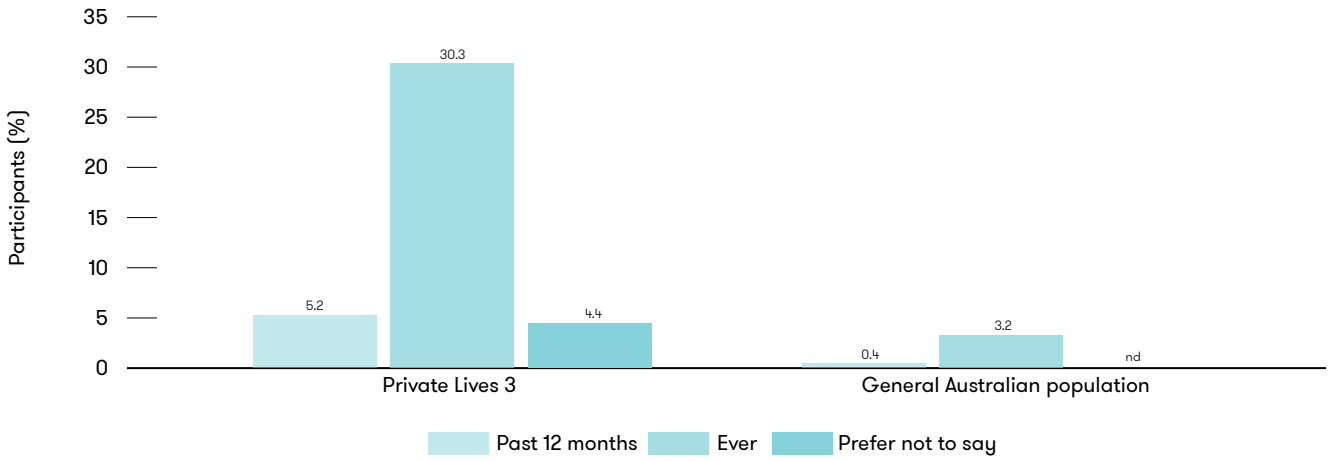

Figure 7

Suicide attempts (n=5,306) in the past 12 months and ever among PL3 participants and the general Australian population

Trans and gender diverse people (binary and non-binary) experienced higher recent and lifetime experiences of suicide attempt compared with their cisgender peers.

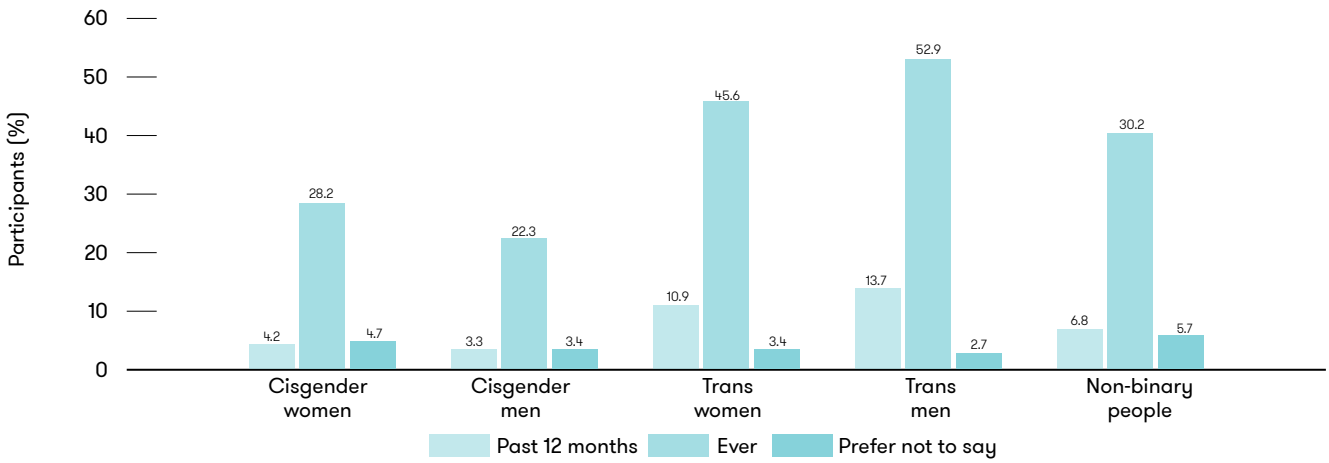

Figure 8

Suicide attempts in the past 12 months and ever by gender (n=5,263)

Pansexual, bi+, queer, participants experienced higher recent and lifetime suicide attempt when compared to lesbian, gay, and asexual participants.

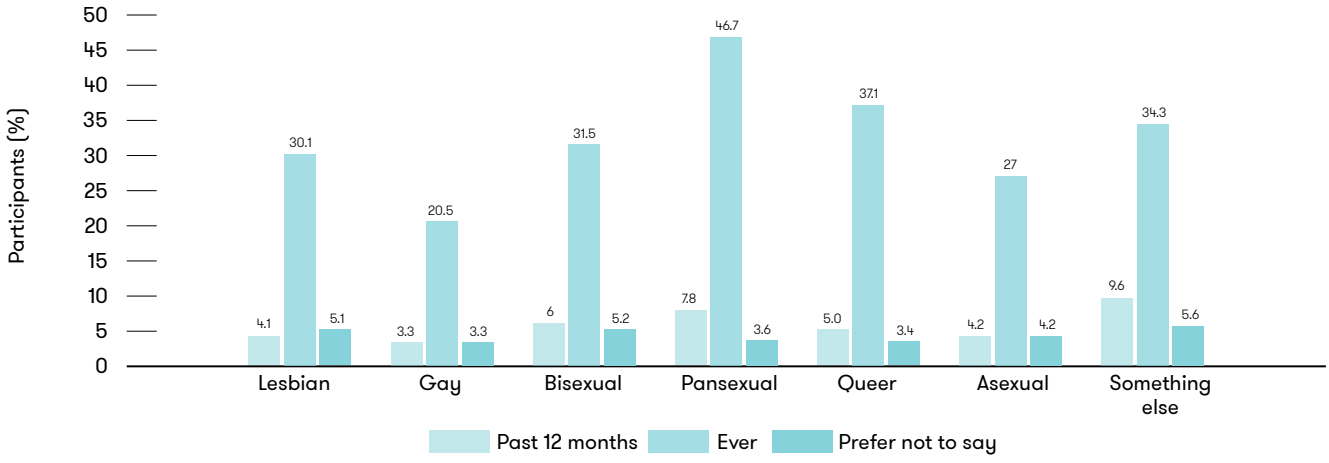

Figure 9

Suicide attempts in the past 12 months and ever by sexuality (n=5,291)

APPENDIX: WHY IS THIS POPULATION IMPORTANT? (CONTINUED)

Alcohol and other drugs (AOD) use

The data in the AOD section come from the Private Lives 3 study, Australia's largest national survey of the health and wellbeing of lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people to date.

The use of AOD occurs at higher prevalence rates among sexuality and gender diverse communities than when compared to data collected within studies of the general population of Australia.

Tobacco

One in five participants reported smoking tobacco, with one in ten smoking daily (Hill, Bourne, McNair, Carman, & Lyons, 2021). People with HIV are more likely to smoke tobacco compared with their HIV-negative peers and the general Australian population (Power, et al., 2019).

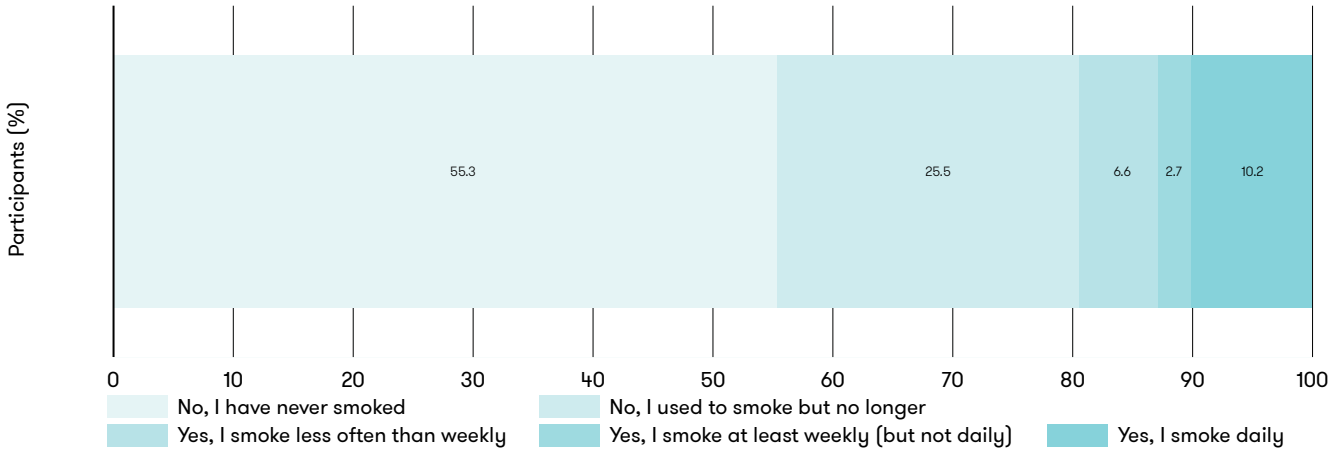

Figure 10
Proportion of current smokers (n=6,830)

Alcohol

One quarter of participants reported drinking more than two standard drinks on average per day, exceeding the Nation Health and Medical Research Council guidelines for lifetime health risks associated with the consumption of alcohol. This is slightly higher than the general Australian adult population (16.1%).

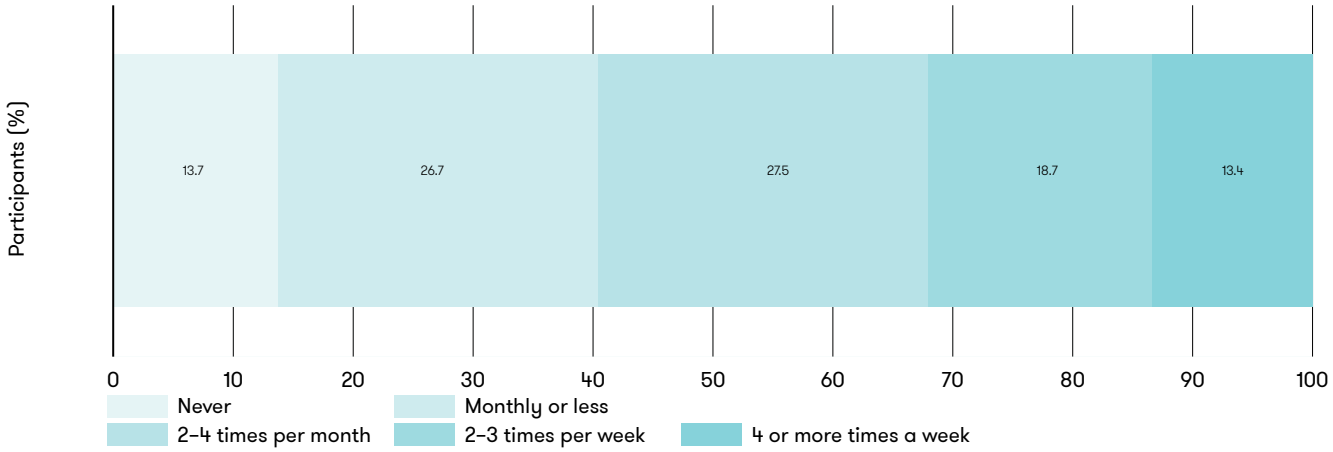

Figure 11

Frequency of alcohol consumption i.e. patterns of use (n=6,831)

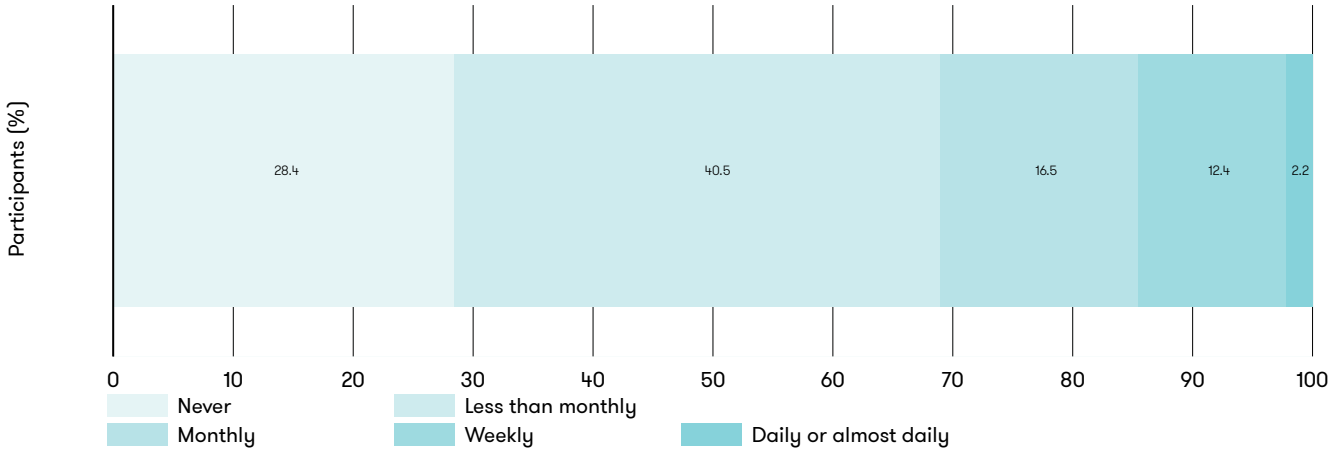

Figure 12

Frequency of consumption of six or more drinks on one occasion i.e. indication of harmful patterns of use (n=5,881)

Of Private Lives 3 participants, 16.9% reported experiencing a time in the last 12 months when they had struggled to manage their alcohol use or a time where it negatively impacted their everyday life. Of those, only 18.3% reported seeking professional support. Participants who reported seeking professional support sought the following services:

- 68.5% sought support from a mainstream service
- 33.0% from a mainstream service that was known to be LGBTIQ-inclusive; and
- 7.6% from a service that caters only to lesbian, gay, bisexual, and/or trans people.

APPENDIX: WHY IS THIS POPULATION IMPORTANT? (CONTINUED)

Drug use other than alcohol and tobacco

Nearly half of all Private Lives 3 participants reporting using any drug other than alcohol in the past six months. Nearly one-third of participants reported cannabis use, 13.9% reported use of ecstasy/MDMA and 9.6% reported using cocaine. Of note is that 8.8% of participants reported using benzos not prescribed by their doctor.

Drugs used in the past 6 months	%
Cannabis	30.4
Ecstasy/MDMA	13.9
Cocaine	9.6
Benzodiazepines (e.g. Valium, Serepax, Xanex)	8.8
Pharmaceutical opioids	5.2
LSD/synthetic hallucinogens/Psilocybin/PCP	4.5
Ketamine (Special K)	4.4
Meth/amphetamine	4.4
Pharmaceutical stimulants (e.g., Ritalin)	4.2
Antidepressants	3.8
Nitrous oxide	3.7
Naturally occurring hallucinogens	3.6
GHB/GBL?1,4-BD (Liquid e)	1.6
Antipsychotics	1.1
Steroids	0.5
Heroin (including homebake)	0.3
Synthetic cannabis	0.3
Mephedrone	0.1
Other drug	0.2
Any drug use other than alcohol	**44.4**

Table 2

Drug use (not prescribed by doctor) in the past six months (n=6,271)

The experience of poor mental health and AOD use is not homogenous within our communities. We show any drug use other than alcohol, cannabis, cocaine, and meth/amphetamine use disaggregated by gender (Figure 13) and sexuality (Figure 14).

Figure 13

Prevalence of: any drug use (other than alcohol); cannabis use; cocaine use; and meth/amphetamine use in the past 6 months by gender (n=6,225)

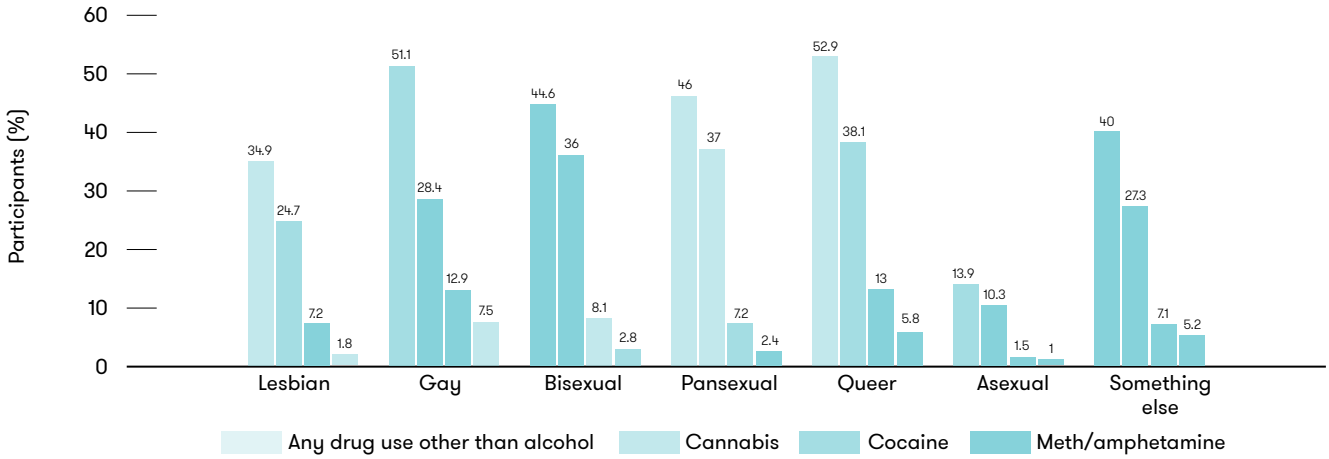

Figure 14
Prevalence of any drug use (other than alcohol); cannabis use; cocaine use; and meth/amphetamine use in the past 6 months by sexuality (n=6,257)

Experiences of harm and self-help seeking behaviours

Of the more frequently used drugs in the past 6 months, 16.1% of participants who reported using cannabis, 20.1% who reported using cocaine, 20.3% who reported using ecstasy, 32.9% who reported using meth/amphetamine and 33.3% who reported using GHB also reported having experienced a time where they had struggled to manage their drug use or where it negatively impacted their everyday life in the past 6 months.

Less than 25% of people who reported struggling to manage their drug use or where it negatively impacted their lives in the past 6 months, reported that they had sought help for their drug use. Of those who sought support did so from the following services:

- 66.3% sought support from a mainstream service,
- 38.4% from a mainstream service that was known to be LGBTIQ-inclusive and
- 11.6% from a service that caters only to lesbian, gay, bisexual, and/or transgender people.

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