

Depression and anxiety in gay, lesbian, bisexual, trans¹ and intersex populations

May 2012

beyondblue position

beyondblue's vision is that the Australian community understands depression and anxiety, empowers people to seek help, and supports recovery, management and resilience. To achieve this vision, *beyondblue* aims to provide national leadership to reduce the impact of depression and anxiety in the Australian community.

beyondblue celebrates diversity and promotes social inclusion and equal opportunity in its programs, research and resources. Same sex attraction, sex and gender diversity (see Appendix A, page 8) are within the usual range of human sexual orientation and characteristics.¹ *beyondblue* believes that no one should be excluded or discriminated against because of where their gender, sex or sexuality is located on these continuums. Every member of our society has a right to access safe health care services that affirm our personal identities and work together with individuals and carers to improve health and wellbeing.

It is clear from research evidence and individual stories of depression and anxiety, that discrimination, exclusion and prejudice are contributing factors to the higher rates of depression, anxiety and self harm which are experienced within gay, lesbian, bisexual, trans¹ and intersex (GLBTI) populations compared with the broader population. *beyondblue* is committed to raising awareness about these issues within the community and helping to reduce discrimination.

Key *beyondblue* messages

- GLBTI populations experience higher rates of depression and anxiety disorders than the general population. There are a range of risk factors that contribute to the development of depression and anxiety. Among GLBTI populations, research clearly indicates that discrimination, verbal and physical abuse, exclusion and prejudice are key contributors to the increased rates of depression, anxiety and self harm.^{2,3,4}
- All people have a right to the highest attainable standard of health, both physical and mental, without discrimination on the basis of gender, sex or sexuality.
- Preventing discrimination requires a concerted community effort and a whole of government approach.
- Recognising the rights of all people to safety from discrimination and equality of access to health and social services is an important first step for improving inclusiveness for GLBTI populations.
- The compounding effect discrimination has on depression and anxiety is preventable. Working to remove the discrimination faced by GLBTI populations will assist in improving mental health outcomes.
- *beyondblue*'s focus on the prevention and early intervention of depression and anxiety provides a mandate to work with our partners

¹ 'Trans' is being used here as an umbrella term to cover a diverse range of experiences of sex and gender and ways of describing oneself such as trans, transgender, transsexual, genderqueer, gender questioning etc. This term has been adopted based on: Aizura, A.Z., Walsh, J., Pike, A., Ward, R., & Jak, 2010. Gender Questioning. A joint project of Trans Melbourne Gender Project, Gay and Lesbian Health Victoria & Rainbow Network Victoria. Accessed at: <http://www.glhv.org.au/node/242>

towards reducing the discrimination faced by GLBTI populations and work together with communities to improve access to appropriate services.

- As a society that values equity and social inclusion, work is needed across a range of areas, including school, sport and social environments, within families, in the workplace and in the provision of health and social care services, to promote inclusive environments that provide welcoming, respectful and safe environments for people of all sexualities, sexes and gender identities.

Links between prejudice and discrimination; depression and anxiety; and gay, lesbian, bisexual, trans¹ and intersex populations

Everyone lives in the social context of our society. A range of social factors are key determinants of the health and wellbeing of individuals and communities. The World Health Organisation's Commission on the Social Determinants of Health recognised social exclusion as a critical factor which negatively affects the health and wellbeing of people globally. Social exclusion restricts the ability of people to participate in economic, social, political and cultural relationships which in turn negatively impacts on health and wellbeing⁵. Exclusionary processes result in unequal access to the skills, capacities and rights that enable all people to participate fully in society⁶.

Equality and freedom from discrimination are fundamental human rights. However, discrimination, abuse, harassment and vilification among people who are gay, lesbian, bisexual, trans¹ and/or intersex are common.^{7,8} Discrimination and prejudice have resulted in rejection by families, bullying, violence (including a fear of violence occurring and experiences of violence) or other negative repercussions of being open about ones sexuality, gender and/or sex.⁹ Discrimination and a culture of homophobia and transphobia within workplaces can result in limited career choices or progression, as well as a continual anxiety about when and where discrimination might occur.¹⁰

While the majority of same or both sex attracted, sex and/or gender diverse people lead happy, healthy fulfilling lives, a number of Australian and international studies have demonstrated that prejudice, discrimination and abuse is strongly related to the increased risk for GLBTI populations of developing depression and anxiety, substance use disorders or self harm and thoughts of suicide.^{11,12,13} Research studies have found that non-heterosexual people face up to two times as much abuse or violence (including physical, mental, sexual or emotional) than their heterosexual counterparts.¹⁴ A fear of violence is also a strong predictor of depressive symptoms.¹⁵ The experiences of prejudice and discrimination among GLBTI populations adds to the other general biological, social, environmental and psychological risk factors which may lead to depression and anxiety.¹⁶

The majority of Australians do not hold homophobic beliefs or attitudes, however there is some evidence that a large minority of people (around 35 per cent) do.¹⁷ These attitudes and beliefs have perpetuated the social exclusion of, discrimination towards and prejudice against GLBTI populations.

Particular at risk population groups/ stages of life

- **Same sex attracted women** are more likely than heterosexual women to have experienced depression during their lifetime¹⁸. The risk for experiencing depression is greatest for young women aged 16 to 24 and for women over the age of 65.¹⁹
- **Same sex attracted men** are much more likely to report an experience of depression in the last 12 months than heterosexual men²⁰. Younger men who have sex with men are at a greater risk of depression than older men who have sex with men²¹.
- **Both sex attracted populations** have significantly higher incidence of mental illness than homosexual or heterosexual populations²². The higher rates of depression have been associated with both sex attracted people being subjected to emotional and/or

physical abuse. In an Australian study, bisexual women were more likely to have experienced emotional, physical (including severe) abuse, sexual abuse, and unwanted sexual activity in the last three years than either heterosexual or homosexual women.²³

- High rates of depression (50-60 per cent) were found in an Australian survey of **trans people**²⁴. Research has found a correlation between greater experience of transphobic discrimination and current symptoms of depression among trans people²⁵. Research from the United States, with **young trans¹ people** found nearly half had thought seriously about suicide and up to one quarter had attempted to take their own life²⁶.
- Experience of stigma and discrimination has been found at extraordinarily high levels among the **trans community** in an Australian-New Zealand survey. Almost 90 per cent of survey respondents reported at least one form of stigma or discrimination and two thirds modified their activities due to fear of stigma or discrimination²⁷.
- Whilst there are few studies of the mental health of **intersex people**, sources of psychological stress may include confusion about sexual identity and gender roles, and treatment issues such as surgery at a young age, surgery without informed consent, and lack of disclosure from parents and health carers. A survey of GLBTI Australians found that approximately 60 percent of intersex people reported having experienced depression, and over 70 percent had seen a counsellor or psychiatrist during the previous five years²⁸.
- Many **older GLBTI people** have lived through times in which homosexuality was illegal, considered a mental illness and otherwise denigrated.^{29,30} This life experience may have a continued effect on older GLBTI people, where current discrimination compounds earlier experiences of discrimination, or results in people not disclosing their sexuality, or gender identity³¹. Some older people face higher levels of social isolation which may

be from both the GLBTI community and the broader community³²; this may be even higher in rural areas³³.

- Research conducted by La Trobe University since 1998 has consistently demonstrated that the most common place for **young people** to face homophobic abuse and discrimination is at school³⁴. Seventy five percent of the young people surveyed attended schools that had no explicit policy to protect same sex attracted or gender questioning young people³⁵.

In addition to experiencing higher rates of depression and anxiety disorders, GLBTI people also experience higher rates of suicidal behaviour and suicidal ideation.³⁶

In the area of racial and ethnic discrimination research suggests that building resilience among people vulnerable to the impact of discrimination and, preventing discrimination before it occurs improves mental health outcomes.³⁷

Overview of the policy framework

Mental health policy framework

The National Mental Health Strategy is a commitment by the Australian and State and Territory governments to improve the lives of people with mental illness. It provides a framework for national reform, and includes the:

- National Mental Health Policy (2008)
- Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009–2014
- Mental Health Statement of Rights and Responsibilities

While social inclusion and non-discrimination are core components of the Policy, Plan and Statement of Rights and Responsibilities, the National Mental Health Strategy does not acknowledge that discrimination is a key contributing factor to the increased levels of depression and anxiety disorders within GLBTI populations. *beyondblue's* submission to the Revised Mental Health Statement of Rights

and Responsibilities (September 2011) highlighted the importance of considering the needs of GLBTI populations in the Statement.

National Suicide Prevention Strategy

The National Suicide Prevention Strategy is the Australian Government's national policy on suicide prevention.³⁸ The strategy, launched in 2000, includes four inter-related components:

- The *Living is for Everyone (LIFE) Framework*, which provides an overarching evidence based strategic policy framework
- The *National Suicide Prevention Strategy Action Framework*, which provides a workplan for suicide prevention activities
- The *National Suicide Prevention Program*, which is the Australian Government funding program for suicide prevention activities
- Mechanisms to promote alignment with state and territory suicide prevention activities and relevant national frameworks
- The LIFE Framework recognises that GLBTI people are at greater risk of suicidal ideation and behaviour.³⁹ The Australian Government has also recently acknowledged the high suicide rates in the GLBTI community, with the Minister for Mental Health and Ageing announcing in July 2011, that \$1.1 million over two and half years was to be granted to the National LGBTI Health Alliance for the *MindOUT* program, which aims to improve mental health and suicide prevention outcomes for the GLBTI population.⁴⁰

Human rights framework

GLBTI populations have the same human rights as other population groups.⁴¹ **The fundamental rights of non-discrimination and equality before the law** are of key importance for GLBTI populations. These provisions are included in:⁴²

- *International Covenant on Civil and Political Rights* (ICCPR)
- *International Covenant on Economic, Social and Cultural Rights*
- *Convention on the Rights of the Child*

- *International Convention on the Elimination of All Forms of Racial Discrimination*
- *Convention on the Elimination of All Forms of Discrimination against Women*

For example, Article 2 of the ICCPR sets out the principle of non-discrimination:⁴³

“Each State Party to the present Covenant undertakes to respect and ensure to all individuals within its territory and subject to its jurisdiction the rights recognised in the present Covenant, without distinction of any kind such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

Article 26 of the ICCPR sets out the principle of equality:⁴⁴

“All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

In 2007 the **Yogyakarta Principles**, which confirm that all international human rights laws apply to GLBTI populations, were developed and adopted. While the principles are not legally binding themselves, they interpret already binding agreements from the view point of sexual orientation and gender identity.⁴⁵

In Australia, there are limited legally-binding human rights protections for GLBTI populations.⁴⁶ There have been some improvements, with discrimination against same-sex couples being removed from most Commonwealth laws in 2008, and most states and territories providing some protection from discrimination on the grounds of sexuality and sex or gender identity.⁴⁷ However, discrimination on the grounds of sexual orientation, sex and gender identity is not unlawful discrimination under federal law.^{48,49}

Social inclusion framework

Australia's national statement on social inclusion, *A Stronger, Fairer Australia* (2009)⁵⁰ is founded on five 'pillars for action':

- economic growth
- equitable social policy
- quality services
- strong families and communities
- partnership for change

While discrimination is acknowledged as a factor that contributes to social exclusion, discrimination towards GLBTI populations is not considered within the statement's action plans.

The service environment

It is important that GLBTI-inclusive practice is considered part of the broader cultural competence requirement of health and human services.⁵¹ The Victorian Ministerial Advisory Committee on GLBTI Health and Wellbeing (2009) has developed a guide for inclusive services, *Well Proud: a guide to gay, lesbian, bisexual, transgender and intersex inclusive practice*. This guide recommends that service providers promote recognition and respect, understanding and responsiveness, and appropriate service delivery, by:

- providing a welcoming environment
- increasing the skills and knowledge of staff through education and training
- improving staff-client communication
- being open about how sexual orientation, gender identity or intersex status may be recorded, used, stored and accessed
- ensuring that appropriate referral services and resources are available
- providing appropriate levels of confidentiality.⁵²

beyondblue endorses the recommendations in *Well Proud*.

In addition to providing inclusive practice in health and human services, it is also vital that

schools and other educational settings provide safe environments for GLBTI people and gender and sexual diversity is supported.⁵³ Safe Schools Coalition Victoria (2010) outlines strategies to support gender and sexual diversity, including displaying inclusiveness through posters, and actions such as supporting student activism, ensuring all school staff participate in professional development, developing anti-bullying policies inclusive of homophobia and transphobia and ensuring diversity in sex, gender and sexuality is incorporated into sexuality education and other curriculum.⁵⁴ Research indicates that school policies which protect students against homophobia/transphobia may influence some of the factors that lead to depression and anxiety among young same sex attracted, sex and or gender diverse people. Policy-based protections were associated with lower suicide rates for students who have not experienced abuse; improved feelings of safety at schools; and more positive feelings about sexuality.⁵⁵

Relevant *beyondblue* programs, research and evaluation

GLBTI Mental Health Roundtable, December 2009

In December 2009, *beyondblue* hosted a GLBTI Mental Health Roundtable bringing together key stakeholders to discuss the broad extent of social exclusion, discrimination and the impact on people's mental health; and the variable health and mental health services accessible to GLBTI populations. Key outcomes of the meeting included a commitment from *beyondblue* to develop a community awareness campaign and commission and promote research to identify risk factors for depression and anxiety among GLBTI populations, and highlight those groups most at risk.

beyondblue GLBTI Reference Group

In 2010, a GLBTI Reference Group was formed to assist with scoping the evidence of incidence and risks for depression and anxiety with the GLBTI community to inform the development of a community campaign. The Reference Group includes representatives with a range

of relevant skills and expertise including academics, consumer representatives, public health experts, community organisations from national and state perspectives, people with media and communications skills and a representative from a state government health department.

Community Awareness Campaign

A new community awareness campaign will be implemented in 2012 to highlight the impact of discrimination as a key contributing factor in the increased prevalence of depression and anxiety among GLBTI populations. The campaign will seek to reduce discrimination by prompting people to question their own attitudes and behaviours and promoting acceptance of diversity. The campaign will also increase understanding of the impact that discrimination has on mental health within GLBTI populations and improve help seeking.

Community Events

In 2011–12, *beyondblue* supported a range of community events and festivals to strengthen relationships with the GLBTI community and to raise awareness of depression and anxiety. *beyondblue* staff and volunteers distributed bags containing relevant information, fact sheets and wristbands at the Midsumma Festival and the Pride March in Melbourne, the Mardi Gras Fair Day in Sydney, the Feast Festival, Adelaide, the Daylesford Chill Out Festival Carnival Day, Pride Fairday in Perth and Canberra's SpringOut Fairday.

beyondblue recognised the International Day Against Homophobia and Transphobia (17 May) with a message of support on *beyondblue's* website.

SenseAbility

This strength-based resilience program has been designed for those working with young Australians aged 12–18 years. It consists of a suite of modules developed to enhance and maintain emotional and psychological resilience in young Australians. A core component of the program is developing a sense of belonging, with a focus on social inclusion.

Policy Submissions

beyondblue has highlighted the relationship between discrimination and increased risk of depression and anxiety in GLBTI populations in a number of Government policy consultation processes. This has included:

- Consolidation of Commonwealth anti-discrimination laws (February 2012)
- Victorian Mental Health Workforce Strategy (October 2011)
- Revised Mental Health Statement of Rights and Responsibilities (September 2011)
- Opportunities for Participation of Senior Victorians (September 2011)
- Commonwealth Funding and Administration of Mental Health Services (July 2011)

beyondblue GLBTI services and resources

beyondblue info line

beyondblue's 24 hour info and referral line provides information, resources and referral pathways in relation to depression and anxiety to anyone in Australia and is staffed by qualified mental health practitioners. Professional development provided to infoline operators includes specific training on the issues experienced by same sex attracted, sex and/or gender diverse people, and the impact of discrimination on mental health. The referral database that operators use includes a range of services for GLBTI populations, including counselling services, as well as options for family members.

Dissemination and sharing of materials and resources

Resources which have been distributed at community events, in conference bags and downloaded from the *beyondblue* website include:

- *beyondblue* Fact Sheet 40 – Depression and anxiety in gay, lesbian, bisexual, transgender and intersex people

- *Youthbeyondblue* Fact Sheet 22: Depression and anxiety in young people who are gay, lesbian, bisexual, transgender or intersex
- Feeling queer and blue: A review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people

Conducting and promoting research

- In 2010 and 2011, the *beyondblue* Victorian Centre of Excellence research grants included LGBTI-relevant issues as a research priority. The research projects funded through this program include:
 - » Evaluation of a tailored online same-sex attracted, youth-focused trans-diagnostic mental health and wellbeing program study (2010)
 - » Building the evidence base of risk and protective factors for depression and anxiety for the LGBTI community (2011)
 - » The impact of homophobic bullying during sport and physical education participation on same sex attracted and gender questioning young Australians' depression and anxiety levels (2011)
 - » Exploring the relationships between hazardous drinking, depression and anxiety in lesbian, bisexual and same-sex attracted women: Culture, motivation and behaviour (2011)
- The second round of the *beyondblue* National Priority Driven Research program called for submissions to address research **gaps regarding the mental health of LGBTI populations.**
- **The National Centre in HIV Social Research, University of New South Wales** has been commissioned (with funding from Movember's support to *beyondblue*) to conduct a detailed analysis of the role of drug and alcohol use on the diagnosis and management of depression in HIV positive gay men. The study – **Impact of alcohol**

and drug use on the diagnosis and management of depression in gay men – a sub-study of the primary health care project on HIV and depression resulted in a number of academic publications.

- The **Private Lives 2** Survey, funded by Movember's support to *beyondblue* and conducted by the **Australian Research Centre in Sex, Health and Society at La Trobe University** examines the health and wellbeing of same sex attracted, sex and/or gender diverse people.
- *beyondblue* commissioned the **Australian Research Centre in Sex, Health and Society**, La Trobe University, to conduct a literature review on depression and anxiety for people who are same sex attracted. The report **Feeling Queer and Blue: A Review of the Literature on Depression and related issues among Gay, Lesbian, Bisexual and other Homosexually Active People** can be downloaded from the *beyondblue* website: www.beyondblue.org.au/glbti

Future trends and directions

Combating homophobia, transphobia, prejudice, discrimination and social exclusion of same and both sex attracted people, sex and gender diverse people will help to reduce the mental health disparity between LGBTI populations and the broader community. Social inclusion will also be more fully realised when all laws, including anti-discrimination laws, ensure equity for LGBTI populations.

The clear links between prejudice, discrimination and increased risk of depression, anxiety, suicidal ideation and problematic substance use, and *beyondblue's* role in reducing stigma and raising awareness of depression and anxiety, means there is an opportunity for *beyondblue* to continue to develop partnerships with LGBTI community organisations, government, researchers and other community stakeholders to complement existing initiatives. *beyondblue* and partners should continue to work collaboratively to improve understanding of depression and

anxiety within the GLBTI community and the impact of discrimination as a key contributing factor in the depression and anxiety in these population groups.

Recommendations

Discrimination is preventable. Multi-sectoral strategies and actions are needed to improve social inclusiveness and health outcomes of GLBTI populations. Recommendations for a comprehensive approach include the following:

- All health, community and social service organisations are encouraged to develop policies that actively promote social inclusion for all people, including GLBTI populations. Such policies should not make assumptions about sex, gender or sexual orientation.
- Policies and programs should be implemented in schools to promote social inclusion and address bullying and homophobic/transphobic language and abuse to build safer and supportive environments for all school communities.
- Mental health services should be responsible and accountable for providing inclusive and comprehensive services for all populations. Specifically, services should ensure that service environments are welcoming and accessible for GLBTI populations, that service delivery staff have completed appropriate training, and can provide safe, non-discriminatory spaces for clients. Mental health services would benefit from training and education to improve knowledge of the impact of discrimination and to help services develop more inclusive policies, procedures and attitudes including appropriate standards of care (for example for transsexual clients undergoing physical transition to their affirmed gender).
- Specific training should be delivered to mental health services, including private practitioners, to improve standards of care for transsexual people including but not limited to the processes required to seek approval for physical transition.

- Achieving equity of health outcomes, including mental health outcomes for GLBTI populations should be built into reporting, monitoring and evaluation processes for the health service system.
- Key national data sources, including the National Mental Health Survey, should prioritise monitoring and reporting on mental health outcomes of GLBTI populations.
- Government, employers and community organisations should continue to work together to improve legislation, policies and programs to ensure the human rights of GLBTI populations, as outlined in international human rights conventions, are legally binding and upheld.
- Families, friends and communities should be accepting and supportive of individuals, particularly during the time people may be identifying their own sexuality, gender or sex diversity or identity.
- Communities should be supported with education about diversity in sex, sexuality and gender and the impact that discrimination has on mental health.
- Schools and other settings where homophobia occurs, should be supported to create positive supportive environments for all students and employees, regardless of sexual orientation, sex and/or gender.

Appendix A – Same sex attraction, sex and gender diversity

beyondblue acknowledges the diversity within gay, lesbian, bisexual, trans¹ and intersex (GLBTI) populations. Not everyone will identify with this terminology as the use of an acronym oversimplifies heterogeneity within populations. The word ‘populations’ has been used where possible to acknowledge that personal identities do not always fit within the GLBTI acronym. Use of the term ‘populations’ also acknowledges that while they are often considered together, same sex attraction, sex and gender diversity are quite different.

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