

# Good Practice Guide

## Many Shades of Blue: Enhancing service delivery to address the mental health needs of LGBTI populations

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This Good Practice Guide for enhancing service delivery to address the mental health needs of LGBTI populations has been created through a consultative process that involved discussions between practitioners and professionals from the mental health sector and LGBTI community members in the West Moreton-Oxley region. We thank the researchers Delaney Skerrett, Sherryn Davies and Adam Thomas, and everyone who shared their stories.

The information included aims to provide an introduction for mental health service providers to increase cultural competency and awareness in negotiating issues related to sexuality, gender identity and intersex status, specifically in relation to mental wellbeing.

Additionally, this resource may benefit mental health service providers who are ready to initiate a conversation about how they can explore the provision of service that is more inclusive, safe and responsive for their LGBTI clients.

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## Introduction

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In 2015 the Queensland AIDS Council surveyed mental health service providers in the West Moreton-Oxley region to identify their level of knowledge and confidence in providing inclusive, safe and responsive services for lesbian, gay, bisexual, transgender and intersex (LGBTI) people. LGBTI people in the region were also surveyed to gain an understanding of their recent experiences in accessing mental health support services and how services can be more responsive to their needs.

This guide provides a brief overview of the research findings and provides service providers with information on ways to enhance LGBTI people's access to mental health services.

Note that the experiences of the providers and the LGBT people surveyed may not reflect the experiences of all providers and LGBTI people in the region. Variations of the LGBTI acronym and language have been used throughout the report, depending on context and the information available. For example, as Intersex people did not participate in this survey, LGBT and not LGBTI has sometimes been used.

# Introduction to LGBTI people

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## Who are LGBTI people?

*Some providers were confused by the LGBTI acronym and the language used when LGBTI people speak about themselves. Providers were also concerned that they would offend people if they referred to LGBTI clients in the 'wrong way'.*

*Service users identifying as LGBTI surveyed suggested that providers could become more informed about terminology, language and how people refer to themselves, as there is currently a limited understanding.*

The National LGBTI Health Alliance uses 'LGBTI' as a recognisable acronym to collectively refer to a group of identities that includes lesbian, gay, bisexual, trans/transgender and intersex people, and other sexually and gender diverse people. These are five distinct groupings of people, which can sometimes overlap, and though while useful, the acronym does not capture the diversity within the LGBTI population. Regardless of people's term of self-identification, they all share experiences around sexuality and/or gender identity and sexuality and/or gender expression that are outside the dominant paradigms of Australian society<sup>1</sup>.

It is recommended that when LGBTI is used, it is used in the broadest possible way, with the intention of supporting as many populations and communities as possible. The limitations of LGBTI language are acknowledged when attempting to speak about the full breadth of people's bodies, genders, relationships, sexualities and lived experiences. Understand that each letter in LGBTI contains a diverse range of real people, living real lives and that while there is a common experience between LGBTI people, everyone's experiences and stories are different<sup>2</sup>.

The following provides a very basic overview of terminology used. The *LGBTI People and Communities, and Inclusive Language* sections of the [National LGBTI Health Alliance's](#) website provide additional information on LGBTI people<sup>1</sup>.

A **lesbian** is a person who describes themselves as a woman and who has experiences of romantic, sexual, and/or affectional attraction solely or primarily to other people who self-describe as women. Some women use other language to describe their relationships and attractions, such as, gay woman.

A **gay** man is a person who describes themselves as a man and who has experiences of romantic, sexual and/or affectional attraction solely or primarily to other people who self-describe as men. Some men use other language to describe their relationships and attractions.

A **bisexual** person is a person of any gender who has romantic and/or sexual relationships with, and/or is attracted to people from more than one gender. Some people who fit this description prefer the terms 'queer' or 'pansexual', in recognition of more than two genders. Although 'bi' technically refers to two, it is often used by people who have relationships with and/or attractions for people of more genders than just women or men.

**Trans, Trans\*** and **Transgender** are terms often used to describe people who were assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression, or behaviour. Transgender people have an internal sense of gender (their gender identity) that differs from their birth sex. The term trans, trans\* or transgender is an umbrella term that includes transsexual, genderqueer, the Aboriginal and Torres Strait Islander terms of sistergirl and brotherboy, and other identities. Most people of transgender experience live and identify simply as women or men; most do not have 'a trans\* identity'. In addition to women and men of transgender experience, some people do identify their gender as trans\* or as a gender other than woman or

man. People from societies around the world with more than two traditional genders often use culturally specific language.

**Cisgender** is the term used when the individual's gender identity aligns with the sex they were assigned at birth.

A person with an **intersex characteristic** is a person born with physical characteristics that differ from modern medical norms about strictly 'female' and 'male' bodies. Intersex is not about gender, but about innate physical variations e.g., they have atypical genitals, XXY chromosomes or unusual hormone production levels. Most people with intersex characteristics describe their gender as simply women or men, not as a 'third gender'.

It is important for providers to understand the main terms, the differences between biological sex, gender identity, gender expression and sexuality, to keep up to date with current language, and to refer to people with respect. The language people use to describe themselves is continually evolving and as it is easy to make mistakes, the [National LGBTI Health Alliance](#)'s website provides the most current information on language and terminology.

Pansexual, asexual, genderqueer, genderfluid, non-binary and queer are also common terms used. The resources listed throughout this guide provide additional information on LGBTI people, language and terminology used.

The [Genderbread Person](#) infographic helps providers to understand their own or their client's identity, while helping people to break down sexual orientation, gender identity, gender expression and biological sex.



#### Key Points – Who are LGBTI people?

- *Language is constantly evolving and changing*
- *Stay as up to date as possible with language by viewing the LGBTI people and Communities and Inclusive Language sections of the [National LGBTI Health Alliance website](#)*
- *Read the [Working Therapeutically with LGBTI Clients: a practice wisdom resource](#) to better understand LGBTI people and how to use language in a therapeutic context*
- *Use the [Genderbread Person](#) infographic to learn more about sexual orientation, gender identity, gender expression and biological sex*

## Understanding LGBTI mental health service users

*The LGBT people who participated in the research were all aged 18 years and above and included people of diverse sexualities and gender identities, with no people of intersex status participating. The terms LGBT people used to define or describe themselves differed and did not always align with the LGBTI acronym. The age at which people became aware of their sexuality or gender identity ranged from 8 years to 40 years of age though some people said that they had always known. All LGBT people felt at least 'okay' with their sexuality or gender identity and of those who had accepted their identity, did so between the ages of 17 and 46 years. For those who had engaged in sexual activity, they had their first sexual experience between the ages of six and 26 years.*

*All LGBT people had told at least one person about their sexuality or gender identity, and the first time they had told someone ranged between the ages of six and 40 years. They reported that most people they have told had been supportive, including parents, family members, religious personage, doctors, mental health professionals, friends, teachers and people on the internet. Some people had never told their mother, doctor, teacher, mental health professional, sexual partner, religious personage or someone on the internet, or had received responses that were not supportive or were somewhat supportive.*

The experiences of all LGBTI people differ. While there are similarities in the experiences of LGBTI people, the ages of LGBTI awareness, acceptance, sexual experiences, 'coming out' and disclosure to key people are very individual and differ greatly. There is also great diversity in people's level of acceptance and how people refer to themselves or their behaviours, using different terms, language, pronouns, and ways to express their identities.



### Key Points – Understanding LGBTI mental health service users

- *LGBTI people describe and express their sexuality, gender and sex in diverse ways*
- *The age at which people become aware of and accept their sexuality, gender identity or intersex status differs is very individual*
- *LGBTI people may have always known their sexuality, gender or intersex status or may become aware of their identity at any stage of their life course, from childhood to adulthood*
- *The time it takes for LGBTI people to accept their identity or status differs, as does their level of acceptance*
- *View the [Genderbread Person](#) infographic to gain a greater understanding of sexuality, gender identity, gender expression and sex, separate entities that interact with each other*

## Yes, you do have LGBTI people accessing your service

*The mental health service providers surveyed were not always certain if LGBTI people were accessing their service. Some service providers asked clients if they identified as LGBTI, some LGBTI people disclosed without providers asking their clients, and other providers did not know but thought LGBTI people were accessing their service because they 'guessed' or had 'suspicions' that people were LGBTI.*

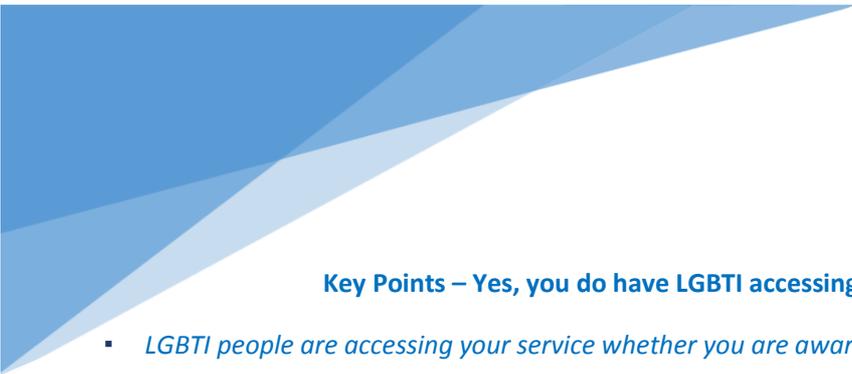
*In the past 12 months, LGBT people had seen the following providers at least once for their mental health: GP, psychologist, psychiatrist, counsellor, social worker, mental health nurse practitioner, nurse, complementary health practitioner and/or hospital. Some participants had seen the following more than four times for their mental health in the past 12 months: GP, psychologist, psychiatrist, counsellor, social worker, mental health nurse practitioner and hospital.*

Yes, you do have LGBTI people accessing your service. Any client may be an LGBTI person. LGBTI people can be found in all walks of life, professions, faith communities, political parties and locations throughout Australia. When we speak about 'the general population' or 'the mainstream', we are also talking about LGBTI people. People have many different ways of living their lives and there is no such thing as 'the LGBTI lifestyle'<sup>2</sup>. Someone's sexuality, gender identity or intersex status cannot be assumed, and some people will choose to not be visible due to fear or other reasons. This is explored further on page 11.

LGBTI people make up a significant part of Australian society and live in metropolitan, suburban, regional, rural and remote areas. Many clients will not present with an LGBTI identified issue or may not disclose their identity or status, but LGBTI people are accessing your service and in many instances, are colleagues<sup>2</sup>. LGBTI people access all types of services, including 'mainstream' and faith-based services, and services for the homeless, refugees, Aboriginal and Torres Strait Islander people, gambling, aged care, general health, child, youth, parents groups and the like.

In the [LGBTI People Mental Health and Suicide Briefing Paper](#) the National LGBTI Health Alliance provides information on the number of LGBTI people in Australia. It is impossible though to provide a definitive figure on how many people there are in Australia who identify, as different questions elicit different responses and people do not always feel safe to disclose their sexuality, gender identity or intersex status.

Nine percent of adult men and 15% of women in Australia report same-sex attraction or have had sexual contact with someone of the same sex, although only approximately 2% actually identify as lesbian, gay or bisexual. Recent international research estimates the prevalence of transgender people as being between 1:500 and 1:11,500. Estimates of the number of intersex people vary from 1:200 to 1:2000, depending on the conditions included<sup>3</sup>.



### Key Points – Yes, you do have LGBTI accessing your service

- *LGBTI people are accessing your service whether you are aware of it or not*
- *LGBTI people make up a significant proportion of Australia’s population*
- *LGBTI people can be found in all walks of life, professions, faith communities, political parties and locations throughout Australia and have a number of identities such as being of Aboriginal and Torres Strait Islander origin, a mother or father*
- *LGBTI people are a part of the mainstream society as well as being part of other communities*
- *There is no such thing as an ‘LGBTI lifestyle’ and you cannot assume that a person does or does not identify as LGBTI*
- *The [National LGBTI Health Alliance](#) provides in depth information on the number of LGBTI people in Australia in the [LGBTI People Mental Health and Suicide Briefing Paper](#)*

## LGBTI people, mental health and suicidality

*Many providers were unaware of the poor mental health outcomes of LGBTI people, or the extent to which the health outcomes differ between LGBTI people and non-LGBTI peers.*

*LGBT people discussed their sexuality or gender identity as a big part of their life and that it influences their thoughts, feelings, identity, relationships and personality. They said it has a big impact on their health in general and mental health. Depression, anxiety, moodiness, low sense of self-worth and internalised homophobia were regularly discussed. They expressed that there is a high prevalence of depression and mental health issues within the LGBTI community, so if people are accessing mental health services, their identity is likely to be involved to some extent.*

Many LGBTI Australians live healthy and happy lives though a disproportionate number experience worse health outcomes than their non-LGBTI peers in a range of areas, in particular mental health and suicidality<sup>3</sup>.

The National LGBTI Health Alliance provides in depth information on the mental health and suicidality of LGBTI people in Australia in the [LGBTI People Mental Health and Suicide Briefing Paper](#). It is recommended that this paper is read to better understand the extent of the issues specific to LGBTI people and the importance for providing inclusive, safe and responsive practice.

[A Closer Look at Private Lives 2: Addressing the mental health and wellbeing of lesbian, gay, bisexual, transgender \(LGBT\) Australians](#) and [The First Australian National Trans Mental Health Study Summary of Results](#) report also provide detailed information on LGBT people and their mental health and suicidality. An article by [Schutzmann, Brinkmann, Schacht and Richter-Appelt](#) provides commentary on the psychological distress, self-harming behaviour, and suicidal tendencies in adults with intersex experiences (previously referred to as disorders of sex development).

The mental health of LGBTI people is among the poorest in Australia, and these poor outcomes are found in all age groups of LGBTI people:

- At least 36.2% of trans\* and 24.4% of gay, lesbian and bisexual Australians meet the criteria for experiencing a major depressive episode, compared with 6% of the general population. In one study, up to 59.3% of trans\* women met the criteria<sup>3</sup>
- Lesbian, gay and bisexual Australians are twice as likely to have a high or very high level of psychological distress as their heterosexual peers (18.2% v 9.2%). In younger people, 55% of LGBT women compared with 18% in the nation, and 40% of LGBT men compared to 7%, experience high or very high levels of psychological distress<sup>3</sup>
- More than twice as many gay, lesbian and bisexual Australians experience anxiety disorders as heterosexual people (31% vs 14%) and over three times as many experience affective disorders (19% vs 6%). In one study, nearly 80% of LGBTI respondents reported experiencing at least one period of intense anxiety in the 12 months prior to completing the survey<sup>3</sup>
- Intersex adults show psychological distress at levels comparable with traumatised non intersex women, e.g., those with a history of severe physical or sexual abuse<sup>3,4</sup>
- Trans\* people are four times more likely to have ever been diagnosed with depression than the general population, and approximately 1.5 times more likely to have ever been diagnosed with an anxiety disorder<sup>5</sup>

In terms of suicide:

- LGBTI people have the highest rates of suicidality of any population in Australia. Twenty percent of trans\* Australians and 15.7% of lesbian, gay and bisexual Australians report current suicidal ideation<sup>3</sup>

- Same-sex attracted Australians have up to 14 x higher rates of suicide attempts than their heterosexual peers. Rates are 6 x higher for same-sex attracted young people. The average age of a first suicide attempt is 16 years, often before 'coming out'<sup>3</sup>
- A UK study reported 84% of trans\* participants having thought about ending their lives at some point and up to 50% of trans\* people have attempted suicide at least once in their lives<sup>3</sup>
- With over 57.2% of trans\* people having been diagnosed with depression, it strongly suggests that trans\* people living in Australia are a high-risk group for suicide<sup>5</sup>

The *Mental Health and Suicidal Behaviours in LGBTI Populations and Access to Care in Australia: A Literature Review* was developed as part of this Many Shades of Blue project and can be obtained by contacting [sdavies@quac.org.au](mailto:sdavies@quac.org.au). The [Australian Institute for Suicide Research and Prevention](#) is currently conducting research on LGBTI people and suicide, and has LGBTI related research available on their website for viewing.



#### Key Points – LGBTI people, mental health and suicidality

- *Many LGBTI Australians are living healthy and happy lives though LGBTI people experience disproportionately worse health outcomes than their non-LGBTI peers*
- *Up to 80% of LGBTI people have experienced at least one episode of intense anxiety in the previous 12 months*
- *Same sex attracted Australians have up to 14 x higher rates of suicide attempts than their heterosexual peers*
- *In a UK study up to 50% of trans\* people have attempted suicide at least once in their lives and over 57% of trans\* people in Australia have been diagnosed with depression*
- *Intersex adults show psychological distress at levels comparable with traumatised non-intersex women, e.g., with a history of severe physical or sexual abuse*
- *Read the literature above to gain an understanding of mental health and suicidality in the LGBTI population*

## LGBTI people's poorer mental health and higher suicidality

*Only some providers were able to suggest reasons why LGBTI people have poor mental health and high rates of suicidality than their non-LGBTI peers. Many providers stated that this was the first time they had thought about differing needs and they were either challenged by the question or were surprised that they had never thought about it before.*

*LGBT people expressed that they would like providers to have a greater awareness and understanding of the stories of LGBTI people and the unique experiences they face.*

Discrimination and exclusion are key causal factors of LGBTI mental ill-health and suicidality. The elevated risk of mental ill-health and suicidality among LGBTI people is not due to sexuality, gender identity or sex in and of themselves, but rather due to the discrimination and exclusion as key determinants of health, often referred to as minority stress. Being LGBTI is not in itself a problem<sup>2,3</sup>.

The following resources provide in depth information on statistics and factors affecting the mental health of LGBTI people as well as how service providers can protect against these and provide services that respond to their client's individual, cultural, medical and historical needs:

- [LGBTI People Mental Health and Suicide Briefing Paper](#)
- [Working therapeutically with LGBTI clients: a practice wisdom](#)
- [The First Australian National Trans Mental Health Study Summary of Results](#)
- [A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender \(LGBT\) Australians](#)
- [Psychological distress, self-harming behaviour, and suicidal tendencies in adults with disorders of sex development](#)

The experience of or fear of experiencing homophobia, biphobia, transphobia, discrimination, heterosexism/heteronormative behaviour, isolation, exclusion, abuse, violence, harmful practice, or being outed greatly influences LGBTI people's access to mental health services and can directly impact on their mental health, causing stress, psychological distress and increasing suicidality.

Up to 80% of same-sex attracted and gender questioning young Australians experience public insult, 20% experience explicit threats, 18% experience physical abuse and 26% experience 'other' forms of homophobia. In a 12 month period, LGBT people experienced verbal abuse (25%), harassment (15%), threats of physical violence (9%) and written abuse (7%). Approximately 50% of Australian trans\* adults experience verbal abuse, social exclusion and having rumours spread about them, and 49% of trans\* respondents in a NSW study reported having been sexually assaulted<sup>3</sup>.

Many LGBTI people avoid certain situations due to fear of discrimination, exclusion and/or fear of being 'outed', thus limiting the social connectedness known to contribute to developing resilience and wellbeing. These experiences also limit people's access to health services, increasing the importance for services to be inclusive, safe and responsive to the needs of LGBTI people. Some LGBT people involved in this survey had not sought mental health support for over 10 years due to past negative experiences.

The Australian Human Rights Commission's [Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights National Consultation Report 2015](#) outlines human rights issues currently affecting Australian LGBTI people, focussing on religious freedom, discrimination, relationships and family issues, health-related issues, education, and issues particular to trans\* and gender diverse people.



### **Key Points – LGBTI people’s poorer mental health and higher suicidality**

- *Discrimination and exclusion are key causal factors of LGBTI mental ill-health and suicidality*
- *Being lesbian, gay, bisexual, transgender or intersex is not, in itself, the cause of mental ill-health*
- *LGBTI people have experienced or fear experiencing homophobia, biphobia, transphobia, discrimination, heterosexism/heteronormative behaviour, isolation, exclusion, abuse, violence, harmful practice and being outed*
- *Read the literature above to better understand LGBTI people, mental health and suicidality in the LGBTI populations, how to use language within a therapeutic context and human rights issues currently affecting Australian LGBTI people*

# Mental Health Service Providers

## LGBTI people as Mental Health Service Providers

*Over one third of the providers surveyed identified as LGBT. Of those, 25% had not told anyone at work about their sexuality or gender identity while another 25% stated that almost everyone at work knew about their sexuality or gender identity. Some LGBT providers expressed a number of concerns about disclosing their sexuality or gender identity in the workplace.*

*Concerns were based on past experience or they feared that they would be judged or excluded from working with certain clients or participating in usual roles. Some found their identity to be irrelevant at work or that the industry that is 'supposed to be most accepting of people, is actually the hardest and most judgmental on their own'. LGBT providers tended to tell people they trusted and had an existing good working relationship with.*

*In a professional context, LGBT providers varied in comfort about disclosing their sexuality or gender identity to clients. Some found it important to disclose their identity if they felt it would assist in the therapeutic relationship, help to normalise the experiences of clients, assist with their recovery, help to explain where 'they are coming from', and only if it was relevant to the client. Decisions to disclose were made on a case-by-case basis though some providers did not know what they were allowed to disclose.*

*Some providers chose not to disclose their sexuality or gender identity to their colleagues or clients as they keep their private life private unless they are in a trusting place. Some stated it is not relevant or necessary to disclose and others expressed concern about how clients who did not identify or were religious would react to the disclosure. In the past, some providers had negative experiences with religious people and organisations, and with people from culturally and linguistically diverse backgrounds. They were also fearful of people's reactions and did not want to be judged only through that lens or only see LGBTI clients.*

Mental health service providers who are LGBTI have no obligation to disclose their identity or status to anyone, either in a professional or personal context within the workplace. However, if providers do not feel comfortable to disclose in the workplace, it is highly likely that LGBTI clients will not feel comfortable to disclose to their service provider or other staff.

It is important for all staff to know their organisation's policy on what disclosure is appropriate in the workplace – this statement does not and should not distinguish between diverse sexualities, genders and intersex bodies e.g., there should be no difference in the ability for heterosexual and cisgendered staff and LGBTI staff in talking about their relationships, history, stories or experiences.

The Australian Human Rights Commission's [\*Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights National Consultation Report 2015\*](#) provides people with an understanding of human rights issues currently affecting Australian LGBTI people, including workforce issues. It is reported that 16% of gay men and lesbians said they had been discriminated against at work on the basis of sexual orientation. They were also more likely than heterosexual employees to strongly disagree or disagree that, in their job, people treated each other with respect (26% vs 17%) and were less likely to indicate that people are chosen for jobs on the basis of their competency (50% vs 70%)<sup>6</sup>.

The Commission report stated that 62% of the LGBTI people who participated in the consultation felt that they wanted to, but felt unable to disclose their sexual orientation in the workplace. Overt discrimination, harassment, bullying and victimisation, while not an insignificant problem, is only part of the discussion, with research also indicating there are significant consequences for individuals and organisations where LGBTI people feel unable to be honest about their sexual orientation at work<sup>6</sup>.

The Anti-Discrimination Commission of Queensland released a report titled [Trans\\* @ Work – A guide for trans\\* employees, their employers and colleagues](#). This publication provides information for trans\* employees, their employers, managers and colleagues who are seeking guidance on issues associated with transitioning at work. The report suggests ways to work together to achieve a successful transition in the workplace, address pre-employment issues and provide ongoing support to trans\* employees. OII Australia – Intersex Australia provides an [Employer’s Guide to intersex inclusion](#). These resources will also be of benefit for employers of people with diverse sexualities.

The [LGBTI Legal Service](#) is available to meet with people in person or over the phone and provides resources online. The Service provides legal advice and information to LGBTI people and other people who have legal needs which arise from their identification as LGBTI and/or because they feel more comfortable in dealing with a solicitor with specific skills, interest and understanding of LGBTI legal issues and/or the barriers experienced by LGBTI people in accessing the legal system. The most common issues they provide advice on are in relation to family law, domestic violence, surrogacy, parenting rights, criminal law, discrimination, victims support, health and civil matters, legal issues in relationships to government decisions, Centrelink matters and employment matters.



#### Key Points – LGBTI people as Mental Health Service Providers

- *It is likely that there are LGBTI staff working or volunteering within your service*
- *Not all LGBTI staff members will have disclosed at work for a range of personal and professional reasons*
- *Staff members can experience fear of being excluded at work if they disclose to colleagues or clients*
- *In one study, 62% of LGBTI people felt that they wanted to, but felt unable to disclose their sexual orientation in the workplace*
- *Staff do not always feel comfortable to disclose their sexuality, gender identity or intersex status in the workplace to colleagues or clients*
- *If LGBTI staff members do not feel comfortable to disclose at work, it is likely that clients will not feel comfortable to disclose to the service either*
- *All staff need to be aware of their organisation’s policy on disclosure of personal information to clients*
- *Read the literature above to gain an understanding of employment, legal matters, and human rights issues currently affecting Australian LGBTI people*

# Needs of LGBTI people

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## Differing needs of LGBTI people and addressing those needs

*Not all providers surveyed were able to suggest reasons why LGBTI people have poorer mental health and higher suicidality than other Australians, with some stating that the treatment of LGBTI clients should be the same. Many providers surveyed stated that this was the first time that they had thought about differing needs of LGBTI people in general. Differing health needs of LGBTI people mentioned related to factors associated with mental health, domestic violence, physical health, drug use, discrimination, marginalisation, stigma, shame, abuse, internalised homophobia, reduced access to services, and negative previous experiences with health care providers.*

*There was some understanding of the health disparities associated with being LGBTI and having mental ill-health, with stigma becoming worse the more regional people live. Providers identified contributing factors including judgment, social barriers, bullying, shame, abuse, past and present negative experiences with health care providers, minority stress, being different, standing out and reduced tolerance adding to the stresses of LGBTI people. Some providers noted increased complexity of working with LGBTI clients, with the greater need for confidentiality and extra consideration relating to disclosure, working with families and the family's level of support, coming out, discrimination, high levels of confusion, inner questioning and having to come to terms with key experiences and life changes. One provider spoke about the major life shifts and transitional points that LGBTI people experience more than other people, and the level of conflict, struggle and secrecy they face.*

*It was recognised that LGBTI people have long standing issues with self-worth, sense of belonging and self-esteem and this often stems back to their experiences as identifying as LGBTI. There was also recognition of the discrimination, marginalisation and internalised homophobia people experience, as well as having multiple intersections, reduced access to health services, difficult family circumstances and societal pressures. Providers acknowledged that some people may find it very hard to be open and honest with the provider due to the risk in the provider 'not agreeing' or accepting the person or turning them away.*

The level of knowledge and understanding of providers varied with not all providers being aware of LGBTI people having poorer mental health and higher suicidality than non-LGBTI people and the reasons why this might be. It is recommended that providers read documents such as those below, to gain a better understanding on the reasons why disclosure is important and how to provide invitations for disclosure.

The [National LGBTI Health Alliance's Knowledge Hub](#) and the [Queensland AIDS Council's MindOUT! Mental Health and Suicide Prevention Resources and Research webpage](#) provides links to documents such as:

- [Working therapeutically with LGBTI clients: a practice wisdom resource](#)
- [A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender \(LGBT\) Australians](#)
- [The First Australian National Trans Mental Health Study: Summary of Results](#)
- [Families like mine: A guide for parents and families of young people who are lesbian, gay, bisexual, gender diverse or who are questioning their sexuality or gender identity](#)
- [From blues to rainbows: The mental health and well-being of gender diverse and transgender young people in Australia](#)
- [Writing themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people](#)
- [Growing Up Queer: Issues Facing Young Australians Who are Gender Variant and Sexually Diverse](#)



### **Key Points – Differing needs of LGBTI people and addressing those needs**

- *The mental health needs of LGBTI people differ to those of non-LGBTI people*
- *Not all providers are aware of the poor mental health outcomes of LGBTI people and their differing mental health needs*
- *The effects of discrimination, exclusion, various intersections, confidentiality, minority stress, internalised homophobia, key life transition points and access to mental health services providers need to be considered and understood by providers*
- *Read the literature above to gain an understanding of the mental health needs of LGBTI people*

# Inclusive service delivery

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## Services and attractiveness to LGBTI people

LGBT people were most likely to attend mental health services that bulk bill, are known to be LGBTI friendly, are accredited as being LGBTI inclusive, and uses LGBTI inclusive language on forms and information documents. Some people valued services that advertised in LGBTI media and services known to have LGBTI people on staff. They were least likely to attend services used by family members.

### **Negative experiences: providers**

Providers identified a number of ways in which services reduced or increased access of LGBTI people to inclusive, safe and responsive mental health services. Negative aspects included unsafe environments of stigma, judgment, lack of understanding of LGBTI issues and people, poorly trained staff, staff all appearing the same or all being dressed in or acting according to gender and cultural norms, and not treating people with respect. Looking people up and down, excluding and judging people, treating people differently, not allowing people to be themselves and assuming that all people are heterosexual or cisgendered, were also identified as negative aspects. Mis-gendering or mis-naming also resulted in negative experiences for trans\* people. Physically, the lack of or inappropriate signage or identifiable material such as rainbows or LGBTI friendly posters were identified, along with having religious symbolism in the waiting rooms also reduced access to the service.

### **Negative experiences: LGBT people**

The LGBT people surveyed said that the attitudes of mental health services providers can have a great impact on them. Some people said they felt invisible, hidden, not-validated or not able to speak about themselves, or did not seek support for years after a bad experience.

A small number of LGBT people stated that the service being faith based did not influence their use of a service however most did say that it influence's their access to a service. LGBT people provided diverse responses, though overall from most to least influence, the following factors impacted on their experiences of accessing mental health support; a negative reaction to any disclosure of their sexuality, sex or gender; being judged for aspects of their lifestyle as LGBTI people; perceived experience of discrimination due to homo/bi/trans\*/intersex phobia; having to explain what it is like to be an LGBTI person; lack of knowledge about the lived experiences of LGBTI people; past negative experiences from services due to sexuality, sex or gender; and if an organisation is faith based. These factors were all listed highly under greatly influences.

LGBT people had negative experiences when providers did not understand the issues affecting them, and did not: provide invitations to allow clients to talk about themselves and their stories; listen to their stories; include supportive loved ones in conversations or acknowledge important relationships or relationships as legitimate; or provide validation as a person. Negative experiences also occurred when there was a lack interest portrayed by providers, they were not able to build rapport, could not feel comfortable to reveal their self or show vulnerability, or when providers were too prescriptive or directive, did not take time to really explore and listen, and made assumptions. Issues arose when providers only focused on sexuality and were dismissive of gender identity, and when providers did not believe the LGBTI person and did not ask 'the question'. 'The question' relates to the way in which providers ask clients about their sexuality, gender identity or intersex status.

### **Positive experiences: providers**

Positives identified by providers included having staff of diverse age, gender, sexuality and ethnicity, having cultural competency helping clients to identify as LGBTI, and obtaining knowledge and expertise in LGBTI mental health and suicide prevention.

*Supporting LGBTI people to disclose and speak of themselves through appropriate questioning, language, intake and registrations forms, and during sessions was also identified.*

*Overall, providers identified that all people need to feel comfortable, be welcomed, greeted and treated with warmth and non-judgment, and that all people should be accepted for who they are, what they are and their life circumstances. The first interaction within the service was seen to be incredibly important, along with acknowledging that all people are unique.*

*Providers also identified that if they are informed, knowledgeable, ask about client's sexuality, gender or intersex status, are trained, have good signage, staff with lived experience, and services that are engaging, inclusive and involve LGBTI people, then experiences will be more positive. Understanding different definitions of family, being proactive and promoting inclusive services, policies, procedures, referral pathways, valuing diversity, uniqueness and a diverse workforce were also seen as important. Do you identify as LGBTI posters, participating in LGBTI training and knowledge sharing opportunities, providing options and being welcoming and respectful were discussed. Having open conversations and discussing LGBTI mental health and people as part of everyday language was seen as challenging but something providers aimed to achieve.*

### **Positive experiences: LGBT people**

*LGBT people expressed positivity when the service providers appeared interested, listened and were engaged, were non-judgmental, provided no great reaction to their disclosure, explored what their identity meant to them, understood diversity and dynamics, created a safe and comfortable space, did not automatically assume that they were heterosexual or of a particular gender, were accepting, had information available, and supported them to 'come out'. It was also helpful when services were open to learning more about LGBTI health issues, took the time to acquire their history and explore their current situation, allowed the LGBTI person to lead the session, used open ended and inclusive questions, reassured people that they are okay and know that what they are feeling is real.*

*Having an understanding of how hard it can be to open up, be an LGBTI person, to disclose, and tell your story is important, as well as acknowledging that it has been risky or may have been difficult for them to attend the service and be honest. Treating people 'normally' and 'normalising' their experience was seen as key, along with displaying visual LGBTI cues on websites, in resources and in waiting and consultation rooms.*

*Providing proper referral pathways and service options, bulk billing, support groups and appropriate services without always having to be referred on to an LGBTI specific organisation were important. Being proactive, promoting inclusive services, providing peer support and LGBTI resources, and being knowledgeable about LGBTI history, including social, criminal and mental health history is needed.*

The information that service providers and LGBT people discussed is similar and reflects the literature available. There are many ways for services to increase access to services for LGBTI people and they revolve around using inclusive language, providing supportive and welcoming environments, providing LGBTI resources, having knowledgeable staff members, 'normalising' the experiences of LGBTI people and being respectful and non-judgemental. Treating everyone the same does not result in equitable practice, and understanding the stories of LGBTI people as individuals and as a cultural group is vital to provide inclusive, safe and appropriate care.

Conducting an assessment or an audit is a great way to determine how inclusive, safe and appropriate your service currently is. There are a number of organisational audits that can be used. The two most commonly used audits are those associated with [The Rainbow Tick](#) and [Championing Inclusion: A guide to creating LGBTI inclusive organisations](#). These guides provide audit tools, frameworks and resources to assist services in enhancing their practice. Services may wish to become accredited against the six standards of [The Rainbow Tick](#), though services can use the assessment tools to assess and reassess the quality and inclusiveness of the services that they provide without aiming for accreditation.

It is recommended that services make a number of small changes over time, creating positive changes on service delivery with minimal financial costs involved.

Generally, the first steps to increasing inclusivity include generating conversations in the workplace, conducting an audit and reflecting on current practice, knowledge and attitudes, obtaining organisational support, and developing an action plan.

In addition to the resources listed above, the following resources may be of assistance:

- [Working therapeutically with LGBTI clients: a practice wisdom resource](#)
- [Well proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services](#)
- [Going upstream: A Framework for promoting the mental health of LGBTI people](#)
- [Beyond a rainbow sticker: A report on How<sup>2</sup> create a gay, lesbian, bisexual, transgender and intersex \(GLBTI\) inclusive service 2012-2013](#)
- [GLBTI inclusive practice: working with rural communities](#)
- [Beyond 'we treat everyone the same': A report on the 2010-2011 program: How<sup>2</sup> create a gay, lesbian, bisexual, transgender and intersex inclusive practice](#)
- [GLBTI-inclusive practice audit for health and human services](#)
- *The Queensland AIDS Council provides [professional development opportunities](#) to organisations on inclusive practice for a fee and provides information on [GLBTI inclusive support services](#)*



### Key Points – Services and attractiveness to LGBTI people

- *LGBT people were most likely to attend mental health services that bulk bill, are known to be LGBTI friendly, are accredited as being LGBTI inclusive and uses LGBTI inclusive language on forms and information documents*
- *Providers and LGBTI people provided similar responses when asked about what would result in a positive and negative experience for an LGBTI person accessing a mental health service*
- *Complete an LGBTI inclusive practice audit through [The Rainbow Tick, Championing Inclusion: A guide to creating LGBTI inclusive organisations audit](#) or another tool*
- *Small changes made on a continual basis will provide a positive impact*
- *Start the LGBTI conversation within the workplace and reflect on current practice, how welcoming the service is, and staff members' knowledge and confidence*
- *Read the literature above to gain an understanding of inclusive practice for LGBTI people*

## Supporting disclosure by LGBTI people

### **Providers**

*There was universal agreement amongst providers that it was up to the person as to when and how they disclose their sexuality, gender identity and/or intersex status, and it is the role of the providers to make people feel safe and comfortable to do so. However, the role and comfort level of providers in facilitating disclosure differed greatly. Some providers asked 'the question' on intake or during consultations, others found that it 'came out' during consultations, and others would never ask and would rely on the person to disclose.*

*There was also diversity in responses by providers relating to whether or not it is important for LGBTI people to disclose and why. Some providers said it is incredibly important if it is relevant to their care as it allows people to be honest with themselves, minimise risk and allow the LGBTI person to receive the most appropriate support possible. Providers at the other end of the spectrum felt that it was not important, that it was that person's business only, and that the person would be treated equally and appropriately regardless of whether they disclosed or not. Providers who said it was important for people to disclose appeared to have a greater understanding and knowledge of the mental health needs of LGBTI people and said that for mental health support to be effective, then you need to understand the person and not just the symptoms.*

### **LGBT people**

*Only a few LGBT people said it was not that important to disclose and many said that it depends on the situation or level of support provided by the service. Most LGBT people surveyed said it was very important to disclose as their identity is a massive part of who they are, and possibly the reason why they are attending the service. It impacts on their mental health and if they do not disclose they will not get the mental health support they need. LGBT people found it most important for them to disclose when they were doing health checks or discussing their mental health. Some said that if their service provider is going to help them, they need to know and understand what their sexuality or gender identity means to them, how it influences their life and thoughts, their experiences of the world and how others perceive them. Without knowing this information, the service would probably not be of benefit to the service user.*

### **Supporting disclosure**

*How to support disclosure was seen by some providers and LGBTI people as being complex though all providers expressed the need for LGBTI people to feel safe to disclose. Building rapport was seen as essential, having verbal and visual prompts available was seen as important and the way that the question is asked could help or hinder disclosure and access to services. There was uncertainty about the best way to ask, whether that be through intake forms, discussions during consultations or waiting for the client to disclose in their own way in their own time. Some providers use open language and questioning during consultations, providing people with opportunities and options for disclosure while others directly ask the question.*

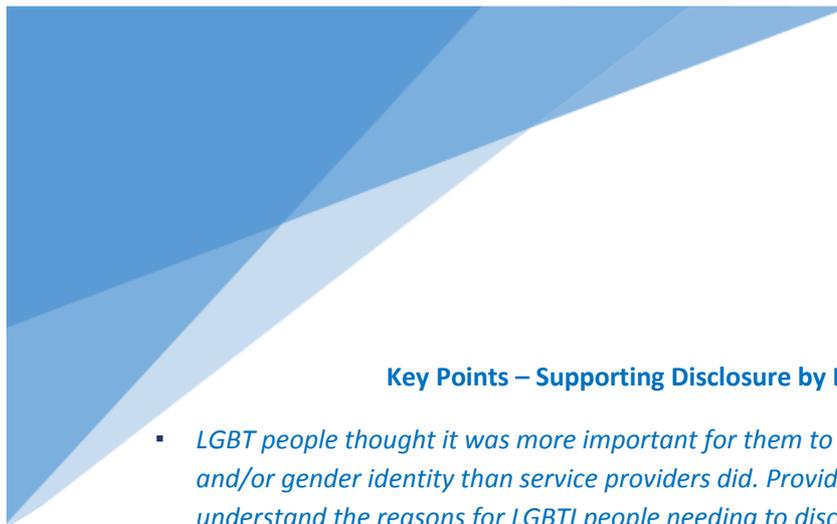
*Some LGBT people said that if a provider does not ask about their sexuality or gender identity, or skims over it, then it is a missed opportunity and it would make them feel uncomfortable about revealing this information on their own without being invited to do so. It may also omit an important discussion and could make the LGBT person feel invisible and alienated. LGBT people did not like it when service providers gave awkward, delayed, dismissive or inappropriate reactions upon disclosure. Some people found it such a relief when the provider asked 'the question' in a conversational way as they knew that their response was not going to be a problem.*

Overall, LGBT people thought it was more important for them to disclose their sexuality and/or gender identity than service providers did. However, the *Differing Needs* section above highlights the importance for LGBTI people to disclose so that they can receive the most appropriate service. All however agreed that trust and rapport is important, along with providing opportunities and invitations for people to disclose once they feel safe to.

There is uncertainty amongst both service providers and LGBTI people about how best to support people to disclose their sexuality, gender identity and/or intersex status. Supporting disclosure is a regular topic of conversation for MindOUT! Champion Organisations, The Queensland AIDS Council, the National LGBTI Health Alliance and many other organisations.

There is currently no 'best way' to do this though being respectful is key. Service providers need to know why they are asking 'the question' because if this cannot be answered, then generally speaking the question should not be asked. In addition, services need to know whether they need information on sexuality, gender, sex or relationships, or a combination of these. The service provider's answers to these questions will help to inform what is being asked, how and when it is best to ask it. While best practice statements for 'asking the question' or collecting data on LGBTI people does not currently exist, components of the [National best practice guidelines for collecting Indigenous status in health data sets](#) can be used as a guide for services as some of the experiences are similar to both population groups.

It is recommended that providers read documents in the section above to gain a better understanding on the reasons why disclosure is important and how to provide invitations for disclosure.



#### Key Points – Supporting Disclosure by LGBTI people

- *LGBT people thought it was more important for them to disclose their sexuality and/or gender identity than service providers did. Providers need to better understand the reasons for LGBTI people needing to disclose*
- *In many instances it is important for LGBTI people to disclose their sexuality, gender and/or intersex status to receive the most appropriate care*
- *The best time or method for facilitating disclosure is uncertain, though building trust and rapport, and providing invitations and opportunities for disclosure is important. Some LGBTI people find it too difficult to disclose if they are not provided with an invitation to disclose*
- *It can be difficult for LGBTI to disclose and providers need to be respectful and 'normalise' asking 'the question' and react in an appropriate manner*
- *Before providers ask clients about their sexuality, gender identity or sex, it is important to know why it is being asked*
- *View components of the [National best practice guidelines for collecting Indigenous status in health data sets](#), the [Working therapeutically with LGBTI clients: a practice wisdom resource](#), [The First Australian National Trans Mental Health Study: Summary of Results](#) and the literature in the sections above to guide your service in supporting disclosure and collecting data on LGBTI people*

## Final thoughts

### **Providers**

*Providers felt they needed more LGBTI specific training, support for organisational change, programs and resources for LGBTI people. They identified that they needed to work better with other organisations, increase the diversity within their workforce, and one person suggested that they should dress differently to better fit their gender identity. Some providers suggested that they should attend PFLAG and LGBTI Mental Health Professional Network meetings, create appropriate referral pathways, understand the legal implications involved, read LGBTI research and literature, hold case reviews, make drop in times available and increase awareness in the community that their service is inclusive or supportive.*

*It was expressed on a number of occasions that the service providers interviewed had not sat down and thought about LGBTI people and how their services respond to the needs of LGBTI people. Some providers now want to take the time to learn more, reflect on what they and their service does, and generate conversations within the workplace as inclusive and appropriate care should be a part of everyone's work. Providers acknowledged the need for government funding and other funding sources to improve LGBTI mental health, and the need to create boundaries or guidelines within the service about what is and what is not appropriate. Providers wanted to hear the experiences of LGBTI service users and acknowledge the inner pain and struggle that many LGBTI people experience. They identified that LGBTI people's mental health is a big service gap in this region and they have had an influx of young trans\* people recently accessing their services.*

### **LGBT people**

*LGBT people recommended that services provide visual prompts, such as rainbow and ally stickers, inclusive posters and tailored literature such as coming out guides, PFLAG information, healthy relationships resources and information for transgender people. While visual prompts would be welcomed, LGBT people said that services and staff need to back these prompts up with appropriate actions. It was stated that services cannot be tokenistic or overly stereotypical in providing resources.*

*LGBT people suggested that services host outreach events and activities, celebrate or sponsor LGBTI community events or days, and get to know LGBTI people. Staff need to be trained in LGBTI inclusion, mental health and diversity, use inclusive language and practice asking 'the question' and responding to people until it becomes 'normal' for them. They need to listen, allow time to explore people's stories, provide opportunities for people to disclose, be respectful of people's responses, meet the person with where they are at, and refer on to the best possible services to meet their health needs.*

The recommendations provided by LGBT people accessing mental health services included reference to the physical and social environment, inclusive language, visual and verbal prompts, LGBTI inclusive or specific resources, staff training needs, and visibility within the LGBTI community. They sought genuine engagement, adequate time to allow for their story to be told, and for their experiences to be normalised.

The information provided in this guide is a snapshot of what is available for providers. Literature, resources, professional development opportunities and support does exist and providers can sign up to [Network MindOUT!](#) and [MindOUT! Queensland's LGBTI Mental Health and Suicide Prevention eNews \(sdavies@quac.org.au\)](#) to stay up-to-date with resources, research, events, services and professional development opportunities relating to LGBTI mental health and suicide prevention. The Brisbane, Gold Coast and Cairns [LGBTI Mental Health Professional Network](#) meetings provide professional development and networking opportunities. The [National LGBTI Health Alliance's Knowledge Hub](#) contains a number of resources and [Network MindOUT!'s webinar series](#) can be viewed live or watched at a later date online.

It was recommended that staff engage with their LGBTI clients and/or LGBTI community members to identify positive aspects of the service they provide, as well as identifying areas in need of improving, and suggesting ways that this may occur.

For services that have advisory groups that influence policy or service provision, the inclusion of LGBTI people in these groups is recommended. [Championing Inclusion: A guide to creating LGBTI inclusive organisations](#) provides a framework for services to move through an organisational change process. [The Working therapeutically with LGBTI clients: a practice wisdom resource](#) encourages providers to think about their own socialisation and attitudes to sex, sexuality and gender; to explore their own fears and judgments; and to explore aspects of LGBTI cultures.

There are many videos available online for providers to 'hear the stories and experiences' of LGBTI people. Q LIFE ([QLIVES](#)) and [BeyondBlue](#) are two organisations that have made high quality short videos available online free of charge. It is suggested that these videos be viewed individually or as part of staff meetings, increasing the exposure of providers to LGBTI people's stories, as well as providing opportunities for generating conversations within the workplace.

LGBT people suggested that services host events and activities or celebrate or sponsor LGBTI community events or days. The [Queensland AIDS Council](#) and the [Gay and Lesbian Welfare Association's](#) websites and Facebook pages often promote community activities and days. Some of the key events held on an annual basis are:

- Pride Fair Days (dates vary – check local LGBTI press for details)
- Brisbane Big Gay Day (March)
- Sydney Gay and Lesbian Mardi Gras (March)
- IDAHOT (International Day Against Homophobia, Transphobia and Biphobia - May 17)
- Wear it Purple Day (August)
- International Lesbian Day (October 8)
- Transgender Day of Remembrance (November)
- World AIDS Day (December 1)



### Key Points – Final thoughts

- *Get to know LGBTI people and conduct meaningful engagement with LGBTI people*
- *Support and celebrate key LGBTI events and days*
- *Watch online videos as part of personal or professional development, e.g., QLIVES and BeyondBlue*
- *Sign up to Network MindOUT! and MindOUT! Queensland's LGBTI Mental Health and Suicide Prevention eNews to stay up-to-date with resources, research, events, services and professional development opportunities relating to LGBTI mental health and suicide prevention*
- *Attend LGBTI Mental Health Professional Network meetings*
- *Read the literature above to become more understanding of LGBTI people, LGBTI mental health outcome and suicidality, mental health needs and practice wisdom. The literature will also help you to explore your own socialisation and attitudes to sex, sexuality, gender identity, gender expression, behaviour and relationships; explore your own fears and judgments; and to explore aspects of LGBTI cultures*
- *View the Queensland AIDS Council and Gay and Lesbian Welfare Association websites and Facebook pages to stay up to date with key events and days and to view available mental health services, research and resources*

## Resources

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Below is a list of some of the organisations and networks that work directly with the LGBTI community in Queensland, including those providing mental health and suicide prevention support. These resources could be an initial point of contact for queries about support for your clients.

### Queensland AIDS Council (QuAC)

The Queensland AIDS Council works across the entire community (e.g. mental health, ageing, sexual health, indigenous sexual health) or with specific groups and identities within the LGBTI community. As part of its services, QuAC delivers: MindOUT! Mental Health and Suicide Prevention program and the LGBTI Seniors Visiting Scheme; provides healthcare through Clinic 30 and Testing Point; delivers HIV prevention, sexual health promotion and Two Spirits programs (Aboriginal and Torres Strait Islander); and designs and delivers fee for service professional development to practitioners in the health, community and education sectors on LGBTI awareness and inclusivity, which can be tailored specific to LGBTI issues. QuAC also supports community and action groups.

<b>Web</b>	<a href="http://www.quac.org.au">http://www.quac.org.au</a>
<b>Email</b>	<a href="mailto:info@quac.org.au">info@quac.org.au</a>
<b>Phone</b>	07 3017 1777

### National LGBTI Health Alliance

The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people and other sexuality and gender diverse (LGBTI) people and communities. They recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life. The Alliance provides information, education and resources on:

- MindOUT! Mental Health and Suicide Prevention
- QLife – Counselling and Referral Service
- Silver Rainbow – LGBTI Ageing and Aged Care
- Research and Policy
- Knowledge Hub

MindOUT! Mental Health and Suicide Prevention is delivered in Queensland by the Queensland AIDS Council. The Queensland based MindOUT! Champion organisations are Relationships Australia Queensland, Open Minds, Mental Illness Fellowship of Queensland and Artius Health.

<b>Web</b>	<a href="http://lgbtihealth.org.au">http://lgbtihealth.org.au</a>
<b>Email</b>	<a href="mailto:info@lgbtihealth.org.au">info@lgbtihealth.org.au</a>
<b>Phone</b>	02 8568 1123

## LGBTI Mental Health Professionals Networks

**Brisbane LGBTI Mental Health Professionals Networks.** This network has a specific interest focus on Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) mental health. Network meetings consist of guest presentations; case discussions; panel discussions; and peer support. This network meets bimonthly.

**Gold Coast LGBTIQA+ Mental Health Professionals Network.** This network has a specific interest on LGBTI as well as Queer and Questioning (Q+) Mental Health. Network meetings consist of member and guest presentations; case study discussions; and peer support. This network meets monthly.

**Note:** A Cairns Mental Health Professionals Network is being established.

**Web** <http://www.mhpn.org.au>  
**Email** [networks@mhpn.org.au](mailto:networks@mhpn.org.au)  
**Phone** 07 3017 1777

## Clinic 30

Clinic 30 has been in operation since 2014 and is located in the Queensland AIDS Council premises at Teneriffe. Clinic 30 provides no to low cost psychology, GP services and sexual health services to LGBTI community members and their family and friends in the Greater Brisbane area.

**Web** <http://www.clinic30.org.au>  
**Email** [clinic30@quac.org.au](mailto:clinic30@quac.org.au)  
**Phone** 07 3017 1777

## The Gender Clinic

The Brisbane Gender Clinic has been in operation since 1994 (most recently at Roma Street Brisbane) and is now located in the Queensland Aids Council premises at Teneriffe. The Clinic adheres to internationally formulated Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. Dr Gale Bearman M.B., B.S. is the consulting physician.

The Wednesday afternoon clinic is a private practice clinic at which the doctor bulk-bills Medicare for consultations so there is no direct charge to clients who hold a Medicare Card.

**Web** <http://brisbanegenderclinic.org.au>  
**Mail** [brisgenderclinic@quac.org.au](mailto:brisgenderclinic@quac.org.au)  
**Phone** 07 3017 1777

## LGBTI Legal Service

The LGBTI Legal Service provides legal advice and information to clients who have legal problems, which arise from their identification as LGBTI and/or because they feel more comfortable in dealing with a solicitor with specific skills, interest and understanding of LGBTI legal issues and/or the barriers experienced by LGBTI peoples in accessing the legal system. Fact sheets and other resources are available from their site.

**Web** <http://www.lgbtilegalservice.org/>  
**Email** [lgbti.legalservice@gmail.com](mailto:lgbti.legalservice@gmail.com)  
**Phone** 0401 936 232

## Gay and Lesbian Welfare Association (GLWA)

GLWA is a non-profit organisation with a focus on the wellbeing of the LGBTI communities through operation of the Gay Line and Lesbian line, peer telephone counselling service. The service operates between 5:30pm and 10:30pm each night. GLWA's Community Directory provides information on mental health, suicide prevention and other health services available, as well as information community organisations, groups, and other services. Note, GLWA is currently in the process of changing their name. Contact the Queensland AIDS Council for information if details for this organisation cannot be found.

**Web** <http://www.glwa.org.au>  
**Phone** (Counselling ONLY) 1800 184 527  
(Administration ONLY) 07 3257 4210

## QLife

QLife is Australia's first nationally-oriented counselling and referral service for people who are lesbian, gay, bisexual, trans\*, and/or intersex (LGBTI). QLife provides nation-wide, early intervention, peer supported telephone and web based services to people of all ages across the full breadth of people's bodies, genders, relationships, sexualities and lived experiences. The service operates between 5:30pm and 10:30pm each night.

**Web** <http://www qlife.org.au>  
**Phone** (Counselling ONLY) 1800 184 527  
(Administration ONLY) 07 3257 4210

## Open Doors Youth Service

Open Doors provides counselling and support services for lesbian, gay, bisexual and/or transgender (LGBT) young people aged 12 to 24 and their families who live in South East Queensland. They will also work with service providers and communities in the South East Queensland region. Open Doors operates between 9:00am and 5:00pm Monday to Friday and accepts referrals from young people, families, friends, schools and other services.

**Web** <http://opendoors.net.au>  
**Email** [opendoors@opendoors.net.au](mailto:opendoors@opendoors.net.au)  
**Phone** 07 3257 7660

## OII Australia – Intersex Australia (OII Australia)

OII Australia is an independent support, education and policy development organisation, run by and for people with intersex variations or differences. Their work focuses on human rights, bodily autonomy and self-determination, and on evidence-based, patient-directed healthcare. Their website provides information for people with intersex variations, family members and professionals.

**Web** <http://www.oii.org.au>  
**Email** [info@oii.org.au](mailto:info@oii.org.au)

## **Australian Transgender Support Association Queensland (ATSAQ)**

ATSAQ formed in 1990, to help, advise and assist the transgender community in Queensland. It is run by transgender people, for transgender people and provides emotional/moral support for people with Gender Identity Disorder (formally known as Gender Dysphoria) their families and friends. ATSAQ also educates to dispel misunderstanding and combat discrimination, which is still sometimes a common experience for transgender people in Australian society. ATSAQ provides support and information on all aspects of gender reassignment, for the general community and people who are experiencing difficulty with their gender identity.

**Web** <http://www.atsaq.com>  
**Email** [atsaq.inc@gmail.com](mailto:atsaq.inc@gmail.com)  
**Phone** 07 3843 5024

## **Androgen Insensitivity Syndrome Support Group Australia Inc. (AISSGA)**

The Androgen Insensitivity Syndrome Support Group Australia is a peer support, information and advocacy group for people affected by AIS and/or related intersex variations, and their families. They support members that have AIS and support any issues relevant to living with AIS. These issues include infertility, disclosure, hormone therapy, gender identity, surgical intervention of children with intersex variations, sexual intimacy etc.

**Web** <http://aissga.org.au/>  
**Email** [aissgaaustralia@gmail.com](mailto:aissgaaustralia@gmail.com)

## **Wendybird**

Wendybird is a not-for-profit community group led by a collective of LGBTIQ people who are working together to intentionally grow a safer and always supportive community for people of diverse bodies, genders, relationships and sexualities, their friends, families and children to find meaningful connections. Wendybird hosts six-weekly community events in Brisbane for people looking for meaningful connections with other LGBTIQ people in a safe and supportive space.

**Web** <http://www.wendybird.com.au>  
**Email** [wendybirdcommunity@gmail.com](mailto:wendybirdcommunity@gmail.com)

## **The Rainbow Program – Relationships Australia Queensland (RAQ)**

RAQ is a MindOUT! Champions Organisation. The Rainbow Program is a suite of RAQ service provisions, striving to support the mental health and wellbeing of those identifying as lesbian, gay, bisexual, transgender and intersex (LGBTI), as well as those questioning their gender identity or sexual orientation. We also support the families, allies and practitioners who, in turn, support those identifying as LGBTI or questioning. The program comprises three key components: the Rainbow Counselling Service; Transcendence, the social and emotional support group for transgender and gender-diverse individuals; and LGBTI-Affirmative Training for Human Services Workers.

**Web** <http://www.raq.org.au/services/rainbow-program>  
**Phone** 1300 364 277

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Note: All weblinks included in this resource are current as at 30 June 2015.