



**WAPHA**  
WA Primary Health Alliance

## Position Statement



# Recognising & Addressing Health & Mental Health Needs of LGBTI People

September 2017



## Background

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**WAPHA recognises that Australia's LGBTI (lesbian, gay, bisexual, transgender, intersex) people experience significantly worse mental and physical health outcomes when compared with the wider community** (*Private Lives 2: 2nd National Survey of the Health & Wellbeing of LGBTI Australians*).

Evidence shows that the social exclusion, discrimination, stigma and marginalisation experienced by LGBTI people increases the risk of adverse impact on their health and mental health and creates barriers to accessing health and social care services.

This Position Statement provides an overview of key issues relevant to the health and mental health of LGBTI people and makes recommendations for enhancing the primary care sector's responsiveness to these issues.

Barriers to equitable health care include discrimination, transphobia and homophobia in healthcare settings and lack of cultural competency when engaging with LGBTI people. They may face intrusive questions, hostility and verbal harm from health practitioners. This has contributed to their reluctance to seek medical advice and has decreased help seeking behaviour.

# WAPHA Position

- All services commissioned by WAPHA should actively consider and address sexual orientation and gender identity issues in service planning, design and implementation.
- Healthcare systems shouldn't negatively discriminate against individuals on the basis of their gender identity, sexuality, sexual orientation and/or intersex status.
- LGBTI health requires a multidisciplinary approach to address the diversity within LGBTI communities, including consulting with LGBTI organisations and representatives to ensure the needs of their community are being met.
- Marriage equality would reduce the discrimination, and thus minority stress, that LGBTI people suffer, leading to better health outcomes.
- The link between improved health outcomes and legislative change for same sex attracted people and their children should be recognised within primary care.
- Service provision within the health and mental health sectors must be more responsive to the needs of LGBTI people.
- Health professionals should maintain an up-to-date understanding of LGBTI issues, including appropriate referral pathways.
- In understanding the clinical assessment and management of a person's health and mental health issues, health professionals should ensure that enquiries into LGBTI identity are undertaken with sensitivity, avoiding assumptions in language and approach.
- Health and mental health services should take steps to promote inclusiveness and cultural safety for LGBTI people.
- Health and mental health services should consider registering with relevant LGBTI health directories, undertaking appropriate training for staff and displaying inclusive signage.
- Services for older people should include the intersection of LGBTI identity with issues such as dementia, end of life decision making and Advance Care Plans.
- Services working with Aboriginal and Torres Strait Islander and Maori people who identify as LGBTI should, in particular, consider the intersection of LGBTI identity with issues such as traditional gender roles, community acceptance and the impact of multiple layers of discrimination.
- Services should recognise and respond to the particular challenges experienced by young and older people, people with disabilities and those from culturally and linguistically diverse backgrounds who identify as LGBTI.

**“Marriage equality would reduce the discrimination that LGBTI people suffer, leading to better health outcomes.”**

# WAPHA Will:



Commission services that improve inclusion and healthcare access for our LGBTI communities to improve their health and wellbeing outcomes.



Value and celebrate diversity within our community. WAPHA affirms the right to equality, fairness and decency for LGBTI Western Australians.



Ensure that its workforce reflects the diversity within the communities it serves to provide better insight into policy and program development and the achievement of improved service outcomes for the community.



# Mental Health & Wellbeing **Impacts** Associated with the Australian Marriage **Equality** Plebiscite

In the context of the current marriage equality debate and plebiscite, the Royal Australian and New Zealand College of Psychiatrists and the Australian Medical Association have acknowledged the link between improved mental health outcomes and inclusive legislative change to the Australian Marriage Act.

Findings from a diverse set of research approaches and contexts align to support marriage equality and highlight its significance as a public health issue with considerable policy implications. Marriage equality in Australia, if implemented, can be a powerful public health strategy in this country to improve the health of LGBTI people and reduce societal and individual stigma and discrimination experienced by these groups.

The Australian Psychological Society cites evidence demonstrating that public votes about marriage equality have been linked to increased mental health risks, particularly because of the harm to people's mental health that is known to be caused by fear campaigns and social exclusion.

During anti-LGBTI political campaigns, inflammatory and negative messages based on false stereotypes and misinformation have been used in print, electronic and broadcast media, political rallies and other

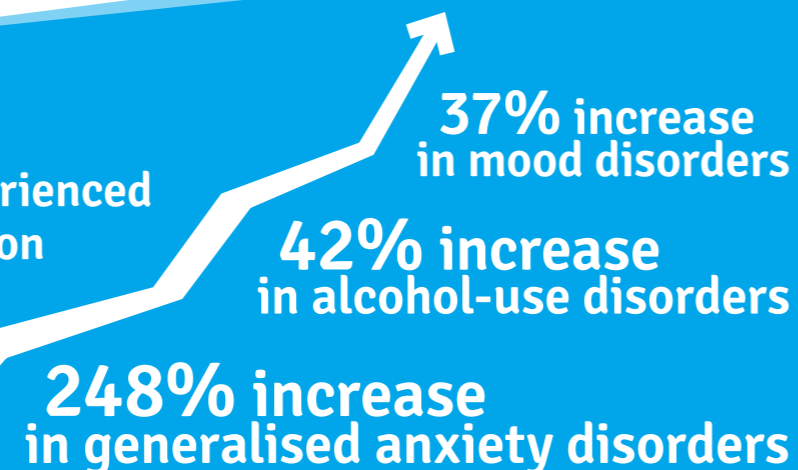
social interactions. Evidence shows that popular debates on marriage equality such as plebiscites and referendums encourage hate speech, discrimination and harm towards the LGBTI community. United States (US) research has shown that the mental health of LGBTI people suffered significantly during referenda debates on marriage equality. For LGBTI people who experienced a US state referendum on marriage equality there was a:

- 37% increase in mood disorders;
- 42% increase in alcohol-use disorders; and
- 248% increase in generalised anxiety disorders.

In states without such referenda, there was no increase.

WAPHA acknowledges there is irrevocable supporting evidence that equality (including marriage equality) is a health issue. It is therefore a fundamental human right of all people to undertake their chosen relationships fully and without discrimination. On this basis, we support marriage equality - the right of all Australians to access marriage, as a civil institution, with their partner of choice, irrespective of gender or sexual orientation.

**LGBTI people who experienced a US state referendum on marriage equality...**



## References:

- RANZCP Position Statement 83: Recognising and addressing the mental health needs of the LGBTI population, March 2016
- AMA Position Statement: Marriage Equality, 2017
- AMSA Policy Document: Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ) Health Policy, 2016
- APS: Marriage Equality Resources ([www.psychology.org.au](http://www.psychology.org.au))
- The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study: Mark L. Hatzenbuehler, Katie A. McLaughlin, Katherine M. Keyes and Deborah S. Hasin, American Journal of Public Health 2010
- University of Queensland: Marriage Equality Resource [www.uq.edu.au/equity/filething/get/781/supporting\\_staff\\_Marriage\\_Equality\\_Resource\\_PID\\_A4\\_Final.pdf](http://www.uq.edu.au/equity/filething/get/781/supporting_staff_Marriage_Equality_Resource_PID_A4_Final.pdf)



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This information is available in an alternative format on request  
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### Acknowledgement

WA Primary Health Alliance would like to acknowledge the traditional custodians of the country on which we work and live and recognise the continuing connection to land, waters and community.

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### Disclaimer

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.



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