

Mind Australia Limited

Submission to the Victorian LGBTIQ Strategy

About Mind

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people dealing with the day-to-day impacts of mental illness, as well as their families, friends and carers for over 40 years. Our 900 staff deliver services in our own centres, and outreach programs and residential services in partnerships with clinical agencies around Australia. In the last financial year, Mind provided over 400,000 hours of recovery-focused, person-centred support service to over 9,000 people, including residential rehabilitation, personalised support, youth services, family and carer services and care coordination.

We are committed to an evidence-informed, recovery-oriented approach to mental health and wellbeing that looks at the whole person in the context of their daily life, and focuses on the social determinants of mental health, as they play out in people's lives. We value lived experience knowledge of what works to support recovery and support the ongoing development of a lived experience workforce. We value the role that carers, families and friends play in providing significant emotional, practical and financial support to those experiencing mental ill-health and psychosocial disability.

Mind significantly invests in research about mental health recovery and psychosocial disability and shares this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and other mental health professionals. We also advocate for, and campaign on basic human rights for everyone; constantly challenging the stigma and discrimination experienced by people with mental health issues.

LGBTIQ+ Inclusion at Mind

1. Mind Equality Centre

In 2017 Mind launched the Mind Equality Centre (Equality Centre), a specialist counselling and support service operated by Mind for LGBTIQ+ people. The Rainbow Tick accredited centre was established to address the disproportionately high rates of mental illness in LGBTIQ+ communities and the lack of specialist mental health support for LGBTIQ+ people in Victoria. The Equality Centre was funded almost entirely by Mind.

The Equality Centre provided support for some of the most vulnerable members of LGBTIQ+ communities. A high proportion of these clients have had histories of trauma, abuse, stigma and discrimination, in some cases interrelated with their experiences with other mental health service providers. The lack of government or other external funding has made it increasingly difficult to develop a sustainable model for the centre, along with the complexity and vulnerability of the people accessing the service. Most of the demand (approximately 95%) has been from the general community through mental health treatment plans funded by the Medicare Benefits Schedule (MBS). However, 85% of clients were not able to afford the gap payment (the difference between a practitioner's rate and what is funded by the MBS). It is rare for a business model that relies on MBS without gap payments to be able to survive, and Mind highlighted these challenges in our expert witness statement for the Royal Commission into Victoria's Mental Health (Mind, 2019). It has become increasingly difficult for Mind to sustain the centre and as of 31st August, 2020 the operations of Equality Centre will cease. Through Mind's Aftercare Program (detailed below) Mind will continue to develop and evaluate solutions to support much needed mental health services for LGBTIQ+ communities. This, along with our Equality Centre learnings, will support our knowledge and capacity to develop and deliver future LGBTIQ+ mental health service models.

2. Aftercare program

Mind's Aftercare program offers immediate, targeted, suicide support to members of LGBTIQ+ communities, supporting clients to develop the tools for a fulfilling and meaningful life. As a model led

by LGBTIQ+ individuals, Aftercare understands the contributors to suicide that are unique to these communities. Aftercare provides safe, accessible, and responsive support for LGBTIQ+ people who are experiencing thoughts of suicide, and for their family/carers. The team includes psychologists and peer support workers, with an intensive outreach model providing up to three months of support after a suicidal crisis, including counselling-based supports, capacity building, comprehensive exit planning and transitions in care.

3. Diversity and inclusion at Mind

Mind supports diversity and inclusion by developing systems, processes and projects that improve access, outcomes and experiences for marginalised people and communities. Led by Mind's Inclusion and Participation team, we ensure best practice approaches to diversity and inclusion are embedded into Mind's policies, processes and culture with a valuing of the voices and perspectives of lived experience. Our work is prioritised around five priority populations: Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse, LGBTIQ+, lived experience of mental illness and distress and people living with disability. We acknowledge intersectionality by cultivating awareness of privilege, power, unconscious bias, equity and cultural safety. This work is undertaken in line with Mind's Diversity and Inclusion Framework, Reconciliation Action Plan and key activities across governance, practice, participation, learning and workforce.

Introduction

Mind appreciates the opportunity to respond to the *Discussion Paper for the Victorian LGBTIQ Strategy*. Mind is a supporter of the Victorian Government's work to provide a whole-of-government strategy to support the inclusion, participation and belonging of LGBTIQ+ communities and commends the Equality Branch for their leadership and action to enable a more inclusive community.

Mind has experience in delivering LGBTIQ+ specific mental health services, along with our approaches to enabling LGBTIQ+ inclusion through our [Diversity and Inclusion Framework](#) and our exploration of the resource requirements, process and cost of achieving Rainbow Tick accreditation nationally. These activities have provided unique insight into the challenges and success factors in providing service to LGBTIQ+ communities, including our own commercial and operational realities as a mainstream service organisation.

Mind seeks to contribute our experience and expertise where possible to provide awareness and education in the mental health sector and, to support better mental health outcomes for LGBTIQ+ communities more broadly. As such, our submission will focus primarily on mental health and wellbeing, intersectional service design and LGBTIQ+ inclusive services.

Our responses will draw from the specific considerations outlined within these areas in the *Discussion Paper*.

Mind has experience in providing advice and contribution to discussions on LGBTIQ+ mental health and inclusion through:

- Mind's submission to The Royal Commission into Victoria's Mental Health System (2019)
- Mind's LGBTIQ Expert Witness Statement to The Royal Commission into Victoria's Mental Health System (2019), by Katie Larsen Senior Manager, Inclusion and Participation
- Consultation session for Victorian LGBTIQ Strategy (2020), by Katie Larsen Senior Manager, Inclusion and Participation
- Mind's submission to the Productivity Commission's Inquiry into the Social and Economic benefits of Improving Mental Health (2019)

- Member of the National LGBTI Health Alliance MindOUT Expert Advisory Group (ongoing)

Mind has drawn from experience across the organisation to complete this submission, with contribution from the Mind Equality Centre staff and management, Aftercare program staff, Mind's LGBTIQ Working Group and both the Inclusion & Participation and Research & Advocacy units.

Responses to the discussion paper

Mental health and wellbeing

Mind commends DPC for the *Discussion Paper's* positioning of the interrelationship between poorer mental health experiences of LGBTIQ+ communities and experiences of discrimination, oppression and marginalisation. Too often the mental health experiences of LGBTIQ communities are discussed without acknowledgement of the broader political, social and cultural contributors that occur in communities where sex, sexuality and gender diversity is not widely understood or accepted. The 2017 marriage equality postal vote was a prime example of this, with the Equality Centre experiencing an increased demand for services during/following this time, operating at full capacity, with an extensive wait list.

Mind will address following questions posed within the *Discussion Paper*:

- *What can mental health services do to heal the harm from the historical pathologising of LGBTIQ people?*
- *What can mental health services do to build trust in LGBTIQ communities and develop LGBTIQ-inclusive services?*
- *What other strategies are required to promote the mental health of LGBTIQ people?*

As the *Discussion Paper* clearly shows, LGBTIQ+ communities remain some of the most vulnerable members of our society in relation to mental health and wellbeing. A greater sense of accountability must be taken on from within and beyond the mental health system to address this, particularly in relation to the contributing factors of systemic discrimination, oppression and marginalisation.

To achieve this at a societal level we will require inclusive and accountable leadership and indicators that take responsibility for the safety, access, wellbeing and celebration of LGBTIQ+ communities across all levels of government, corporate and non-government sectors. This will be enabled by LGBTIQ+ voices contributing to decision-making.

Mind would also like to highlight the role of systemic advocacy on social issues that are integral to the mental health of LGBTIQ+ communities. Issues such as gender and sexuality education in schools and rights to non-discrimination in services, education and employment are interrelated with the mental health experiences of LGBTIQ+ people.

Within the mental health system, the ongoing systemic discrimination and pathologising of LGBTIQ+ people and communities erodes trust and can dissuade LGBTIQ+ people from accessing the help they require.

Equality Centre staff reported that many members of LGBTIQ+ communities have had to educate mainstream health professionals as part of getting support, which can be exhausting and, in some cases, re-traumatising. Training and programs that acknowledge history and the continuing effects of harm incurred through mental health systems and practices are critical.

Our experience operating the Equality Centre and Aftercare have demonstrated the unique sense of safety that can be experienced by LGBTIQ+ people and communities when diverse sex, sexuality and

gender is valued and affirmed within both the design and delivery of services. This relates to areas including: valuing and understanding LGBTIQ+ experiences and relationships, not making assumptions about gender, sex and sexuality, understanding the interrelated nature of LGBTIQ+ identity and mental health in relationship to both direct and systemic discrimination; using LGBTIQ+ inclusive language, documentation and signage and improving LGBTIQ+ data collection and entry/exit referral pathways. Mind would like to see these areas incorporated into baseline expectations for mainstream mental health providers, with accountability measures that demonstrate compliance.

Trust can be also be established through strong relationships within LGBTIQ+ communities and ensuring the participation of LGBTIQ+ people and communities in the design and delivery of services.

Further strategies that will promote the mental health of LGBTIQ+ people within services and should be addressed within the health and wellbeing indicators of the LGBTIQ strategy include:

- Models of care that embed understanding of the relationship between identity, mental health and discrimination and cultivate equitable and culturally safe models of care.
- LGBTIQ+ (and other population specific) awareness and competencies required within tertiary qualifications in mental health care and LGBTIQ+ specific continuing professional development for GPs, psychologists and social workers so that expectations of awareness and competency are established early career and are ongoing.

LGBTIQ inclusive services

The evidence provided in the *Discussion Paper* captures the ongoing barriers related to service access for LGBTIQ+ people and communities. Mind also recognises the comprehensive list of indicators for Domain 5: LGBTIQ inclusive services which we believe if required to be met by mainstream providers, would support significant gains for equality within service provision.

Our response to this section will address the questions:

- *What systems are in place to ensure that all government-funded services are working towards LGBTIQ inclusivity?*
- *What other resources could services be offered to support the development of LGBTIQ inclusivity?*
- *What other service experiences need to be understood?*

There is a lack of funding and prioritising of population-specific mental health services for LGBTIQ+ communities, particularly for people who live outside of inner-city Melbourne. This gap in services spans every aspect of the mental health system, including bed-based, counselling and general practitioner services. The lack of specialist services is particularly challenging in the context of bed-based services for trans and gender diverse people with mental illness and/or complex mental distress where issues of trauma-informed practice, sexual safety and risk mitigation need to be better considered in relationship to identity. Trans and gender diverse clients must be supported to safely access the spaces that align with their gender identity and providers must ensure that they do not feel threatened in doing so by either clients or staff. Mind's Aftercare program staff has also highlighted the need for specialist services for LGBTIQ+ people focusing on borderline personality disorder/complex trauma supports, detox/rehab facilities, housing and homelessness services due to issues of access and safety within mainstream providers.

Many existing LGBTIQ+ specific services are unable to meet demand. One of the issues the Equality Centre had was finding LGBTIQ+ specialist staff to meet the need of the communities, particularly

given the levels of vulnerability of people accessing these services. There is need for the development of LGBTIQ+ specialist staff within services.

Service affordability was an issue for clients of the Equality Centre. The Equality Centre was designed on a fee-for-service model, but as aforementioned, it quickly became evident that people seeking support from the service (often having experienced discrimination through mainstream providers) were unable to cover gap or full payments. For a period of time (particularly during the marriage equality postal vote campaign) Mind provided bulk billing services. However, in order to continue the operations of the centre, we had to cease bulk billing to try and meet operating costs which reduced access to the service for those most in need.

The concerns that LGBTIQ+ people have in relation to accessing the mainstream mental health system need to be urgently addressed. The services provided by mainstream services are often the most relevant for the mental health experience of LGBTIQ+ people (for example, the provision of inpatient environments for those in mental health crisis). Mainstream mental health services must therefore better appreciate and respond to the role they have in providing safe and accessible services for diverse populations. Failing to do so means not meeting the needs of some of the most vulnerable people in the communities in they serve.

Inclusive data collection systems both at government and provider level will provide better opportunity to understand the profile and experiences of LGBTIQ+ people accessing services. Currently, services may attempt to include LGBTIQ+ inclusive data within their own systems, but this is not required, prioritised and systems do not consistently enable appropriate collection pathways.

The Rainbow Tick provides a framework to ensure consistent LGBTIQ+ inclusive service provision. Many LGBTIQ+ people who access mainstream mental health services rely on luck to receive safe and inclusive care. This can vary greatly depending on staff, geography, mental health service leadership and the funding that is available for specialised professional development. Where mainstream mental health services do undertake specific work to provide LGBTIQ+ inclusive care, it is usually in addition to core functions as opposed to being embedded into operational and governance processes. Increased Rainbow Tick accreditation of mainstream services would help address these issues.

Rainbow Tick accreditation is costly, however and Mind has found that the costs to implement accreditation are not feasible while operating on thin margins. Mind was initially seeking accreditation in March 2021 but have postponed indefinitely as the costs associated for accreditation, a dedicated part time resource, staff training and other compliance costs were estimated to be up to \$100,000 which is not feasible at this time. Our experience is that undertaking a path to Rainbow Tick accreditation requires unconditional committed leadership, the right financial circumstances and resourcing commitment across multiple departments. For take-up of Rainbow Tick to increase, it needs to be essential from both a business case and social case perspective. This will require government leadership through contract requirements associated with Rainbow Tick compliance and/or more robust LGBTIQ+ inclusion accountability/reporting measures, supported by adequate funding.

It also needs to be manageable and achievable for organisations working with increasingly constricted commercial/operational margins to prioritise LGBTIQ+ inclusion measures. Given the relatively low take up of Rainbow Tick within services, this raises the question of whether a tiered framework or approach might provide increased engagement – similar to the Reconciliation Action Plan (RAP) model. RAP commitments do not require such a significant financial investment until the program is more firmly established and the initial focus areas are both achievable and flexible for large organisations to shape and evolve over time.

Identities, attributes and experiences

Mind supports the inclusion and examination of intersectionality within the *Discussion Paper*, particularly the recognition of the role of power and privilege in reinforcing systemic and structural barriers.

Our response to this section will focus on the following questions posed by the *Discussion Paper*:

- *How can intersectionality experiences be better incorporated into current services?*
- *What work needs to be done to better understand power and privilege, and to remove systemic and structural barriers for LGBTIQ communities?*

Despite extensive research and a number of nationally recognised tools for cultivating inclusion for specific groups within organisations and services in Australia (e.g. Reconciliation Action Plans, Rainbow Tick Accreditation), we continue to see higher rates of mental distress and illness, lower levels of service access and poorer mental health outcomes amongst minority groups. These approaches often 'silo' approaches to inclusion by population group, in doing so failing to recognise and respond to intersectionality. With the Equality Centre we experienced this directly, receiving feedback from CALD communities that the centre design and delivery model did not serve their needs, particularly relating to availability of linguistically diverse materials and availability of bilingual staff.

Mind has been developing an intersectional approach to inclusion over the past two years. This seeks to build on and support population specific approaches, by cultivating a culture and mindset that examines complexity within identity, culture and difference and the concepts that must be understood and responded to in order to achieve meaningful structural and systemic change. Our model examines discrimination, bias, power and privilege in relationship with identity, culture and difference, with cultural safety and equity as the pathways to inclusion. It is supported by an intersectional action plan and is used as part of workshops, training and the design and development of projects and programs.

What is evident from our experience to date, is that embedding intersectional thinking takes time and requires accountability across all functions, within all projects and integration into models of care. It also needs to be recognised and elevated into government models, guidelines and specifications that guide our work. Mind notes here the modelling of intersectionality in the Family Safety Victoria *Everybody Matters: Inclusion and Equity Statement* (p. 5, 15-16, 2018) as an excellent example of this – similar modelling for mental health would be beneficial.

Leadership buy in and accountability is essential. Diversity management literature suggests that support from senior leadership is the most critical factor in achieving inclusion in organisations (Lewis and Tatli, 2015). Mind would support key performance indicators and guidelines for service providers relating to the design, delivery and evaluation of intersectional cultural safety within their services.

Intersectional approaches to participation and co-design provide opportunities for reflection on issues of power, privilege and bias within decision-making environments. Incorporating the principles of participation and co-design can enable greater access, representation and voice of minority groups, including LGBTIQ+ communities, in decisions that affect them – a recognised universal human right. There remain significant gaps in achieving this in real terms e.g. through proportionate representation across cultural, gender and sexuality diversity in leadership and influence across government, organisations and service providers.

Questions that interrogate power, privilege and bias at the beginning of any co-design or decision-making process can support increased access, diversity of voice/perspective and transformative change. Mind would encourage strategies to that seek to address systemic and structural barriers for

LGBTIQ+ people and communities to consider questions such as:

- Who are we missing? Why might that be?
- How might we challenge or adapt our usual processes to invite, value and affirm?
- How is power distributed in this process? How much are we willing to share?
- What systems, ideas, knowledges and beliefs are privileged?
- What bias do we hold? What assumptions are we making?
- How are we valuing lived experience, both as expertise and through recognition and remuneration for contribution?

Conclusion

Mind encourages and endorses the work of the Equality Branch in delivering a whole of government LGBTIQ+ strategy. The *Discussion Paper* provides a foundation for important changes to improve the lives and experiences of LGBTIQ+ Victorians across a range of key domains. Mind is particularly encouraged by the approach to mental health and wellbeing, LGBTIQ+ inclusive services and intersectionality.

To strengthen the strategy, Victorian LGBTIQ+ strategy requires systems of accountability across and beyond government, with support key performance indicators and guidelines for service providers relating to the design, delivery and evaluation of intersectional cultural safety within their services.

The strategy must be led by LGBTIQ+ people and communities so that it reflects the diversity, lived experience and expertise of the people it seeks to support.

Mind is committed to contributing our experiences in seeking to respond to the mental health needs of LGBTIQ+ communities within and beyond the mental health sector. We would appreciate the opportunity to continue being involved in the further design and implementation of the strategy.

References

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