

IT TAKES A VILLAGE TO RAISE A QUEER

“QUEER MENTAL HEALTH – IN WHOSE HANDS?”

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ABSTRACT

*There is evidence both in Australia and overseas indicating higher prevalence rates of mental health issues within the GLBTI/Queer community as compared to the hetero-sexual community (Corboz et al., 2008; Hillier et al., 2010).¹ This presentation will outline the limited research available, and **drummond street's** analysis of its Queer service user data within mainstream Family Relationship and Family Mental Health Support Services. This analysis highlights specific challenges for a public health approach to addressing mental health for our Queer community. Over the last decade **drummond street** has been at the forefront of policy reform and advocacy, service development and service system capacity-building in relation to better responding to the needs of the Queer /GLBTIQ community. At times we have been in the unenviable position of being at odds with government policy makers, government bureaucrats, mainstream services, the general community and even at times, sections of the Queer community - so how and why does this happen and what are its implication for the service system.*

DRUMMOND STREET'S QUEER PROGRAMS AND SERVICES

Drummond Street Services (**drummond street**) is community organisation, with a proud 124 year old history of two key areas of focus: 1) Responding to Community Need; and 2) Contributing to the Knowledge Base. **Drummond street** has focussed on family relationship services for the past fifty years, and over the last forty years, has been at the forefront of service development, building clinical expertise and evaluating the Health and Wellbeing of Melbourne's Gay, Lesbian, Bisexual, Transgender and Intersex (Queer) community. The vast majority of this work continues to be unfunded and unrecognised. Over the past three years **drummond street** has:

1. Experienced an increase in Queer clients seeking and receiving a range of services from our agency at around 5% per annum.
2. Client presenting and intake data provides evidence of higher rates (than their heterosexual peers) of health risks including mental health risk and illness, problematic patterns of alcohol and other drug use, intimate partner violence, experience of childhood sexual and/or physical abuse, and physical health issues including obesity. In addition, this is exacerbated by general isolation including family rejection, poor help-seeking, negative experiences of health services, and clients presenting with co-occurring health issues.

¹ Corboz, J., Dowsett, G., Mitchell, A., Couch, M. Agius, P. and Pitts, M (2008). Feeling queer and blue. A Report Hillier, L., Jones, T., Overton, N., Ghan,L., Blackman, J., Mitchell,A., (2010) Writing themselves in 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.

3. Developed and delivered a range of specific programs including counselling, mental health counselling, community education and seminars, parenting education programs, and mental health seminars and group programs, Family Dispute Resolution for gay and lesbian parents regarding parenting arrangements including pre-conception, Same Sex Attracted peer support programs, group for young people with Same Sex parents, and community development initiatives targeting the Queer community. All of these programs are developed and delivered with no government funding.
4. Developed and deliver specialist family violence service for GLBTI couples and individuals in relation to intimate partner violence for both victims and perpetrators (responding to Police Fax Backs) – this program is undertaken in partnership with the Victorian police Family Violence Unit and The Gay and Lesbian Police Liaison Unit each year (and is completely un-funded work).
5. Developed and delivered support for GLBTI carers and same sex attracted young people with a parent with a mental illness
6. Developed and deliver specialist education and training for service providers (including conjointly delivered with Victoria police) in Queer affirmative practice and counselling approaches for GLBTI intimate partner violence, depression and anxiety for GLBTI adults and same sex attracted young people, GLBTI parenting issues, and assisting mainstream service providers to develop a Queer Affirmative agency plan.
7. GLBTI research in partnership with Deakin University including the GLBTI Community Health Perceptions Audit completed 2010, Queer Mental Health Audit of Counselling clients presenting at the agency
8. Providing information and advice to government and academic partners as well as the Federally funded National Child Support Policy analysis for GLBTI parents on behalf of the Department of Families, Housing, Community Services and Indigenous Affairs.
9. Convened the first National Gay Dads Forum in Melbourne in September 2010 with over 60 Dads participating and resulted in high positive media attention.

Interestingly, there have been times when as a service provider rather than a political lobby group, **drummond street** has found itself in conflict with different sections of the GLBTI community or GLBTI specific organisations. Issues can arise for example, regarding:

- The debate for mainstream versus specialist services
- A lack of willingness to acknowledge specific risk issues such as mental illness or the pathway to mental illness and health risks and intimate partner violence in this community
- GLBTI legal rights. This occurs when some sections of the GLBTI community's legal rights have been recognised over other sections of the community particularly in the area of laws relating to recognition of non-biological parents such as the recognition of gay fathers compared to their lesbian peers.

Drummond street's role as a welfare provider is to give voice to all sections of this community and at times provide evidence of health issues even when sections of the GLBTI Queer community at times do not want to these to be recognised in the public arena.

CLIENT DATA AND NEEDS

Drummond street now has a comprehensive client management and research system developed via an industry partnership with Professor John Toumbourou – Assistant Dean - Faculty of Population Health – Health Psychology, Deakin University. This has allowed us to build a comprehensive data set based on clinical files of Queer service users, a total of 674 Queer clients over the past 34 months (n =164 - 2008-2009, and n = 292 - 2009-2010, and 10 months of 2010-2011 n = 218).

Using an annual snapshot of clients, **drummond street** counselling programs saw 1266 clients in total in the past 10 months, with 255 of these clients being non-heterosexual (30%). This figure is 5% higher than the year before, and includes Gay (10%) Lesbian (17%), Bi-sexual (3%) Other (1%). Our Family Mental Health Support Service has higher rates again at 33% of **drummond street** families with mental illness present, including anxiety and depression. Young people identifying as same sex attracted (SSA) or other, account for approximately 10% of the Queer client group.

In terms of risk issues identified at the point of intake, for GLBTI clients, mental illness was the highest (32%), followed by mental health risk (symptoms, 44%), problematic alcohol or other drug use (22%), family violence (past or present, 11%), physical health issues (16%), sexual abuse issues (14%). In addition, seven percent of all families identified as having an at-risk youth (youth at risk due to their own risk-taking behavior) and were concerned about their SSA identified child.

Referral sources for GLBTI clients include: family/neighbor/friend (42%), Queer community events (20%), internet (10%), health practitioner (9%) and community organisations (5%). In terms of presenting needs, GLBTIQ clients presented with the following common relationship needs: dealing with relationship difficulties, communication issues, conflict, enhancing a relationship, relationship breakdown, and parenting; with mental health related concerns predominant including stress, mental health issues/illness, depression, anxiety, grief and loss, alcohol and other drug abuse.

An existing evaluation of counselling client outcomes (via pre and post intervention surveys) conducted for **drummond street** clients from 2008-2010 suggested that interventions did significantly reduce mental illness symptoms, from diagnosable level at the pre survey before counselling to below diagnosis post survey upon completion of counselling.

In addition, **drummond street** has collected data in relation to help seeking, and service experiences in particular with regards to mental health early intervention and treatment. Our findings suggest:

- Poor help seeking behaviours across all age groups and especially with regards to same sex attracted young people, lesbian women, and bisexuals.
- Of the 26% of mental health service users over 56% had negative experiences and had therefore terminated treatment
- Lesbian and bisexual women present with co-occurring health issues including mental illness, trauma, high tobacco and alcohol use, physical health issues including obesity
- That whilst the Queer community identifies mental health (amongst a range of other health risks (alcohol and other drug use, obesity, intimate partner violence) as the greatest health concern, mental health literacy and help seeking was poor especially amongst certain groups such as SSAY, Lesbian and Bisexuals.

What is also interesting is that these clients come from post codes all over Melbourne and some even from rural areas with clients clearly stating that they would rather wait to attend an agency known as providing specialist Queer programs rather than go to a mainstream service and/or that some of these clients also inform intake staff of negative experiences that they have endured at other mainstream services including General practitioners, mental health services and youth services.

While there is comprehensive data and research available overseas, for example, in the United States, in relation to the health and wellbeing of the GLBTIQ community, and some within Australia and Victoria, the Victorian research has tended to focus on experience of

and impacts of Homophobia. Our **drummond street** community perceptions audit and clinical files point to a more complex picture, and while there is reticence even within the Queer community to recognise and validate the health risk issues (such as mental illness and family violence) present within the community, **drummond street** has as its clear intention to build our understanding and evidence base in relation to the unique and specific needs of this group, including pathways to health and illness, and to build strategies which empower the community to 'take their health back into their own hands', that is, to take the central role in ensuring improved health and wellbeing outcomes for their own community.

There is a place for building mainstream services' capacity in relation to queer affirmative practice which ensures all GLBTIQ services are welcoming and sensitive to the needs of this group, and not perpetuating experiences of stigma and alienation. There is also, however a clear need for GLBTIQ specific health services which have expertise in not only health and wellbeing treatment interventions, but also the issues specific to this community, including gender and sexual identity, experiences of 'coming out', experiences of trauma and abuse, social isolation and connection, as well as dealing with homophobia and stigma. Advocacy and engagement with government policy across sectors continues to be important, for example, in relation to the legal rights and policies in relation to Gay and Lesbian parents.

DIRECTIONS FOR THE FUTURE

It is **drummond street's** intention is to undertake further research and analysis of our client data to build on the knowledge base regarding pathways to mental health and illness. In the first instance a data mining and analysis exercise will be used to extract information on presenting issues, factors (individual, family, peer, school, and community) associated with the development of mental health issues and illness and wellbeing over the life course, development of sexual identity and related experiences (eg experience of homophobia, family conflict, experience of 'coming out') over the life course and relationship to mental health and wellbeing (or pathways to health and wellbeing), as well as engagement in services, and the outcomes for Queer service users as compared to heterosexual service users.

While the basic therapeutic principles of our usual counselling approaches are thought to be sound for Queer service users, we don't believe we can extrapolate existing evidence-based treatment as being equally effective in a different population with its own complexities. We would also examine factors predicting responsiveness to treatment such as co-morbidity, trauma history, general health and Obesity.

A further scoping study will be conducted to assess mental health literacy within this community and avenues for mental health promotion, including social networking sites (e.g. Facebook) and other e-health technologies, in particular for same-sex attracted young people. Sympathetic services collecting data on GLBTI service users will be approached to combine data and contribute to outcomes.

Our proposed future research agenda has ultimate aims as follows:

1. Mental Health Promotion and Prevention programs targeting the Queer community to reduce prevalence rates by reducing risk factors and building resilience through community social marketing and peer education programs.
2. Increasing mental health literacy and help seeking.
3. Building the research base to increase evidenced based interventions across the spectrum.

Our history demonstrates our long-term commitment to this community and our early contribution to providing practice-based evidence and to developing evidence-based practice and programs to meet its complex needs. While our government's commitment to addressing homophobia and GLBTI community leadership are welcomed and important, we believe there is the need to build the evidence base in relation to the pathways to health and illness, and promising interventions including community driven health promotion, as well as the need to provide specialist services to this community.

CONTACT US

If you are interested to find out more, or to be involved in collaborative work in this area, please contact Karen Field or Reima Pryor on PH: 03 96636733

REFERENCES

- Corboz, J., Dowsett, G., Mitchell, A., Couch, M. Agius, P. and Pitts, M (2008). *Feeling queer and blue*. A Report from the Australian Research Centre in Sex, Health and Society, La Trobe University, prepared for beyondblue: the national depression initiative. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.
- Hillier, L., Jones, T., Overton, N., Ghan,L., Blackman, J., Mitchell,A., (2010) *Writing themselves in 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.