

Mental Health and Drug Use in the LGBTQI+ Community

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Overview

1. Who are LGBTQI+?
2. Mental health in the LGBTQI+ community
 - * Minority stress and intersectionality
3. Substance use in the LGBTQI+ community
 - * Drivers and risk factors
4. How to better meet the needs of the LGBTQI+ community



Who Are LGBTQI+?



Lesbian = a woman who is attracted to another woman



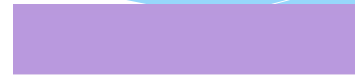
Gay = a man who is attracted to another man



Bisexual = a person who is attracted to people of more than one gender



Transgender = a person whose gender identity differs from their sex assigned at birth



Queer / Questioning = identities outside of gender or sexual norms OR still exploring one's gender or sexuality



Intersex = people who are born with a reproductive or sexual anatomy that does not fit the typical male or female definitions



Plus = other minority sexual and gender identities

Prevalence Estimates

- * Difficult to get accurate population-based figures
 - * Lack of adequate questions
 - * Census 2021 had one question about sex/gender: (male, female or non-binary); same-sex relationships only captured where respondents were cohabiting
 - * Continuous evolution of terminology and overlapping identities make it difficult to estimate population size



Prevalence Estimates

- *Identify* as gay, lesbian or bisexual
 - Total population = **3-4%**
 - Men under 25 = **4%**
 - Women under 25 = **7%**
- Same-sex *attraction / behaviour*
 - Men = **9%**
 - Women = **19%**
- Transgender
 - Total population = **1%**
 - Young people = **1.2%**
- Intersex = **1.7%**

Mental Health

- * Compared to the general population, the LGBTQI+ community are:
 - * **6** times more likely to have mood and anxiety disorders (Morris, 2021)
 - * **5** times more likely to self-harm or attempt suicide (Morris, 2021)
- * Rates higher in bisexual people vs. gays/lesbians (Ross et al., 2017)
- * Transgender individuals have the worst mental health outcomes
 - * 75% Dx with depression; 72% Dx with anxiety (Strauss et al., 2017)
 - * 80% self-harmed; 48% attempted suicide (Strauss et al., 2017)



Minority Stress

People from stigmatized minority groups experience chronically elevated levels of stress (Meyer, 2003)

- * **Distal stressors**

- * Homophobic abuse: verbal 61%; physical 18% (AHRC, 2014)
- * Transphobic abuse (verbal & physical): 87% (Couch et al., 2007)
- * Higher % of "no" votes in same-sex marriage plebiscite correlated with worse LGB life satisfaction and mental health (Perales & Todd, 2018)

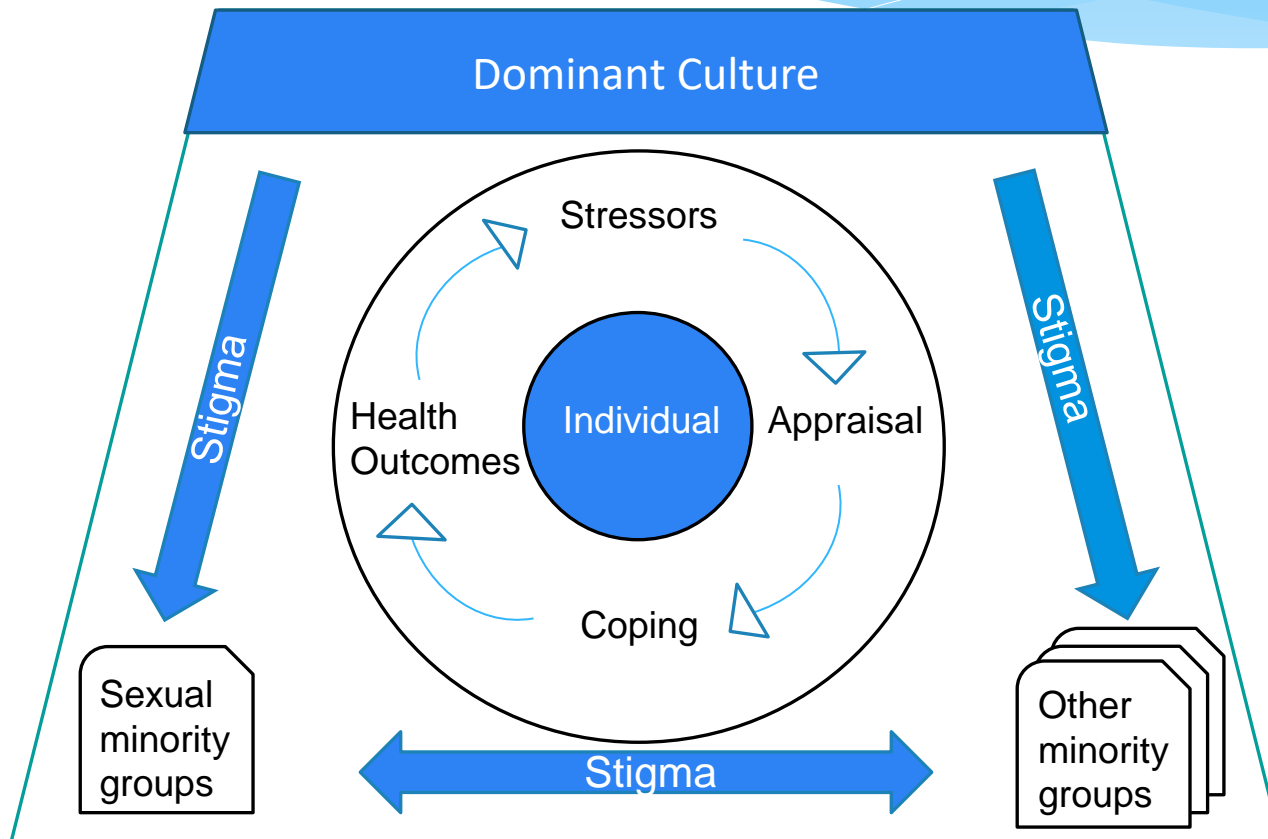
- * **Proximal stressors**

- * Internalised homo/transphobia, identity concealment, hypervigilance
- * 50% of LGBTQI+ people report hiding their sexual or gender identity in public for fear of violence or discrimination (AHRC, 2014)

Minority Stress

- * Each group experience a unique set of stressors, e.g.:
 - * Bisexual people: erasure and invisibility; not belonging in either heterosexual or gay/lesbian communities
 - * Transgender people: barriers to healthcare, employment, housing and travel due to name or sex on documents
 - * Intersex people: unwanted medical interventions; lack of disclosure from parents; confusion about gender roles and sexual orientation
- * Multiple minority stress
 - * Intersections with overlapping forms of discrimination

The Intersectional Ecology Model of LGBTQ Health



Substance Use

- * Compared to the general population, LGBTQI+ people are:
 - * **1.5** times as likely to use alcohol and tobacco
 - * 25% exceed lifetime risk guidelines for alcohol; 17% smoke daily
 - * Rates declined by a third from 2010 to 2019
 - * **3** times as likely to use illicit drugs
 - * 40% report recent illicit drug use
 - * The most frequently reported drugs: cannabis (30%), ecstasy/MDMA (13.9%) & cocaine (9.6%)
 - * Gay men more likely than other groups to use drugs (53%)
 - * Rates increased from 2010 to 2019

Drivers and Risk Factors

- * Drugs as a means of coping with minority stress
 - * Experience of discrimination associated with greater substance use in transgender individuals (Wolfe et al., 2021)
- * Different social and cultural norms
 - * Clubbing more central to social life among LGBTQI+ communities
 - * Participation in the LGBTQI+ community associated with greater substance use among young gay people (Demant et al., 2018)
- * Barriers to health care
 - * Experiences and fear of discrimination by professionals

Barriers to Healthcare

Table 24: Proportion of participants who had accessed each health service and felt that their sexual orientation or gender identity was very/extremely respected in the past 12 months

	Sexual orientation very/ extremely respected		Gender identity very/ extremely respected	
	Number	%	Number	%
Mainstream medical clinic	3,166	58.6	480	37.7
Mainstream mental health service (e.g., psychologist, counsellor)	1,649	71.9	383	57.0
Hospital	1,251	55.2	223	35.4
Allied health service (e.g., physiotherapist, osteopath)	1,342	71.3	240	52.2
Mainstream medical clinic that is known to be LGBTIQ-inclusive	1,492	90.7	471	78.6
Mainstream mental health service that is known to be LGBTIQ-inclusive	1,045	90.9	443	81.9
Medical clinic catering only to lesbian, gay, bisexual, transgender and/or intersex people	351	94.9	165	90.2
Mental health service catering only to lesbian, gay, bisexual, transgender and/or intersex people	220	89.8	136	87.7

Inclusive Practice

- * How to address patients
 - * Use requested names and pronouns, including in professional communication / correspondence
 - * If not sure, ask respectfully (e.g., how would you like to be addressed?)
- * Avoid making assumptions
 - * Use gender neutral terms (avoid Mr and Mrs)
 - * Understand that chosen families are often diverse
- * Pay special attention to confidentiality
 - * Especially important in small regional communities
- * Is the environment inclusive?
 - * Accessible toilets
 - * Display diverse imagery (i.e., non-cis-heteronormative)



Policy-Level Change

- * A national, coordinated LGBTQI+ health and wellbeing action plan needed
 - * Better data and research
 - * Funding and resources
- * Community engagement, inclusivity and education
 - * Health interventions and programs best delivered by those with lived experience (Morris, 2021)
 - * Students in schools with LGBTQ+ organisations report better mental health and lower substance use (Poteat et al., 2012)

Questions?

Gender Clinic Contacts:

Website: <https://monashhealth.org/services/gender-clinic/>

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