bi+ network
Sydney

Responses to Supplementary Questions
Equity, Accessibility, and Appropriate Delivery of Outpatient and Community Mental Health Care in NSW

1. **Is there a centralised pathway that is integrated with both State and federally funded services that enables people to access the care they need at the time the want it**

Interconnected care coordination and support is lacking across State and federally funded services. Overall, bi+ people report not being able to access services which are able to holistically provide care. This is exacerbated by the impacts of social determinants of mental health and increasing financial barriers to accessing mental health care. For example, Centralised pathways are particularly lacking for bi+ people and communities, as bi+ people report negative experiences with both mainstream and LGBTQIA+ focused services. People within our communities report that referral pathways and services need to be more trauma-informed, culturally appropriate, and adequately educated on issues impacting bi+ people. This means that many people are not able to access the care at the time they want or need it.

2. **How would the people you represent e.g. consumers and mental health carers describe their ability to navigate the system and its varied pathways to service access?**

Bi+ people experience significant challenges in navigating the systems and its varied pathways to service access. While there have been recent attempts across NSW to improve service access for consumers, bi+ people are often left behind in this. For example, the communities we represent have often reported that there are long wait times for accessing long-term mental health care. Consumers and mental health carers have also reported to us that accessing services (such as psychiatric services, and psychologists and GPs who do not bulk bill) are too expensive. This is particularly the case given increasing costs of living across New South Wales. Overall, the experiences of people we represent report negative experiences in navigating the system and its varied pathways to service access.

We also consistently hear that pathways for service access are riddled with biphobia. For example, we continue to hear stories from people within community who have

experienced biphobia when trying to access crisis services and other support services. As discussed in our submission, data relating to mental health and suicidality for bi+ people show that:

We also hear from our community that they may experience misunderstandings by practitioners around what being bi+ means. For example, community may play a role in having to educate and inform their practitioner about their identity which can be distressing to an individual but also use time during their sessions which should be focused on the person who is seeking mental health services. Accordingly, there is a perception that mental health practitioners and services are not adequately educated or equipped to understand the nuances of the bi+ community, whether during tertiary study and also when undertaking clinical practice.

As discussed in our submission, this is particularly alarming given the data relating to mental health and suicidality for bi+ people, which show that:

- 88.4.% pansexual participants reported having ever seriously considered attempting suicide.[1]
- 79.7% bisexual participants reported having ever seriously considered attempting suicide.[2]
- Trans and gender diverse bisexual people are more likely to report high rates of psychological distress compared with cisgender bisexual people.[3]
- 77.6% of bisexual people aged 18 and over reported having thoughts of suicide in their lifetime.[4]
- 88.1% of pansexual people aged 14 to 21 reported experiencing high or very high levels of psychological distress [5]
- 67.4% of pansexual people aged 14 to 21 reported having experienced suicidal ideation in the past 12 months [6]

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[1] Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf

[2] Ibid

[3] Taylor, J., Power, J., Smith, E., Rathbone, M. (2020). Bisexual mental health and gender diversity: Findings from the 'Who I Am' study. *Australian Journal of General Practice, 49*(7), https://www1.racgp.org.au/getattachment/5ccc0c4b-7007-454a-ba3b-34ba87ecf185/Bisexual-mental-health-and-gender-diversity.aspx
[4] Ibid
[5] Ibid
[6] Ibid

Considering that bi+ communities experience poorer mental health outcomes than their homosexual and heterosexuals peers, it is alarming that they are also experiencing barriers when accessing much needed and critical services.

3. **Do any of these challenges or enables extend to when a carer or consumer is wanting to escalate their concerns when health is deteriorating in the community?**
    a. **Can you tell us about their experience of this?**

Carers and consumers alike experience the challenges discussed above and in additional information provided below.

Most notably, in our experience, volunteer-run grassroots organisations like Sydney Bi+ Network are on the frontline when consumers and carers are seeking information about where to go for service provision. We are on the frontlines when community health is deteriorating and when community have poor experiences with services. This underscores this critical role of peer support for bi+ community.

At present, there are not trauma-informed, culturally safe emergency services which can respond when community want to escalate their concerns. For instance, having police and emergency services as first responders exacerbates trauma, especially for bi+ people who are First Nations, culturally or racially marginalised,and/or trans and gender diverse. Bi+ community conversations and consultations continue to reveal harmful experiences with police and emergency services, which compounds trauma and makes it difficult for people to escalate concerns in a crisis.

4. **Does your organisation have a direct line of contact to the NSW Department of Health?**
    a. **If so, what division/section is your direct line of contact?**

No we do not currently have a direct line of contact to the NSW Department of Health.

5. **How many people measured as full-time equivalents work for your organisation on a paid or voluntary basis?**

Everyone who works with Sydney Bi+ Network is engaged on a voluntary basis, as we do not have funding to employ people. On average, we have the equivalent of 0.75 FTE available to us (this does not account for the additional work we take on during our peak periods). This involves core responsibilities across community engagement, advocacy, and peer support. It also includes strategic planning and administrative duties required to maintain the organisation.

We also have additional volunteers during our peak times of the year (February-March for Mardi Gras, and September for Bi+ Visibility Day) who engage with SBN on a casual/as needed basis. Given that we all work with Sydney Bi+ Network is on a volunteer basis, and the increasing demand of bi+ specific spaces, events, and organisations it is abundantly clear that we are not adequately resourced to meet the needs of community.

6. **Does your organisation receive any funding or support, in any form, from the Commonwealth Government?**
   a. **If so, what was the amount in the 2021/2022 financial year?**
   b. **If so, what was the amount in the 2022/2023 financial year?**

No, Sydney Bi+ Network does not receive any funding or support in any form from the Commonwealth Government.

We note that larger well-funded organisations receive substantial funding whereas we and other grassroots community organisations have to fundraise to be able to participate in community events such as Mardi Gras Fair Day (as only one example), which are essential events for community building and protective factors for poor mental health . This is an increasing financial burden which disproportionately affects unfunded community organisations. These organisations are often sustained and run by multiple marginalised people who struggle with cost of living to participate in activities that foster a sense of community connection.

7. **In the Sydney Bi+ Network submission at the bottom of page 1 it states: "What Does Bi+ Mean? We use bi+ as an umbrella term to describe people who are attracted to more than one gender, in any way, to any degree. Bi+ can include (but is not limited to) bisexual, pansexual, omnisexual, polysexual, multi gender attracted, biromantic, panromantic, queer, fluid, gay, lesbian, and questioning." Regarding "(but is not limited to)", can you nominate the other terms that fall under the bi+ umbrella?**

The LGBTQIA+ acronym, along with the various labels it encompasses, is increasingly recognised as Western terminology [7]. Although many countries around the world have adopted this language to participate in global conversations[8] these labels may not adequately or appropriately describe the experiences of refugees, asylum seekers, or other migrants living in Australia who experience attraction to more than one gender, in any way, to any degree. As a result Sydney Bi+ Network explicitly indicates that our definition of bi+ is not exclusive to the terms listed as a way to be inclusive of people who may not speak English as their first language or use this terminology to describe their sexual/romantic orientations. Furthermore, some members of community have also nominated terminology such as abrosexual or m-spec (representing multi-gender attracted spectrum) to describe themselves.

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[7] Anzaldúa, G. E. (2009). To(o) the queer reader. In A. Keating (Ed.), *The Gloria Anzaldua reader*. Duke University Press.

[8] Dixson, R.E. (2021). What about us? Preserving LGBTIQ+ history of forced displacement. *The International Journal of Information, Diversity, & Inclusion, 5*(4), 2574-3430.

Additional Information

Urban-Rural Discrepancies in Bi+ (Mental) Health inequity:

A noteworthy observation is the variation in health indicators between urban and rural environments. Rural LGB individuals experience a unique set of challenges, albeit with fewer disparities compared to urban counterparts in contrast to heterosexual individuals. This emphasizes the vital need for tailored support and resources in rural areas. Research, although primarily from international sources, illuminates the pronounced health disparities faced by bisexual individuals.[9] Notably, bisexual individuals contend with a greater number of health inequities compared to their gay/lesbian counterparts.

In light of these findings, there is an urgent call for the education and sensitisation of healthcare providers, including General Practitioners, in rural settings. Ensuring their proficiency in the specific issues faced by the bi+ community is imperative. This extends beyond clinical competence to foster a culture of inclusivity and sensitivity towards the diverse experiences within the bi+ community.

Misconceptions and Barriers Faced by Bi+ Individuals in Accessing Support Services:

It's disheartening to see that despite clear statistics reflecting the challenging circumstances faced by bi+ individuals, there persists a prevailing societal misconception that they have it easier. This perception has a tangible impact, as many bi+ individuals have a fear of potentially diverting resources from LGBTQ+ support organisations. This stems from a belief that they might not be deemed "queer enough" or "bi enough", or that their needs may not be as pressing as those of their gay and lesbian counterparts. Empowering bi+ individuals to confidently access these services requires a central approach. They need to be assured that they are unquestionably "bi enough" and "queer enough" to seek out the support they deserve. Their concerns are substantial, and their needs are valid. However, it's important to note that a simple emphasis on inclusivity should not overshadow the crucial aspect of ensuring that services are at the very least, "not harmful".

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[9] Farmer, G.W, Blosnich, J.R., Jabson, J.M., & Matthew, D.D. (2016). Gay Acres: Sexual Orientation Differences in Health Indicators Among Rural and Nonrural Individuals. *Journal of Rural Health, 32*(3), 321-331, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4887433/

Additionally, addressing common internalised misconceptions is paramount. For instance, many bi+ people report struggling to seek help from existing LGBTQIA+ services. As reported by one community member:

> *"I personally struggled to seek help from an LGBTQ+ counseling service, enduring two suicide attempts, all because I hesitated to 'take away resources'."*

This experience underscores the urgent need for education and awareness campaigns that empower bi+ individuals to access services meant for the entire LGBTQ+ community.

The 'Who I Am' study, as outlined in the Australian Journal of General Practice, reveals a critical insight. It highlights that bi+ individuals in heterosexual relationships often face poorer mental health compared to those in same-sex relationships.[10] This contradicts the notion of 'heterosexual privilege', showing that those with a male partner can be particularly vulnerable to depressive symptoms and bi-negativity. Clinicians should be attentive to this, recognizing that bi+ individuals in heterosexual relationships may not be less vulnerable to social oppression, but rather, face a unique set of challenges that require understanding and tailored support.

Addressing these misconceptions and barriers is crucial in ensuring that bi+ individuals receive the support they urgently need, and that their struggles are acknowledged and validated within the broader LGBTQ+ community.

Immediate Funding for Bi+ Services:

Redirecting and prioritizing funding towards Bi+ services is a critical step to address the pressing needs of this marginalized group. While there's no denying the urgency for action, it's vital to acknowledge that simply redirecting existing LGBTQ+ funding may inadvertently impact the outcomes for other community members, like lesbian and gay community.

However, the immediate establishment of dedicated funding streams for Bi+ services is imperative. This ensures that resources are directly channeled to meet the specific needs of this underserved population without delay.

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[10] Taylor, J., Power, J., Smith, E., & Rathbone, M. (2019). Bisexual mental health: Findings from the 'who I am' study. *RACGP, 48*(3), https://www1.racgp.org.au/ajgp/2019/march/bisexual-mental-health

In recognising the unique and varied needs of bi+ individuals, it is clear that a singular approach may not suffice. An assessment must be made to determine if certain services could operate inclusively, benefiting both bisexual and other community members. Conversely, some needs may necessitate entirely Bi-specific services. In certain cases, a hybrid model, offering both options, may prove to be the most effective.

It's important to acknowledge that support services for bi+ people are not exclusively run by LGBTQIA+ organisations. Vital topics, such as reproductive health, are sometimes not adequately addressed within LGBTQ-focused organisations. While the ideal scenario would involve a dedicated LGBTQ+ reproductive and sexual health service, practical constraints, particularly related to funding, may delay this vision. In such instances, a collaborative effort involving community members, LGBTQ organisations, and mainstream service providers could be explored.

Further, in recognising the diverse preferences for service access within the bi+ community, it is crucial to offer a range of settings for support. Some bi+ people may find comfort in a service focused on Lesbian and Bi Women, while others may prefer a mixed-gender, bi+ specific service. In certain cases, a service exclusively tailored for Bi+ Women might be the optimal choice. This variety ensures that support services are adaptable and accommodating to the diverse preferences and needs of the bi+ community.

This multi-faceted approach ensures that funding is not only allocated promptly but is also utilized in a manner that respects the complexity and diversity of the bi+ community's needs.