

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

HEARING – FRIDAY 22 SEPTEMBER 2023

ACON's Responses Post-hearing questions.

RESPONSE TO QUESTION ON NOTICE

While ACON was involved in consultation to develop the *NSW LGBTIQ+ Health Strategy 2022-2027*, we are not “principal participants in the negotiation of the strategy”. The *NSW LGBTIQ+ Health Strategy 2022-2027* states that it “outlines priorities and actions that allow NSW Health organisations to address a variety of issues identified by the NSW Ministry of Health’s needs assessment work.”

SUPPLEMENTARY QUESTIONS

ACON

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 they want it?

Response: As outlined in our submission to the Inquiry, there appears to be a significant failure of services to integrate and provide continuity of care to clients who are continually moving between health providers, state, federal and private services, services with Medicare rebates, and NDIS services.

This results in a lack of continuity care, people lost to follow up, people falling through the cracks, people forced to wait, and people forced to advocate for themselves (or rely on care coordination teams at services like ACON to support them) to access a service when they are in crisis.

Where services are coordinated across state, federal and private systems, there are no shared care arrangements. ACON Clinicians report that it is near impossible to speak to the treating physicians of the clients they are also seeing, they are not notified when clients are discharged from services, and they are not provided treatment plans or discharge notes.

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?

Response: As outlined in our submission to the Inquiry, members of Australia’s sexuality and gender diverse communities experience considerable barriers to accessing mental health care and navigating the systems. This includes experiences of stigma and trauma, and a lack of understanding of the specific needs of our communities resulting in unsafe practices.

3. Do any of these challenges or enablers extend to when a carer or consumer is wanting to escalate their concerns when health is deteriorating in the community?

Response: Yes

a. Can you tell us about their experience of this?

Response:

Case study:

ACON's regional teams were supporting a 21-year-old trans man who was experiencing psychosis and was actively suicidal. He had several hospital admissions (6 in 6 weeks) due to suicidal planning and serious self-harm. He had been diagnosed with autism, severe borderline personality disorder, and an eating disorder.

The Community Mental Health team refused to accept a referral and allocate a worker, even after the treating hospital psychiatrist made the recommendation. Community organisations, including ACON, who were supporting this client made over 10 calls to the Community Mental Health teams to attempt to get information regarding his referral, with no response.

This cycle of no contact and refusing to accept the referral contributed to the deteriorating mental health of the client. It took a complaint from the psychiatrist, and ACON, to the mental health director before this client was allocated a mental health clinician.

As this is unfolding, the client is taking on the negative messaging from mental health services that he cannot be helped, and is not worthy of support, further compounding his distress and trauma.

4. Does your organisation have a direct line of contact to the NSW Department of Health?

Response: ACON receives various grants from different sections within the NSW Ministry of Health and the NSW Health system. Each grant has its own reporting structure and contact points within the NSW Ministry of Health.

b. if so, what division/section is your direct line of contact?

Response: Direct lines of contact for ACON within the NSW Ministry of Health include the Population and Public Health Division's Centre Alcohol and Other Drugs, the Centre for Population Health, the HIV and STI Policy Team, and the Health System Strategy and Patient Experience Division's Health and Social Policy Branch and the Mental Health Branch.

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

As of 30 June 2023, ACON employed 125 FTE people, including 59 casual staff members with varying hours.

The number of volunteers working in the organisation varies considerably depending on the time of year and programs being conducted. Volunteers are utilised by different programs across ACON in many different roles and tasks. For example, during Sydney World Pride in February 2023, the number of volunteers increased considerably to support increased community work in roles as diverse as safe pack packers, volunteers to assist run community events, rovers providing support and care at dance parties, volunteers providing assistance to

people living with HIV, etc. ACON does not maintain a centralised volunteer database and, as a result, cannot provide the number of volunteers working in the organisation.

6. Does your organisation receive any funding or support, in any form, from the Commonwealth Government?

Response: Yes.

- a. If so, what was the amount in the 2021/2022 financial year?

Response: \$511,842

- b. If so, what was the amount in the 2022/2023 financial year?

Response: \$1,173,009

Questions for Ms Gen Whitlam, Associate Director, Client Services, ACON

1. In your Opening Statement at the hearing you stated:

“Compared to the general population, LGBTQ+ people are:

- 10 to 12 times more likely to be diagnosed with depression or anxiety
- 18 times more likely to have experienced suicidal ideation
- 13 times more likely to make a suicide attempt”

Can you provide the reference from where these figures were sourced?

Response: 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, pp. 48-51

2. In your Opening Statement at the hearing you stated:

“This is NOT because they are inherently prone to mental distress, it is because of minority stress – the persistent and ongoing discrimination, vilification, prejudice and violence directed at our communities.”

Noting the quote above, is it therefore the position of ACON that the figures cited in question 1 are exclusively caused by “minority stress”?

Response: It is not ACON’s position that the figures cited in question 1 are exclusively caused by “minority stress.”

3. In your Opening Statement at the hearing you stated:

“For LGBTQ+ people many services are simply not safe to access.”

Regarding this statement, will you provide the list of specific mental health services in NSW where it is “simply not safe to access”?

Response: ACON does not maintain lists of specific mental health services.

4. In the most recently published Annual Report (2021-2022), the financial statements record that ACON received grants from the NSW Department of Health and Local Health Districts totalling almost \$13.7 million.

a. of this amount, was any funding provided to Sydney Bi+ Network for mental health support?

Response: No

i. If so, what was the amount?

Response: N/A

b. Of this amount, was any funding provided to other B grassroots organisations for mental health support?

Response: No

i. If so, who were those specific grassroots organisations?

Response: N/A

ii. If so, what were the amounts?

Response: N/A

c. Of this amount, was any funding provided to any specific L, G, T, Q, and + grassroots organisations for mental health support?

Response: No

i. If so, who were those specific grassroots organisations?

Response: N/A

ii. If so, what were the amounts?

Response: N/A

5. On the TransHub “Gender Affirming Doctor List”, that can be accessed via the ACON website, it states:

“All GPs and prescribers can and should be gender affirming doctors.”

What does it mean to be a “gender affirming doctor”

Response: A gender affirming doctor is a doctor who is able to provide care and support to a person that is respectful of their gender. This could mean using the person’s correct name and pronouns, not making assumptions about the kind of healthcare they need, referrals to relevant services, or providing care such as gender affirming hormonal therapy.