

**INQUIRY INTO GAY AND TRANSGENDER HATE CRIMES
BETWEEN 1970 AND 2010 - 57TH PARLIAMENT**

Organisation: Mental Health Commission of NSW

Date Received: 28 February 2020



Mental Health Commission
of New South Wales



Submission for the Inquiry into Gay and Transgender Hate Crimes between 1970 and 2010.

January 2020.

TRIM Ref:

Table of contents

1.	The Mental Health Commission of NSW	3
2.	Living Well: A Strategic Plan for Mental Health in NSW 2014-2024	3
3.	Overarching Response to the Inquiry into Gay and Transgender Hate Crimes between 1970 and 2010.....	3
4.	Reducing Impediments Through Stigma Reduction.	4
	References	5

1. The Mental Health Commission of NSW

The Mental Health Commission of NSW (the Commission) is an independent statutory agency responsible for monitoring, reviewing and improving the mental health system and advocating for reform. The Commission is focused on improving the mental health and wellbeing of the NSW community by undertaking strategic planning, systemic reviews and advocacy.

In all its work, the Commission is guided by the voice of people with a lived experience of mental health issues and/or caring, families and kinship groups. Under the *Mental Health Commission Act 2012* the Commission is to take into account the particular views and needs of different sections of the NSW community and educate the community about mental health issues including for the purpose of reducing stigma and discrimination.

In 2018, the NSW Government released the Review of the Mental Health Commission of NSW. Contained within the five-year review was a recommendation from Dr David Chaplow that the Commission strengthen its work with the gender and sexually diverse community.

The Commission seeks to actively promote the particular views and needs of different sections of the community including those of the gender and sexually diverse community by promoting policies and practices that recognise the autonomy of people who experience mental health issues and supports their recovery.

The vision of the Commission is:

That the people of NSW have the best opportunity for good mental health and wellbeing and to live well in the community, on their own terms, having the services and supports they need to live a full life.

2. Living Well: A Strategic Plan for Mental Health in NSW 2014-2024

Throughout 2019 the Commission undertook a mid-term review of *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*, the 10-year plan for mental health reform in NSW. As part of this review, the Commission consulted with a broad range of stakeholders from around NSW including both regional and urban, gender and sexually diverse communities. The Commission intends to use the findings of the review to refresh the Living Well strategy.

The initial *Living Well* strategy contained 141 actions that directed the provision of services and supports to people in NSW who experience mental illness. The refreshed strategy is modelled on principles of recovery and person-centred care, emphasising choice and autonomy, and considering the personal and social dimensions of mental illness alongside its impact on people's health. By understanding the interactions of causal factors we can more effectively improve the experience of people with lived experience of mental health issues.

3. Overarching Response to the Inquiry into Gay and Transgender Hate Crimes between 1970 and 2010.

The Commission notes the Inquiry into Gay and Transgender Hate Crimes between 1970 and 2010's (the Inquiry) Terms of Reference include considering whether there are existed impediments within the criminal justice system that impacted the protection of LGBTIQ people in New South Wales and the delivery of justice to victims of LGBTIQ hate crimes and their

families, with reference to case studies of particular matters; and to the extent that past impediments are identified, and how effectively these have been addressed by current policy or practice.

Under *Mental Health Commission Act 2012*, the Commission is required to consider the views and needs of different populations within the NSW community. The Commission is not a service provider and does not have any judicial powers. However, the Commission does seek to advocate for the prevention of mental illness and for the promotion of good health and well-being. Therefore as part of this advocacy function, the Commission would like the Inquiry to consider the below information:

As reported widely in literature, people of diverse sexualities and genders experience mental health issues (the Commission's priority) at a significantly higher rate than the general population. With over 40 percent of the gender and sexually diverse community experiencing a mental health issue in any given 12 months¹, this is more than double that experienced by the general population.

Discrimination and victimisation have been found to be associated with increased risks of psychological distress². Minority specific stress is linked with negative physical and mental health outcomes. The gender and sexually diverse community is widely documented as experiencing stigma and discrimination³ at significantly higher rates than their heterosexual counterparts. Consequently, the experience of stigma and discrimination can be a barrier to accessing and receiving care.

Stigma and experiences of discrimination not only impact access to services but also result in under-reporting of incidents to police⁴. Members of minority groups such as the gender and sexually diverse community are found to be more reticent about reporting crime⁵ due to negative perceptions of police interaction and fear of further victimisation⁵. A NSW report '*You shouldn't have to hide to be safe survey: A report on homophobic hostilities and violence against gay men and lesbians in New South Wales*⁶ found that the majority of respondents believed they would not be taken seriously and treated unfairly due to homophobic beliefs held by police officers. 'Case study 6 – Mr David McMahon⁷' provided by the Inquiry, outlines the fear experienced when reporting a violent attack. Specifically, within the case study it states "...David thought he would be arrested for being gay...He was 'scared' and 'petrified', and felt 'intimidated'.⁷" The fear of stigma, discrimination and potential victimisation is exemplified in Mr McMahon's own accounts. In order to effectively reduce the risk for this community there is an urgent need to implement and affect systemic changes that will address issues of discrimination, stigmatisation and violence faced by the gender and sexually diverse community.

4. Reducing Impediments Through Stigma Reduction.

The gender and sexually diverse population experiences mental health issues at a disproportionate rate to the general population¹. Research indicates that gender and sexually diverse people are twice as likely to be diagnosed with a mental health condition and more than six times more likely to have suicidal thoughts than their heterosexual counterparts⁸.

Discrimination and social exclusion are contributing factors that affect the mental health and wellbeing of this community⁹. Due to fear of stigmatisation and discrimination, studies have found that individuals make behavioural changes which reduce the risk of such experiences, including under-reporting, abstaining from accessing services and limiting social connectedness. Another major barrier to service access includes the fear of rejection⁹. Stigma

is understood to be a social process that is characterised by the feeling of relative inferiority and powerlessness which is placed on an individual who is deemed different by the community¹⁰. Self-stigma is the result of the internalisation of social and systemic stigma.

The sexually and gender diverse community has faced systemic impediments and their experiences of stigma and discrimination, abuse and violence coupled with the fear that these experiences may occur at any time creates a social environment that significantly impacts on mental wellbeing. As acknowledged within the interim report⁷ by Assistant Commissioner Crandell from NSW Police Force “many reports of gay bashings were never made to the police for fear of them”. Furthermore, these experiences of mistreatment have been found to be directly associated with lower self-esteem and suicidal ideation³. Through a coordinated and strategic approach mental health outcomes for the gender and sexually diverse community can be improved.

The Commission suggests a planned approach to stigma reduction which seeks to address self, social and systemic stigma. We emphasise that stigma reduction programs must be evidence-informed, responsive to the community and co-designed by the sexually and gender diverse community. Interventions should look at reducing behaviours which are prejudicial and discriminating. Interventions should be co-designed and co-delivered, with training provided at to all levels of government and service provision. In particular stigma reduction and awareness campaigns should be delivered to services including judicial services, corrections and the police force.

The delivery of relevant and sensitive training will reduce the impediment of stigma and will consequently result in improved outcomes for the sexually and gender diverse community. Stigma reduction approaches that take on a whole-of-Government approach will embed safe, person-centred care within all services. In order to effectively reduce stigmatising behaviours towards the gender and sexually diverse community, changes need to be actioned at all levels.

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