

Submission  
No 165

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

**Organisation:** Queer Family

**Date Received:** 8 March 2024

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To the Chair of the Mental Health Inquiry,

Please accept our sincerest apologies for this late submission. We are a small organisation with limited resources and a combination of serious illness and a late awareness of the inquiry, prevented us from providing a submission in a timelier manner.

## **About Queer Family**

Queer Family reduces social isolation and improves mental wellbeing through the creation of safe spaces for LGBTQ+ people and allies to practice creativity, connect, build, and strengthen community in the Northern Rivers.

Queer Family was formed in 2019, in direct response to research indicating a severe lack of options for local LGBTQ+ people to connect, serious issues of social isolation and related mental ill-health, and a strong community desire for a Queer-led response. Since inception, we have directly engaged more than 3000 unique individuals, indirectly supported many more, & hosted 150+ events and programs. We also average 7,000 - 10,000 reach on social media monthly.

Queer Family are a Queer and trans-led health promotion charity, registered with the ACNC, with DRG1 status. We are in Mullumbimby, but we support people across the region, with participants travelling up to 2-hours away to reach us. Many of our regular attendees have multiple intersecting identities and also identify with terms such as disability, neurodiversity, lived experience of mental ill-health, and/or trans and gender diverse.

We are the only Queer-led organisation in the region who support under 18s.

We receive no core funding, we have no multi-year project funding, and we rely on community donations, short-term project grants, and volunteerism.

## **Between Aug 2022-2023 we helped**

- 2573 Event attendees
- 146 Young Queerios (12-24, mostly trans and gender diverse)
- 127 Rainbow Remedies (group therapeutic programs)
- 248 QIRP (Queer Information & Referral Project)
- 63 Training participants
- 14 Parents/Carers
- 38 Queer-affirming therapists
- 34 People with immediate post-flood support
- 46 Ongoing post-flood support eg organising free counselling

## **Projects/Services include**

- Young Queerios (12-25yrs hangs/events)
- Rainbow Remedies (group therapeutic programs eg trauma sensitive yoga, equine)
- Queer Information & Referral Project (helping our community get help)
- Community Of Practice (support/training for Queer-affirming therapists)
- Year Of Queer (all ages events, advocacy, community connection & celebration)
- Disaster Response (covid - Queers on Wheels, flood – Queer BnB and more)
- Rainbow Creatives, Queerstories and more (creative / arts programming and events)
- Book Club, Auslan classes, Bush Walking Club and Art Studio (small groups)

## **Awards**

2020 Rainbow Inclusion, NSW Mental Health Association

2023 Health & Wellbeing, Byron Shire Council

2023 NSW Youth Work short-listed

## **Independent research on Queer Family by Catalyst Research, 2020**

(Note pre-covid and pre-flood – we could reasonably expect these statistics to have worsened since)

- 91% of our participants disclose a history of mental health concerns
- 1/3 of these state they need more help
- Only 22% are in full-time work
- 50% live in households with less than \$30,000 combined income
- 20% live in unstable housing or experience homeless
- For every person we reach directly, we have a fourfold impact

## **What we also know from other research**

- LGBTQ+ people are frequently excluded and/or poorly included by mainstream health services
- LGBTQ+ people have formal and informal systems to check whether services or professionals are safe to access and Queer-affirming
- LGBTQ+ people prefer to receive services from Queer-led organisations and/or other people with their identity
- LGBTQ+ organisations and projects only receive 5cents for every \$100 of philanthropic funding, yet we represent at least 11% of the population and have some of the poorest health and wellbeing statistics in the country
- 1 in 2 trans and gender diverse young people will attempt suicide, a rate 15 times higher than their counterparts
- 75% of trans and gender diverse young people experience suicidal ideation
- 5% of local children and young people identified themselves as non-cis in the recent Resilient Kids Survey (n=6611). This figure is likely to grow as children age and develop their identities. Therefore at least 150 local gender diverse CYP will attempt suicide and another 100 will feel

suicidal.

- Statistics are always worse in regional areas and these statistics do not account for our devastating back-to-back natural disasters over the past few years
- Peer-led organisations by minorities, for minorities, have better outcomes for our communities, predominantly due to our deep understandings around cultural safety and our cultural competency
- Localised and place-based services created by community, for community, have better outcomes than large centralised city-based organisations, whilst also being significantly cheaper to fund and run
- Much of the (extremely limited) LGBTQ+ targeted funding, and more broadly community mental health funding, is taken up by large region or state-wide organisations, who are often not Queer-led or genuinely localised, which significantly reduces the impact of this funding and its reach

## **Anecdotal information relevant to Mullumbimby and surrounding towns**

Local people, irrespective of their Queerness, do not access appropriate health care for a range of reasons including long wait times, lack of local services, long distances to both generalist and specialist services, poverty, a lack of free or low-cost options, and a lack of public transport.

Our local systems, particularly housing, are overwhelmed and beyond crisis point, which has a direct impact on mental health. The Byron Shire has 2 million visitors annually, our AirBnB rates are very high, rent and home ownership are unaffordable for many, we have the highest number of rough sleepers in the state, and it is very common for people to live in vans, sheds, or other substandard and unstable accommodation. Both covid and the 2022 floods exacerbated this crisis, with 4000 homes damaged or destroyed in the floods.

A particularly localised issue which impacts mental health treatment is the widespread distrust of government and health services. For Mullumbimby in particular (affectionately known as the anti-vaxxer capital of Australia), the level of government and authority mistrust cannot be overstated, and this extends to mainstream services.

Conversely, locals have very easy access to a high number of cults and plentiful alternative “health” options for “treatment”. These tend to lack an evidence base and are almost entirely run by people with no qualifications, supervision, or regulatory oversight. It is quite common for “practitioners” to advertise their journey of healing their own mental health or trauma, outside the medical system, as their sole qualification for delivering these “services”.

“Services” may range from various yoga or meditation-based practices, energy healers, personal coaches / gurus, clairvoyants, tarot readers, spiritual practices, and guided rituals. Use of mind-altering substances is very common and may be used in conjunction with other “treatments”. Notably a coronial inquest into a local death from kambo (a toxin originating from frogs) has just concluded.

## **Specific to LGBTQ+ people**

In addition to the above, LGBTQ+ locals face additional barriers and are even less likely to access appropriate health care for a variety of reasons.

Alternative “services”, as noted above, are generally very inclusive, open, welcoming, and accepting of difference, so they are therefore very attractive to vulnerable and marginalised LGBTQ+ people who feel excluded from mainstream services and society.

Most local mainstream services/professionals are not trained or competent in Queer culture or delivering Queer-affirming services. Many are well-known amongst our community as unsafe, so are avoided. This has the dual effect of LGBTQ+ people not receiving services and the services themselves being unaware of how poor their practices are, as they do not get challenged or have to change.

There is a significant mismatch between the self-perceived competence of local professionals and services in their ability to deliver safe and inclusive services to Queer people, with how we as Queer people and professionals would rate them.

The better mainstream services are those with multiple openly Queer and/or trans identifying staff in management and frontline positions. Also those with higher level qualifications (eg Social Work, Psychology), regular training, and up-to-date and active inclusivity frameworks in their workplace. Those without, tend to perform the worst.

There are no specialist community health services for trans and gender diverse people to receive gender-affirming care and a limited number of professionals in private practice. Most trans and gender diverse people must travel some distance to receive gender-affirming care.

Queer people have disproportionately higher experiences of trauma and mental health needs. The number of sessions available under Medicare is much lower than what is required to effectively treat trauma using best practice methods.

The rebate is also not high enough to support those in private practice, who must therefore charge a gap fee to survive themselves. Local Queer therapists in private practice frequently choose to reduce their fees to support their community, but this is unsustainable and unfairly places the burden on individual Queer private practitioners.

There are no Queer private practitioners able to fully bulk bill their services outside of Lismore, and one in Lismore.

There are no free Queer-led professional counselling or case management options for LGBTQ+ people outside of Lismore (ACON), and the number of sessions available is also limited.

We have anecdotal reports that the Tweed Haven is working well to support the Queer community and young trans people frequently access this service. We note there is at least one trans peer worker in that location, the management are reportedly Queer literate, and they are also closely linked with the well-resourced health system and their suicide prevention program.

There are only three Queer-led organisations in the region and two of these are in and heavily centred on Lismore. This leaves a gap in services for Queer people outside of Lismore, other than with Queer Family, which is not sufficiently resourced to fully meet demand.

## **Children and Young People**

We are the only Queer-led organisation across the region who provide support for under 18s, but we are severely under-resourced for this work and are unable to meet demand.

There are incredibly limited mainstream health options for LGBTQ+ young people (12-24).

There is no Headspace in the Byron or Ballina Shires, despite a high need. Irrespective, many young people do not connect well with the Headspace model and fall through the cracks.

Human Nature Adventure Therapy do some excellent work in our region to help fill that gap, but they require more support and funding.

There are no Queer-led services supporting LGBTQ+ children under 12.

We regularly receive contact from distressed and isolated parents of trans and gender diverse children desperate for help and without options for support.

Our Young Queerios (12-24 years) participants, who are predominantly trans and gender diverse and also frequently neurodiverse, report facing up to daily experiences of transphobia in their homes, schools and public spaces and have very high levels of distress and marginalisation.

## **Information relevant to funding community mental health**

- Queer Family struggle to obtain appropriate funding for our needs and we are by no means unique in this in the region.
- The current practice of offering competitive short-term project funding with restrictive conditions does not support organisations to provide long-term services, or collaborate with each other, and ultimately the health of both organisations and our communities suffer as a result.
- Very few grants allow for core costs to be included from staffing, rent, and electricity, to the basic needs such as toilet paper and cleaning products.
- Many grants are very small eg \$10,000, competitive, and the cost and resources needed to obtain and acquit these grants is high, and not covered by the grants themselves.
- The current funding model negatively impacts our ability to strategically plan and implement long-term programs for our community.
- It also significantly hampers our ability to recruit, train and retain staff.
- We are also unable to predict if we will be able to continue to provide services or pay rent beyond the next 12 months.
- One of our best funding experiences was a \$200,000 grant from the DCJ managed NGO Flood Support Program and there are lessons to be learned from their excellent approach. DCJ employed local staff to manage relationships with grant recipients, so they understood the local context, and were readily available. Administration burdens were significantly reduced, allowing us to focus on the work, rather than being tied up with red tape. This approach was also very helpful for First Nations organisations. The funding was also flexible and included core costs and retrospective costs. This allowed our organisation to respond immediately to community needs as they arose, and we were able to do much more strategic and longer-term programming with better outcomes as a result.

- The Northern Rivers Community Foundation are also an excellent example of a funder, as they are locally based, understand the needs of our communities and towns, and can form relationships with organisations to plan for future community funding needs.
- Multi-year funding (minimum 3 years, but ideally 5) allows for long-term strategic planning, staffing, and program implementation. This type of funding is vastly superior and preferable for organisations, and leads to better outcomes for community mental health.

## Conclusions & Recommendations

LGBTQ+ people, particularly those with intersecting identities and barriers (trans and gender diverse, neurodiverse, disability, youth, low-income), have significantly higher mental health needs.

Local LGBTQ+ people, and other minorities, avoid mainstream health services which are not inclusive, culturally safe, or culturally competent. We also simply do not have appropriate community mental health services to service our community.

Without adequately resourcing our region and community, Queer people do not receive appropriate healthcare and end up accessing potentially harmful alternative “treatments” or entering other systems including hospital, criminal justice, and homelessness. This leads to worsening mental health and health and social issues (substance misuse, domestic and family violence, homelessness, unemployment etc.), as well being far less cost-effective than properly funding services in the first instance.

This LGBTQ+ population urgently needs increased funding and services. Some local solutions are:

1. Queer-led organisations should receive immediate funding to provide programs and services for LGBTQ+ people. We have better outcomes and LGBTQ+ people prefer to receive face-to-face health and support services from Queer-led services, Queer professionals, and/or Queer community.
  - Queer Family (and other local frontline services) require long-term, flexible, multi-year funding needs to cover core costs, **at a bare minimum**.
  - Queer Family require a long-term, stable home base to develop our community centre further (we are currently in the private rental market)
  - ACON require more funding to deliver services outside of Lismore.
2. LGBTQ+ people need access to free or low-cost counselling and these need to be of sufficient duration to allow clinicians to use best-practice methods to effectively treat them. The providers (often Queer themselves) also need increased support.
  - Fund ACON to provide **face-to-face** counselling and care coordination in different towns (other than Lismore) and to increase the session/service length.
  - Fund ACON to continue to expand and manage their GP Community of Practice

- Fund Queer Family to manage and disperse funds through our network of private practitioners for LGBTQ+ people to access free/subsidised counselling in the private sector (we have previously done this, it was cheap and very effective).
  - Fund Queer Family to manage and expand their Community of Practice of Queer-affirming therapists, including Peer Supervision and Training
  - Fund both ACON and Queer Family to further develop our directory of Queer-affirming health professionals across the region
3. There are currently missed opportunities for early intervention and preventative healthcare. The burden on the health and other systems, would be reduced by funding early intervention.
- Adequately fund small grassroots organisations and programs which provide non-medicalised interventions that reduce social isolation and improve mental health, such as community activities and programming. Two other great local examples of this are Shedding Community Workshop and The Paddock Project.
4. There is an egregious gap in services for LGBTQ+ children and young people, particularly for children under 12 years. Urgent funding is required to develop services for both immediate support of children and young people, and their families, as well as to prevent future mental health issues.
- Human Nature Adventure Therapy provide excellent treatment and support for young people, but require more stable funding to operate and meet demand.
  - Services must be developed for the under 12 age group.
  - Queer Family's Young Queerios program (12-24) and Sprouts (8-12) program (proposed only, not piloted as yet) do not have long-term funding
  - Social Futures are likely to be interested in contracts for new Headspace or other service provision.
  - Gender-affirming care services are missing in this region
5. Non-Queer-led organisations applying for funding to service LGBTQ+ populations should be required to follow the same process as non-First Nations organisations who apply for funding to service that population.
- They must provide proof of genuine engagement and co-design with LGBTQ+ communities
  - Demonstrate Queer-affirming training, policies, procedures, and practices
  - Have Queer staff leading projects
6. Increase access to gender-affirming care for trans and gender diverse people
- Work with Healthy North Coast to increase training and incentives for GPs and other medical professionals to specialise and practice
  - Ensure adequate services are available locally



7. Funding should be prioritised for genuinely local organisations, to support face-to-face place-based services that are accessible in different towns across the region.
  - Organisations receiving funding for Northern Rivers communities, should be genuinely located in the Northern Rivers
  - Organisations receiving funding to service specific towns, should be located in or in close proximity to that town and should provide face-to-face support in that town
  - Different towns within the Northern Rivers should also be represented, with a good spread across the region
8. Government to adopt better funding models that support long-term programming and stability for small, local organisations, through a multi-year, flexible funding with reduced administrative burdens and a locally led relationship-based approach.
  - Use locally based funders such as the Northern Rivers Community Foundation or Ingrained Foundation to devolve funding appropriately according to local knowledge and need, using a relationship-based approach.
  - Replicate the model used by the Department of Communities and Justice via the NGO Flood Support Program
9. Support non-Queer organisations to improve.
  - Fund and encourage Queer-identified positions to be created
  - Fund and encourage higher level qualifications and training
  - Audit organisation policies, procedures, and practices for genuine inclusivity/exclusivity and support improvements
  - Funding to train staff in Queer-affirming practice and Cultural Safety
  - ACON could be approached to design and deliver these services

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