Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF DR RUTH MCNAIR AM

I, Dr Ruth McNair, general practitioner, of 370 St Georges road, Fitzroy North, Victoria, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

2 In this statement I use the LGBTI acronym in various ways, depending on which 'parts' of the acronym were included in the data cited. Where there is little or no information available on people with intersex variations, or when research has not included them, I use 'LGBT'.

What is your background and experience?

3 I have worked as a general practitioner since 1993. I am currently a general practitioner at Northside Clinic, which I helped to establish in 2009.I am also an Honorary Associate Professor at the University of Melbourne, where I teach and conduct research.

4 I am currently the co-chair of the Victorian Government Health and Human Services LGBTI Working Group. As Co-chair, I have convened two expert advisory groups that provide advice on issues specific to trans and gender diverse people, and to people with intersex variations. I am also a member of the Victorian Government LGBTI Taskforce.

5 I have obtained the following qualifications:

(a) a Bachelor of Science and Bachelor of Medicine from the University of Melbourne;

(b) a diploma of obstetrics and gynaecology from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists;

(c) a diploma of anaesthetics from the Royal College of Anaesthetists (UK);

(d) a fellowship from the Royal Australian College of General Practitioners; and

(e) a PhD from the University of Melbourne. My PhD explored the patient-doctor relationship between same-sex attracted women and their general practitioner.

6 Attached to this statement and marked 'RM-1' is a copy of my curriculum vitae.

What is Northside Clinic?

7 Northside Clinic is an independent and private general practice in Fitzroy North. The Clinic is open to all people, but has a particular focus on sexual health, as well as providing primary care to lesbian, gay, bisexual, trans (LGBT) and HIV positive communities in Melbourne's north. It provides comprehensive testing for sexual health, as well as a full range of general practice and allied health services. The clinic is committed to providing an environment that is safe and inclusive for people of all sexual orientations, sex and gender identities. Northside Clinic provides bulk-billed services, and a large proportion of the Clinic's clients who are bulk-billed are also members of the LGBT community. More than half of the clients the Northside Clinic sees are from the LGBT community. Most of these patients are adults.

8 In my role as a general practitioner I see how private practice patients experience both mental and physical health issues (sometimes at the same time). LGBT patients at the Northside Clinic are much more likely than patients from the broader community to present with mental health issues and to have histories of trauma.

What mental health services does Northside Clinic provide?

9 Northside Clinic engages a number of counsellors and clinical psychologists to work onsite. Some of these practitioners are members of the LGBT community and all are LGBT friendly. One clinical psychologist specialises in care for trans and gender diverse (TGD) clients and provides gender assessments that enable access to gender affirming medical care (hormones or surgery). One counsellor is a family therapist and specialist in rainbow families and queer relationship counselling

10 Many of the mental health practitioners engaged by Northside Clinic provide their services to our clients using the mental health care plan system. They tend to charge a "gap" payment, which is the difference between the practitioner's rate and the Medicare rebate, rather than bulk-bill (i.e. not charging their clients any gap payment).

11 Clients using mental health care plans can only access ten Medicare-subsidised sessions per calendar year. Often when a client's ten sessions have been used, the Clinic's counsellors and psychologists will continue to provide services whilst only charging a reduced rate to the client. This is an individual choice for each practitioner, but one that is commonly made at Northside Clinic because of the special vulnerability of its LGBT clients.

12 Northside Clinic is co-located with the Mind Equality Centre, however they are separate organisations. Northside Clinic and the Mind Equality Centre often refer LGBT clients to each other.

Which groups within the LGBTIQ+ community experience the worst mental health outcomes?

13 We do not currently have comprehensive data about which groups within the LGBTI community experience the worst mental health outcomes. This is because the National Mental Health Survey has never asked for participants' gender identities, nor intersex variations. This means that we do not have comprehensive data about mental health outcomes for trans, gender diverse and intersex populations in Australia. In order to answer this question we must rely on a number of studies that use convenience samples, that is, studies that directly seek respondents from within LGBTI communities.

14 These studies show that the LGBTI community experiences worse mental health outcomes than the general population, and that trans and gender diverse people experience the worst mental health outcomes. These studies also show that bisexual, pansexual and queer-identifying people are more likely to experience mental illness than lesbian and gay people.

15 Attached to this statement and marked 'RM-2' is a summary I have prepared of the key findings from these studies.

Which groups within the LGBTIQ+ community are most likely to access mental health services and why?

16 We know that there are high levels of access to mental health services by members of the LGBT community. We also know that there is a correspondingly high level of need. To my knowledge, there is no study that explores access to mental health services by the LGBT community relative to need. I suspect that not all LGBT people who require mental health services are accessing them. My suspicion is based upon the large amount of data we have about barriers to accessing mental health services experienced by the LGBT community.

17 From the data we do have, we know that trans and gender diverse, pansexual and queer-identifying people are the groups within the LGBT community that are most likely to access mental health services. Within the sexual orientation groups, bisexual women are most likely and gay men least likely to access mental health services. We also know that urban dwellers are much more likely to access mental health services than those living in rural or poorer communities. People living in rural areas of Australia are more likely to experience negative social attitudes including homophobia, biphobia and transphobia, but have less access to LGBTI inclusive mental health services and little or no access to LGBTI peer support.

18 We don't have specific knowledge about how members of the LGBT community who are also Aboriginal or Torres Strait Islander, from culturally or linguistically diverse

backgrounds or faith-based communities access mental health services. With respect to these groups we know a lot about need, but not necessarily a lot about patterns of access to mental health services. This is also the case for people with intersex variations.

19 We also know that the need for mental health services is greater amongst LGBT people who are homeless, disabled or neurodiverse (i.e. individuals who have autism spectrum disorder). Further research is required with respect to how these groups access mental health services.

What are the most common barriers to accessing mental health services experienced by LGBTIQ+ people?

20 It is helpful to draw a distinction between the 'internal' and 'external' barriers to accessing mental health services experienced by the LGBTI community.

21 Internal barriers include a lack of perceived need, lack of readiness to seek help and self-reliance. All three of these barriers intersect with each other. I believe there is work to be done in the LGBTI community on enhancing mental health literacy to show that seeking help for mental health is a desirable thing to do.

22 There is a wide array of external barriers to accessing mental health services experienced within the LGBTI community. These barriers include previous experiences of discrimination within mental health services, both in the context of primary healthcare and specialist mental health services. Experiences of discrimination can make it much less likely for a person to return to a particular health care service, or even see the same type of practitioner again. I see lack of continuity of care a lot in my work.

23 Another external barrier to accessing help is perceived discrimination. This occurs where people are afraid to access health care services out of a fear that they will be discriminated against, even if they have not personally experienced discrimination in healthcare before. Often, perceived discrimination arises because a person has experienced discrimination in other settings or has heard, via word-of-mouth, of other people's experiences of discrimination.

24 A lack of LGBTI inclusive mental health services, or a lack of choice, can also create a barrier to accessing care. My work has shown that most LGBT people don't expect population specific services to be provided to them. However, they expect mainstream health services to be inclusive of LGBT people. Issues that often arise when a service is not LGBTI inclusive include breaches of confidentiality, poor knowledge of specific drivers of mental health issues, or an excessive focus on LGBTI status. All of these experiences can create poor satisfaction and avoidance of future care. This can particularly be the case in rural and outer urban areas.

25 Poverty and financial inequity is another major barrier to accessing mental health services. The most vulnerable members of the LGBT community are frequently those who need access to public mental health services because they also suffer from extreme financial disadvantage. This financial disadvantage is often brought about because of severed family connections and experiences of discrimination. I know that this is particularly the case for trans and gender diverse people, as well as homeless, neurodiverse LGBT people and those living with disability.

Are these barriers greater for certain groups within the LGBTIQ+ community? If so, which groups and why?

26 I believe that those who have (what I call) "marginal and emerging" identities are some of the most vulnerable when it comes to accessing mental health services. This includes people who are questioning, queer, pansexual, gender diverse or elderly, which are identities not strongly connected to the mainstream LGBT community. People falling into these identity-categories often do not have access to established support networks in the LGBT community. This can mean that they do not access information by word-of-mouth about which services are inclusive, and as a result, do not access services at all.

27 There are issues around access to mental health services for members of the LGBT community who have problems with alcohol or illicit drug use. There are high levels of alcohol and illicit drug use in the LGBT community compared to the general population. Currently, alcohol and drug services are not good at linking LGBT people to mental health services. This can often mean that people who are experiencing substance use issues that also need mental health treatment do not receive the care that is required.

28 Particular barriers to access exist for those with trauma histories, including those LGBT people who have experienced trauma in childhood or have been retraumatised as adults. We find that within this group, a large number of people have post-traumatic stress disorder and/or borderline personality disorder. People in this group are often unemployed, have fairly limited family support, and it is not unusual for their own peer network to be traumatised as well. This group of LGBT people have very complex needs and if mental health services ignore their sexuality and gender identities, the services are likely to be ignoring a key part of their experience of trauma. Further, a greater level of trust is often needed by this group, so services that cannot provide continuity of health provider or do not have adequate trauma-informed training often do not retain these clients.

29 Further work is needed to identify the unique barriers experienced by LGBT refugees and asylum seekers. This is one of the most disadvantaged groups within the LGBT community, and existing support systems are not able to provide appropriate care for LGBT refugees and asylum seekers living with mental illness. Major barriers exist due

to a lack of knowledge within refugee services of LGBTI issues and traumas faced in relation to these issues. LGBT refugees and asylum seekers have usually lived in countries with high levels of sexual orientation and gender identity stigma and criminalisation and so are often reluctant to disclose their issues to interpreters who come from their home community.

30 Another group which is particularly vulnerable is LGBT people exiting prison. Often these people experience intersecting issues of trauma and histories of disconnection. Trans people may have been particularly victimised while in prison, as accommodation has traditionally been based on gender assigned at birth rather than affirmed gender. They may expect similar experiences in mental health services.

31 Aboriginal and Torres Strait Islanders, and multi-faith, multicultural LGBT people may also experience greater barriers to accessing mental health services. This is particularly the case if they are expected to access mental health care within their cultural community, and yet cannot safely disclose their LGBTI status in this community.

What are the enablers of LGBT people accessing mental health services?

32 My work has identified a number factors which are "enablers" of LGBT people accessing mental health services. These are:

(a) having a regular GP and being out to that GP;

(b) having the encouragement of a friend or partner to seek help when it is needed;

(c) having reliable information about which services are LGBT inclusive, whether that be referral by a trusted GP, or recommendation by LGBT friends or community;

(a) having access to effective peer support; and

(b) being able to access counselling services online. This is particularly the case for young LGBT people.

How does Northside Clinic address the barriers to accessing mental health services experienced by members of the LGBT community?

33 Northside Clinic addresses the barriers by providing LGBT inclusive care. We also tailor our care by taking time to understand the particular context of each person's life and how this may or may not be influencing their mental health. For example, I directly inquire about whether a LGBT patient with mental health issues has experienced sexuality or gender-based discrimination, violence, rejection from family, or social marginalisation. If they have, I then affirm that this should not have happened. Equally, it is important not to assume LGBT status is contributing to mental health issues.

34 Northside Clinic has compiled a list of counsellors, psychologists and psychiatrists that we know to be LGBT inclusive and knowledgeable to whom we refer LGBT patients when needed. We also advertise widely within the LGBT community to ensure ongoing awareness that we exist. However, we have limited capacity to overcome the financial barriers as we are a private clinic. While the general practitioners at Northside Clinic do bulk-bill all patients on low income, our counsellors and psychologists generally do not bulk-bill.

35 In my opinion, Northside Clinic shouldn't need to exist. Every mental health service should be inclusive of LGBT people. However, we have not reached this point, as many mainstream services are failing to provide inclusive care. This includes failing to understand and acknowledge the possible role of discrimination, violence or marginalisation on mental health; failing to use appropriate language and therefore misgendering people or assuming they are heterosexual; referring to other health services that are not LGBT inclusive; and providing bed-based mental health services that are highly gendered. There also remain some people in the LGBT community who are not willing to access mainstream health services and will only access LGBT-specific or LGBT-led services. These tend to be the most vulnerable groups who have had very traumatising experiences in mainstream services that have destroyed their trust.

What role do peer support workers play in helping LGBT people access mental health services?

36 Peer support workers are an integral part of the mental health system, particularly in the context of providing mental health services to LGBT people. My academic work has shown that many people within the LGBT community rely on peer support groups, particularly when they are reluctant to access mental health practitioners or cannot find LGBT inclusive mental health care. Despite this, I believe that the mental health system currently lacks understanding and appreciation of the importance of peer support.

37 My academic work also has shown that many LGBT peer support workers are overwhelmed by the complexity of the mental health issues that they are presented with and are sometimes unable to deliver support in a safe manner. These are instances where mental health professionals could assist peer support workers to deliver help to members of the LGBT community.

38 I believe more work is needed to ensure that the importance of peer support is recognised. This work would recognise the need for peer support workers and seek to better integrate them into the mental health system. This would necessarily involve more funding, training and support for peer support facilitators.

What systemic changes to the mental health system are required to address barriers to LGBT people accessing mental health services?

39 An important and necessary change is to ensure that all mental health practitioners are receiving adequate training in relation to LGBT inclusivity. I believe that this requires system-wide reform, as it is currently very hard for people training to be mental health professionals to access LGBT specific training. LGBT inclusivity training should be embedded into all levels from pre-vocational through to continuing professional development training in medicine, nursing, social work and psychology.

40 There is also a significant need for training at the service provider level. Many service providers aren't even aware of the barriers that exist to LGBT people accessing their services. The development of the Federal LGBTI ageing and aged care strategy in 2012 is a good example of what is required in the mental health sector. The aged care strategy mandated LGBTI inclusivity training for aged-care providers, and the attached funding has enabled a national roll out of this training. Similarly, LGBTI inclusive training was mandated for all Victorian family violence services as a result of a recommendation in the Family Violence Royal Commission report. This is now taking shape, with one service per region undertaking whole-of-service Rainbow Tick accreditation, and others in each region completing a specific LGBTI family violence training module.

41 Professional and service provider level training should cover the following:

(a) avoiding assumptions of heterosexuality and cisgender identity;

(b) understanding that Intersex is not an identity, and so using language of having an intersex variation, rather than 'is intersex'. People with intersex variations do not necessarily connect with LGBTIQ+ communities;

(c) promoting and affirming the legitimacy of LGBTI identity;

(d) building knowledge of LGBTI-specific social determinants of mental health, including understanding the role of discrimination, violence and marginalisation;

(e) understanding that people with intersex variations may have experienced stigma, secrecy and unwanted surgery as children;

(f) building knowledge of LGBTI inclusive referral networks including professional services and peer support services; and

(g) training for all staff including frontline staff to use inclusive language.

42 Greater work needs to be done on mental health promotion within LGBTI communities. Part of this health promotion will involve a need to normalise LGBT identities and build self-esteem. There is also a need for primary prevention with families of LGBTI young people to reduce the risk and trauma that can occur when families reject LGBT

identities. The National LGBTI Health Alliance has produced a framework for promoting mental health of LGBTI people (2014), which includes building LGBTI mental health literacy and social connections. This framework is a good starting point to build into the mental health and primary care systems.

43 Further research into LGBTI mental health and healthcare needs is necessary. This research should particularly focus on the current gaps in knowledge for subgroups such as refugees, people with disabilities, people from rural areas, people of culturally and linguistically diverse backgrounds, people from faith-communities and other LGBTI people with multiple marginalised identities, as well as young people and adults with intersex variations.

44 Further data collection by mainstream mental health services is also required. It is essential to measure usage of mental health services by LGBTI clients, as Headspace is now doing, in order to understand who is, and is not presenting for mental health care.

45 Finally, there is a need for better coordination across the LGBTI sector, and better engagement and communication between LGBTI specific mental health services and the mainstream mental health sector.

What are the key changes that would help ensure that an understanding of diverse sexualities and genders is better reflective in mental health system design?

46 The LGBTI policy and program framework outlined in the *A Closer Look at Private Lives 2* report (2015) is an effective model for how the mental health system should serve LGBTI communities. The framework proposes a three-tiered approach to LGBTI mental health, where:

(a) the majority of LGBTI clients are serviced by LGBTI-inclusive mainstream services;

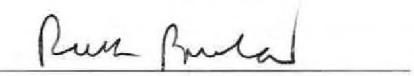
(b) some of these mainstream services have an embedded LGBTI stream for more specialised needs; and

(c) a minority of the most vulnerable LGBTI clients access LGBTI specialist services. An important element of LGBT specialist services is the role of LGBT clinicians, something that is highly valued by LGBT clients.

47 There is also an important role for LGBT tailored services (such as Switchboard or QLife) to play in providing online and telephone counselling.

48 There is a greater need for tailored or specialised mental health interventions for some groups in the LGBT community. It is not a case of one size fits all. For example

particular interventions are needed for LGBT people with autism spectrum disorder, those with complex trauma, and others who cannot access mainstream mental health services.

sign here ▸ 

print name Dr Ruth McNair

date 3/7/19

Royal Commission into
Victoria's Mental Health System

ATTACHMENT RM-1

This is the attachment marked 'RM-1' referred to in the witness statement of Dr Ruth McNair dated 3 July 2019.

Curriculum Vitae Dr Ruth McNair AM

CURRENT POSITIONS

Honorary Associate Professor, Department of General Practice, University of Melbourne

General Practitioner 0.5 EFT and Associate (Partner)

Northside Clinic, North Fitzroy, Melbourne

QUALIFICATIONS

2004-2009	PhD at Department of General Practice, University of Melbourne – (including maternity leave May 2007- April 2008), Conferred March 2010
1998	Fellowship of Australian College of Rural and Remote Medicine FACRRM
1994	Fellowship of Royal Australian College of General Practitioners FRACGP
1993	Certificate of Advanced Training in Anaesthetics - RACGP
1992	Diploma of Anaesthetics - DA (UK)
1990	Diploma in Obstetrics - Dip RACOG, Converted to - DRANZCOG
1986	MBBS – University of Melbourne

PRIZES AND AWARDS

2019	Awarded Member of the Order of Australia in the Queen's Birthday Honours list June 2019, for significant service to medicine, and as an advocate for the LGBTIQ community.
2017	Inducted onto the Victorian Honour Roll of Women in recognition of her national and international standing in research, education and community advocacy.
2017	Life membership of Victorian AIDS Council (now Thorne Harbour Health)
2010	Long-service examiner award for over 10 years of continuous service for the FRACGP examinations

2007	Life Membership Victorian Gay and Lesbian Rights Lobby
2006	Alan Chancellor Award for best first-time presenter of a research paper, RACGP Annual Scientific Convention.
2005	Short Listed for a Human Rights Award (Community Organisation) for Convening the Fertility Access Rights Lobby – Human Rights and Equal Opportunity Commission, Australia
2005	Quiet Achiever Award, Gay and Lesbian Rainbow Awards, Victoria
2003	Fertility Access Rights Lobby Award
2001	Vida Goldstein Award Women in Health, The Women's Electoral Lobby, Victoria
2000	The University of Melbourne Cultural Diversity Award (Academic Staff) "For demonstrating exceptional skill and dedication in the fostering of cultural diversity at the University of Melbourne".
1986	First Prize Psychiatry MBBS, University of Melbourne

LEADERSHIP

Chairperson, LGBTI Asylum seekers and refugees advisory group, Pride Foundation Australia, 2019- current

Chairperson of the Board of Pride Foundation Australia 2010-current

Chairperson, LGBTI Health and Human Services working group, Victorian Government. 2015 to current

ACADEMIC EXPERIENCE

2014-current Honorary Associate Professor, Department of General Practice, University of Melbourne.

2011-2013	Associate Professor, Director General Practice and Primary Health Care Node (North West Academic Centre)
2009-2010	Senior Lecturer, Department of General Practice, University of Melbourne – 0.5 EFT - Director, Undergraduate Programs
2005-2009	PhD study Full time
2002-2004	Senior Lecturer, Department of General Practice, University of Melbourne – 0.8 EFT - Director of Undergraduate Studies– 0.5 EFT (Commenced 2001) - Academic Mentor, The School of Medicine – 0.3 EFT (from 2000)
2002	Internal promotion to Senior Lecturer for teaching and service to the University
2000-2001	Lecturer, Department of General Practice, University of Melbourne – 0.5 EFT
1998–1999	Academic Registrar, Department of General Practice, University of Melbourne – 0.5 EFT

Postgraduate education roles

- Examiner Royal Australian College of General Practitioners (RACGP) – 1999 to present.
- GP Supervisor of GP Registrars in practice 1994-1997, 1999, 2000, 2006-12, 2014 to present.
- Lecturer, Family Planning Victoria, Lesbian Health issues. 2001 to present
- Lecturer, Melbourne Sexual Health Centre - Postgraduate Certificate in Sexual Health course, GLBT health 2005 to 2013
- Chair Women's health curriculum working group for the RACGP new curriculum, 2005-2007

RESEARCH INTERESTS

- Homelessness drivers and solutions for LGBTI people in Australia
- LGBTI health and wellbeing
- Alcohol use amongst same sex attracted women
- The patient doctor relationship and disclosure of sexual orientation between same sex attracted women and their usual GP (PhD study)

Thesis title: "Same sex attracted women and their relationship with GPs: identity, risk and disclosure."

- Health services access and usage by marginalised and underserved groups including lesbian and bisexual women
- Cultural sensitivity training for healthcare providers
- Same sex parented families and their children's health and wellbeing
- Sexual health issues for women who have sex with women
- Interprofessional education and practice

RESEARCH EXPERIENCE

2018-2020 Private Lives 3 –The Third National Survey of the Health and Wellbeing of LGBTI Australians

Primary Investigator: Anthony Lyons; Chief Investigator

A/Prof Ruth McNair; External Investigator; Dr Adam Bourne; Associate Investigator; Adam Hill Hill Rolander; Research Assistant

Vic Gov grant to La Trobe Uni ARCSHS

2017-2019 VicHealth Innovation Research Grant for "Developing a LGBTI safe housing network to prevent homelessness and build social connection and resilience" **$200,000 over 2years**

R McNair, C Andrews, L Leonard

2015 beyondblue contract "Rainbow Women's Help Seeking Behaviour Research" **-$39,273 over 9 months**

2013-2014 Health Workforce Australia (HWA) "Expanding Interprofessional Simulation Learning through Optizmizing Patient Safety and Embedding Cultural Sensitivity Programs" $ **387,361 over 18/12**

With Western Health and Victoria University

2012 General Practice Education and Training (GPET) Tender

"Developing a best practice model of community-based intern education and training"

$214,539 over 12 months

2012 Simulated Learning Environments, Department of Health, Victoria.

"Developing cultural sensitivity training through simulation"

$315,774 over 18/12 to June 2013

2011 Beyondblue Victorian Centre of Excellence grants

Agreement Number: 17928

McNair (CIA), Kelsey Hegarty, Dan Lubman and Amy Pennay- Director Turning Point, Tonda Hughes- University of Illinois, Chicago, Liam Leonard - Gay and Lesbian Health Victoria, Rhonda Brown – Deakin Uni.

$151,439 over 2 years Feb 2012-Jan 2014

"The ALICE study": Alcohol and Lesbian/bisexual women: insights into culture and emotions.

"Exploring the relationships between hazardous drinking, depression and anxiety in lesbian, bisexual and same-sex attracted women: Culture, motivation and behaviour."

Lesbian Health Fund

Rhonda Brown, AProf Trish Livingston (Deakin Uni), Tonda Hughes (Uni of Illinois, Chicago)

$10,000 over 1 year

Cancer rates and risk factors among Australian lesbians

2009 Australian Lesbian Medical Association Lesbian Health Research Grant

$4,000

'Guidelines on sensitive general practice care for lesbian and bisexual women', with Kelsey Hegarty and Angela Taft

2008 Lesbian Health Fund, Gay and Lesbian Medical Association, USA

US $10,000 = Aust $14,285

'Examining health risks across sexual identity groups'

With Prof Tonda Hughes and Dr Laura Szalacha

2007 Lesbian Health Fund, Gay and Lesbian Medical Association, USA

US $8,214 = Aust $10,644

'Australian Lesbian and Bisexual Women's Attitudes to the Human Papilloma Virus (HPV) Vaccine. Collaboration with Dr Susan Carr, Glasgow, UK

2004 NHMRC Primary Health Care Scholarship

$105,000 (full time for 3.5 years)

PhD project – 'Disclosure and Attitudes towards lesbians, outcomes in general practice (DIALOG)'

2004 RACGP Family Medicine Education and Research Grant

$5,000

PhD project – 'Disclosure and Attitudes towards lesbians, outcomes in general practice (DIALOG)'

With Kelsey Hegarty and Angela Taft

2002 ARC Discovery Grant- Chief investigator

$72,551 over 2 years

'The invisible postmodern family: Investigating the interface between the private and public worlds of lesbian families'. Qualitative research in

collaboration with Dr Amaryll Perlesz, Dr Jo Lindsay, Prof Marian Pitts and A/Prof David De Vaus- La Trobe University

2002 Lesbian Health Fund, USA

$9 824

'Alternative parenting survey'

With Amaryll Perlesz, La Trobe Uni; Sarah Wise, AIFS

Government Grants - Total $288,000

2018 NW Melbourne Primary Health Network – Development of Trans health online training module for counsellors **$15,000**

City of Melbourne grant – training on LGBTI homelessness, **$50,000**

2017 NW Melbourne Primary Health Network – Development of Trans health online training module for GPs **$20,000**

2016 DHHS Victorian Government

LGBTI Homelessness project - **$20,000**

2001 DHS Tasmania and Women's Health Victoria

$10,000

Analysis of lesbian data from Women's Health Australia longitudinal 20-year study.

With Marian Pitts, Lynn Hillier, Philomena Horsley La Trobe University

2001 DHS Victoria

$10,000

'Families, Health and Reproduction- An exploratory study of lesbian, gay, bisexual and transgender parents in Victoria.'

1999 Department of Human Services, Victoria Support Education, Training and Research (SETR) Grant,

$268,000 over 3 years

Inter-professional Education in Rural Primary Health Care

With Jane Sims, Lyndall Whitecross, Bodil Rasmussen, Rhonda Brown and Elaine Duffy

University Grants – total $81,150

2011 University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Crescent Funding

$24,050

"Longitudinal MD Student Survey"

Leonie Griffiths, McNair, Hamish Ewing,

2008 La Trobe University Faculty Grant

$20,000

'Work. Love and play in diverse Australian family life'

With Amaryll Perlesz, Rhonda Brown, Marian Pitts, Andrew Bickerdike, Margot Schofield

2002 Student Support Services, University of Melbourne and RUSC

$30,000

Vocational Mentoring Project

With University of Melbourne Institute of Land and Food Resources

2001 University of Melbourne Medical Research Grants, new initiatives category

$7,100

For development of research in the use of simulated patients.

Community and Philanthropic Grants – total $88,000

2018 National LGBTI Health Alliance

$15540 for the development of national guidelines on LGBTI inclusive practice for housing and homelessness sectors.

2017 GALFA

$10,000 For LGBTI inclusive practice guidelines

2016 Bendigo Bank - Social Investment Grants

$20,000 – LGBTI Homelessness project

Hanover (Launch housing)

$10,000 –LGBTI Homelessness project

Lord Mayors Fund

$10,000 - LGBTI Homelessness project

Australian Communities Foundation

$10,000 - LGBTI Homelessness project

2006 VicHealth Conference Support Scheme

$5,000

Rainbow Families 3 conference, Sept 2006.

2004 VicHealth Communities Together Grant Scheme

$5,000

Rainbow Families 2 Conference, Feb 2005

2004 ALSO Foundation Grant

$2,000

Rainbow Families 2 Conference, Feb 2005

2003 ALSO Foundation Grant

$900

Rainbow Families Conference, Aug 2003

PEER REVIEWED INTERNATIONAL PUBLICATIONS

Book Chapters – Peer reviewed – 12

Journal Articles – Peer reviewed – 68

PROFESSIONAL MEMBERSHIPS

Medical Colleges and Health Associations

RACGP – Fellow

Australian College of Rural and Remote Medicine - Fellow

RANZCOG - Diplomate

Royal College of Anaesthetics UK – Diplomate

Australian Association of Academic General Practice

Australian Medical Association

Australian Women's Health Network

Sexual Health Society of Victoria

Australian Lesbian Medical Association

Divisions of General Practice –Melbourne

Gay and Lesbian Medical Association, USA

Victorian Medical Women's Association

Australia and New Zealand Professional Association for Transgender Health

Medical Registrations

Medical Board of Australia

General Medical Council UK

Boards

Pride Foundation Australia (Philanthropic) - Chairperson

Northside Clinic (Vic) Pty Ltd

Member Australian Institute of Community Directors (AICD post-nominal)

Committees

2015-Current Chairperson, LGBTI Health and Human Services working group, Victorian Government.

2015-current Member, LGBTI Taskforce, Victorian Government

2014 Member Conference organising committee 8th National Women's Health Conference, Australian Women's Health Network

2014-current Policy Advisor to the International Issues and Human Rights Sub-Committee, Australian Lesbian Medical Association

2013-2014 Deputy Chair – Victorian Ministerial Advisory Committee (MAC) on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing

2013-2014	Chairperson – MAC Inclusive Practice Working Group
2012-13	Victorian Metropolitan Alliance Research, Evaluation and Education Development Sub-committee.
2011-12	Beyond Blue Panel Victorian Centre of Excellence Grants Beyond Blue advisory group to National grants program
2010-2012	Beyond Blue GLBTI Reference Group
2007 - 2010	Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, Victoria Chairperson from 2010
2001-2007	Papscreen Victoria Advisory Committee
2000-2006	Ministerial Advisory Committee Gay and Lesbian Health, Victoria
2000-2006	Attorney General's Committee on Gay, Lesbian and Transgender Issues
2005-2006	Chairperson Women's Health Working Group for RACGP National Curriculum Review
2001-2005	Management of Cervical Screen detected abnormalities- NHMRC Guidelines review group
2004-2005	Advisory Committee to the Victorian Law Reform Commission Inquiry into Assisted Reproductive Technology and Adoption.

Royal Commission into
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ATTACHMENT RM-2

This is the attachment marked 'RM-2' referred to in the witness statement of Dr Ruth McNair dated 3 July 2019.

SUMMARY OF KEY STUDIES OF MENTAL HEALTH OUTCOMES IN THE LGBTI COMMUNITY

***Private Lives 2, The second national survey of the health and wellbeing of GLBT Australians* (2012)**

The *Private Lives 2* report was published in 2012 by Gay and Lesbian Health Victoria. It is the second national survey of the health and wellbeing of LGBT Australians. The report showed that the mental health of LGBT Australians was markedly poorer than that of the general population. It also showed that LGBT Australians experienced increased psychological distress when compared to the general population. In particular, trans males and trans females reported the highest levels of psychological distress, followed by bisexual women and men, and then same-sex attracted women and men. Nearly 80% of respondents to the Private Lives 2 report had experienced at least one episode of intense anxiety in the previous 12 months, and over a quarter of respondents had been diagnosed with, or treated for, an anxiety disorder in the same period.

***A Closer Look at Private Lives 2, Addressing the mental health and well-being of LGBT Australians* (2015)**

Further analysis on the mental health results was conducted on the *Private Lives 2* dataset and published 2015 in *A Closer Look at Private Lives 2*. This analysis showed a high level of mental health service use which related to level of need: 67% trans women, 60% trans men had accessed services for mental health. Bisexual women were the highest users amongst sexual orientation groups at 52.5%, and gay men the lowest at 29%.

***Australian National Trans Mental Health Study* (2013)**

The *Australian National Trans Mental Health Study* was published in 2013. This study found that one-in-five trans participants reported thoughts of suicidal ideation or self-harm on at least half of the days in the two weeks preceding the survey. Over half of the study's participants had been diagnosed with depression at some point in their lives. Of those diagnosed with depression more than half had been diagnosed in the previous 12 months. Roughly two out of every five participants had been diagnosed with anxiety disorder at some point, and of these, more than half had been diagnosed in the previous 12 months.

***Trans Pathways* (2016)**

Trans Pathways is a national online survey that was launched in 2016 by the Telethon Kids Institute. This is the largest study ever conducted of the mental health and care pathways of trans and gender diverse young people in Australia. The study found that trans young people are at very high risk for poor mental health, self-harming and suicide attempts. Three in every four trans respondents to the survey had experienced anxiety or depression, four out of five respondents had engaged in self-harm, and almost one in two respondents had attempted suicide. Trans Pathways also found that trans young people experienced difficulty accessing health services and felt isolated from mainstream, medical and mental health services.

***Intersex: Stories and Statistics from Australia* (2016)**

Intersex: Stories and Statistics from Australia is a study published by Jones et al in 2016. This Australian study of people with intersex variations showed that 59% rated their mental health as good, but 60% had had suicidal thoughts, 26% had engaged in self-harm, and 19% had attempted suicide over their lifetime. Their experiences of mental health services were variable, with 23% rating them bad overall, 30% mixed, just 19% good. The bad experiences related to poor knowledge, poor understanding of social stigma and enforced counselling regarding gender roles.

***Mental health help seeking among Australian same-sex attracted women, trans and gender diverse people* (2016)**

This study by McNair and Bush at the University of Melbourne examined the range of professional and social help seeking by same-sex attracted women and TGD people, and patterns according to sexual orientation and gender identity subgroup. It involved an online survey with 1628 LBT people and 8 key stakeholders were interviewed. A high proportion (80%) of the total sample had perceived mental health problems over the past 12 months. Over half had depression, and over 96% had anxiety. Trans and gender diverse participants were twice as likely as female participants to have mental health problems, and lesbians were least likely. This study also indicated high levels of help seeking by LBT people, with 74.4% of respondents seeing a GP, 44.3% seeing a psychologist/counsellor, 74.7% seeking family/friends support and 55.2% using internet based support. Professional help was prioritised by those with higher mental health need. Trans participants were most likely to have sought professional help and participated in support groups, but least likely to have sought help from friends or family. The most common barriers to help seeking were discrimination and lack of LGBTI sensitivity of services, particularly for gender diverse, queer and pansexual participants. Enablers of seeking help included mainstream community connectedness, having a trustworthy GP, and encouragement by friends. We concluded that mental health services need to be LGBTI inclusive and to understand the emerging diverse sexual and gender identities. Peer support is an important adjunct to professional support, however may not be fully meeting the needs of

some identity sub-groups. Mental health promotion should be tailored for diverse sub-groups to build mental health literacy and resilience in the face of ongoing discrimination.

Victorian Population Health Survey 2017 – result pending

The results of this survey are still being analysed. For the first time, the 2017 survey included a series of questions on sexual orientation, intersex variations, and gender identity. A specific report is being developed on the results of LGBTI respondents compared with the results of heterosexual and cisgender respondents and also with Victorian State population data. The LGBTI Health and Human Services Working group is contributing to the analyses and the report, which should be available within the next 2-3 months.