



BUILDING OUR COMMUNITY'S  
HEALTH & WELLBEING

8 July 2011

Ryan McGlaughlin  
Chief Executive Officer  
Suicide Prevention Australia  
198 Commonwealth Street  
Surry Hills NSW 2010

(Via email to [sara@suicidepreventionaust.org](mailto:sara@suicidepreventionaust.org))

Dear Mr McGlaughlin

**RE: Social Inclusion and Suicide Prevention – Draft Position Statement**

ACON welcomes the opportunity to provide comments to Suicide Prevention Australia on the draft position statement *Social Inclusion and Suicide Prevention* (draft position statement). ACON is very pleased that Suicide Prevention Australia is developing a position statement on the relationships between social inclusion and suicide prevention.

As the largest gay, lesbian, bisexual and transgender (GLBT) health and HIV community based organisation, ACON provides mental health services to many clients. Around 20% of ACON's counselling clients present with suicidal ideation. In our experience, many mental health issues are strongly linked to the lack of social inclusion, for GLBT clients and clients who are HIV positive.



ACON welcomes the mention of GLBT people within the draft position statement, and the brief discussion of the impact of discrimination on suicide. ACON would welcome an expanded discussion on the impact of discrimination on social inclusion and thus its implications for suicide prevention.

A number of Australian studies have shown the unacceptably high rates of depression and self harm in the GLBT community.<sup>1</sup> This has been linked to the individual experiences of discrimination. A study published in the American Journal of Public Health also confirms the direct correlation between discriminatory public policy and increased rates of depression in the GLBT community.<sup>2</sup> The links between impacts of discrimination, whether at the individual or policy level, on suicide is also well documented.<sup>3</sup>

HIV has also been linked to a range of indicators that suggest the lack of social inclusion. Employment and financial security are two areas where people with HIV

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ACON acknowledges the support of its primary funder, NSW Health

are less likely to enjoy social inclusion.<sup>4</sup> Discrimination also presents as another negative impacts on the social inclusion of people with HIV,<sup>5</sup> with negative consequences in terms of their mental health and suicide.<sup>6</sup>

ACON would also welcome the inclusion of recommendations to engage in improving the social inclusion of GLBT people and people with HIV in the draft position statement. As noted above, discrimination features significantly in socially excluding GLBT people and people with HIV, and thus ACON suggests that the draft position statement recommend addressing discrimination, stigma and prejudice as a suicide prevention objective. For example, this can be done through law reform, and education campaigns targeting homophobia and stigma against people with HIV.

As the draft position statement notes, social isolation is also a contributing factor to the lack of social inclusion and suicide. Research into GLBT young Australians show that when they have support, they are less likely to experience self harm.<sup>7</sup> On this basis, ACON also suggest that the draft position statement recommend the funding of programs, especially peer programs that provide networks and support for GLBT youth to increase social inclusion exclusion and reduce suicidality.

Suicide in the GLBT community is an issue of utmost significance to ACON given the disproportionate and distressing rates of suicide, suicide attempts and self harm. We are happy to discuss any of the matters raised in this letter with Suicide Prevention Australia. If you would like further information or to further discuss these matters, please contact me on (02) 9206 2048 or email [abrotherton@acon.org.au](mailto:abrotherton@acon.org.au).

Kind regards



Alan Brotherton  
**Director, Policy, Strategy and Research**

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<sup>1</sup> M Pitts, A Smith, A Mitchell, *et. al.*, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, The Australian Research Centre in Sex, Health & Society, La Trobe University, (2006), p. 33; L Hillier, T Jones, M Monagle, *et. al.*, *Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, The Australian Research Centre in Sex, Health & Society, La Trobe University, (2010), p. 51.

<sup>2</sup> M Hatzenbuehler, K McLaughlin, K Keyes, *et. al.*, 'The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study', *American Journal of Public Health*, vol 100 (3), March (2010), pp. 453-459.

<sup>3</sup> A Haas, M Eliason, V Mays, *et. al.*, 'Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations', *Journal of Homosexuality*, vol 58 (1), (2011), pp. 10-51.

<sup>4</sup> J Grierson, J Power, M Pitts, *et. al.*, *HIV futures six: Making positive lives count*, The Australian Research Centre in Sex, Health & Society, La Trobe University, (2009), pp. 49-54.

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- <sup>5</sup> J Grierson, J Power, M Pitts, *et. al., op. cit.*, p. 58.
- <sup>6</sup> A Haas, M Eliason, V Mays, *et. al., op. cit.*, p. 25.
- <sup>7</sup> L hillier, T Jones, M Monagle, *et. al., op. cit.*, p. 76.