

Bi+ mental health in Victoria

Submission to the Royal Commission into Victoria's Mental Health System July 2019

This submission responds to the following suggested questions from the Royal Commission:

- *What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?*
- *What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?*
- *Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?*
- *What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?*

Note on terminology

While the studies cited below use a variety of signifiers, in this submission I use the term bi+ to denote a broad range of people who experience the capacity for attraction (romantic and/or sexual) to more than one gender. On top of bisexual, queer; pansexual; polysexual; sexually fluid; and even 'mostly heterosexual' are terms used to describe desire towards multiple genders, each with their own nuance and history. In the vein of Yoshino (2000) I affirm that sexual orientation manifests across axes of identity, attraction and behaviour. Equally, this definition rejects traditional gender constructions, celebrating the multiplicity of genders outside the man/woman binary. In highlighting bi+ sexualities, I do not mean to flatten what is in fact many thousands of Victorians with unique experiences and intersecting subjectivities, including race, gender, class, ability. Instead, I am reappropriating bi+ orientations, with the sentiment of the 1990 Bisexual Manifesto: "We are tired of being analysed, defined and represented by people other than ourselves, or worse yet, not considered at all" (Anything That Moves, 1990). As a bi+ woman myself, I reclaim the often-derided label "bi" as an inadequate but useful shorthand for a varied group of people who share a multi-gender sexual orientation, a rich queer history and collective strength in the face of structural and interpersonal biphobia¹.

Personal introduction

I present this submission from a positionality of deep investment in bi+ mental health on multiple levels. I am a bisexual woman with lived experience of mental health distress and accessing support from the Victorian mental health system. My experiences happen to coincide with the concerns that contemporary research shows to be most correlated with bi+ sexual identity: depression, anxiety and suicide ideation (see below). Moreover, I am not alone in my experiences as a multi-gender attracted person. I have been a secondary carer to more than one queer friend as we attempt to navigate the support options available in the public and private sectors under significant mental

¹ The term biphobia, or binegativity, describes oppression against bi+ folk on the basis of their attraction to multiples genders, and involves culturally pervasive pejorative stereotypes, dangerous stigmatisation, invalidation and erasure and systemic discrimination and inequality (Taylor, 2018; Loi, Lea and Howard, 2017).

health distress. In 2018 I lost a dear friend to suicide. She was beloved, and she was bisexual. It is in her memory that I write this submission. I am also a student social worker. In my studies and various professional roles in youth work, homelessness, student support and in community law I have deepened my understanding of emotional pain, the Victorian mental health system and the challenges and beauty of being bisexual. Together, these parts of my life have shaped me and my policy submission. I thank the Royal Commission for this opportunity to share and be heard.

What are the key issues affecting bi+ Victorians?

In recent years, Victoria has made significant attempts towards redistributing equality to LGBTQIA+ people and communities. Yet while bi+ people make up the largest share of LGBTQIA+ people across Australia, there are alarmingly few resources directed to our specific needs (Loi, Lea and Howard, 2017). This is concerning because bisexuals experience worse mental health outcomes than other sexual identities. Research from across Australia is consistent:

- In a study of over 2500 bisexual people, Taylor, Power, Smith and Rathbone (2019) found that 58.5% of respondents experience high or very high psychological distress, compared to 11.7% of the broader Australian population.
- Loi, Lea and Howard's 2017 survey revealed that bisexual participants were nearly 6 times more likely than heterosexuals and twice more likely than lesbian and gay participants to report a diagnosis of mental illness. This was particularly evident for bisexual women who reported worse mental health than both heterosexual women and lesbians.
- Analysis of the Australian Longitudinal Women's Health Study (Szalacha, Hughes, McNair, Loxton, 2017) revealed that bisexual women experience substantially higher depression levels than any other sexuality group. Burns, Butterworth and Jorm's 2018 longitudinal study found the same for bisexual women and anxiety.

These findings echo earlier research and studies from overseas and note that race and gender non-conformity multiply the distress bisexuals report (Taylor, 2018). I urge the Commission to consider seriously and centre submissions from such groups and individuals, as my contribution here is unable to capture the full and varied experiences of trans folk and people of colour. The new research is illuminating, considering that historically, studies of mental health frequently aggregate bisexuals with our lesbian and gay siblings, erasing what are in fact notable distinctions despite shared experiences of sexuality-based oppression.

Australian research into bi+ mental health compels explicit consideration of the needs of bi+ Victorians. According to the Australian Study of Health and Relationships, between 2% and potentially up to 14% of Australians identify in some way with bisexuality (Taylor, 2018). This is a significant proportion of people at higher risk of poorer mental health and higher rates of depression and anxiety. Explanatory studies on bi+ mental health are few in number, however, frequently due to the erasure of bi+ sexualities from statistical categories and/or the aggregation of our experiences with our lesbian and gay peers. Nonetheless, most research points towards socio-political explanations:

This increased risk [of poor mental health] for bisexual people has been attributed to non-acceptant attitudes of bisexual orientation from both heterosexual and homosexual communities, which increases their marginalised social position, leading to relatively lower levels of available social resources. (Burns et. al., 2018, p. 74)

Certainly, Pennay, McNair, Hughes, Leonard, William and Brown (2018) and Taylor (2018) confirm that across sexual identities, bisexual women report the lowest levels of social support. Together, the high prevalence of poor mental health outcomes for bi+ people and indications that these are correlated with interpersonal and cultural biphobia, demand action.

Indeed, the Royal Commission also recognises these urgencies, including recommendations to:

- Recognise and respect needs of different population groups and communities including... bisexual people [and]
- Address stigma (State of Victoria, 2019c, p. 4)

Bi+ people and communities are a marginalised group, significantly under-resourced and disregarded, left to draw upon our own resilience and grassroots, innovative community care (Pienaara, Murphy, Race, Lea, 2018). Any (imperative) attempts to address bi+ mental health must centre these history and contemporary practices of independent community care, as well as promote solutions that confront the social constructions and institutions that oppress bi+ folk.

Proposed Policy Options

I support the Victorian State Government's acknowledgment of the specific challenges faced by bi+ people and communities leading up to the 2018 State election. The Minister for Equality's explicit delineation of bisexual health and well-being priorities, alongside our trans and intersex siblings, is deeply appreciated (Victorian Labor, 2018). His pre-election statement included funding for the community led and designed Bi5 project, a partnership between Bisexual Alliance Victoria, the Melbourne Bisexual Network and Drummond Street Services to develop auditing processes and community education. The 2019-2020 State Budget also includes \$9.8 million of funding for LGBTQIA+ programs and initiatives (State of Victoria, 2019b). However, beyond the Bi5 project, there is no guarantee this funding will go specifically towards bi+ communities, lending concerns that the specific needs of this community will be subsumed under generalist LBG programs. Intra-community support, both informally and in grassroots groups, for bi+ folk has long been a source of strength and yet chronically underfunded or not funded at all. I bid the Victorian government to uphold their pro-bisexual election rhetoric and back these rich, pre-existing, and peer-led health and support groups, which include the Melbourne Bisexual Network and Bisexual Alliance Victoria.

These groups undertake the work proffered by research to address the disproportionate risk for bi+ people to experience poorer mental health than other sexual identities and to combat structural biphobia, through research, education, therapeutic services and community building. Taylor's (2018) literature review on bi+ mental health found that friends and family being supportive of their sexual identity is the most salient and closely linked factor to bisexuals' positive mental health. Moreover, peer-led and designed programs are increasingly understood as more efficient and less expensive than initiatives developed from the top-down (Mental Health Commission of NSW, 2017). Both Melbourne Bisexual Network and Bisexual Alliance Victoria incorporate these key aspects: promoting community-based, peer-led research and education to address biphobia as well as services to support isolated and/or struggling bi+ people in Victoria.

Spectrum-wide LGBTQIA+ funding is critical, particularly for trans and intersex folk whose needs have equally been materially and discursively disregarded. Indeed, I encourage the Commission to

take seriously submissions from these groups. It is imperative also that bi+ concerns are explicitly addressed in any policy initiative. Increasing LGBTQI funding in the 2020-2021 State budget with an established quota for recurrent funds directed towards peer-led bi+ initiatives such as Bi5 and organisations is essential to tackling the concerning high rates of mental illness among bi+ folk. An express target of recurrent funding is critical to counter pervasive interpersonal and institutional bi-erasure and ensure our exigent needs are no longer overlooked. For further details, I refer the Commission to the submissions from the aforementioned bi+ health groups to this commission.

In summary, I thank the Commission for the opportunity to share my support for bi+ mental health projects that:

- Receive recurrent funding
- Build upon existing bi+ organisations' work
- Are community and peer-led and designed
- Address the specific needs of the bi+ community as outlined above, including lack of social support and biphobia
- Encompass research, community building, auditing and evaluation, education and training and therapeutic services
- Centre the intersections of race, class, age, ability, gender, geographic locations and other axes of identity

I hope the Commission can appreciate my passion for bi+ mental health and continue on a pathway of supporting this marginalised group, of which I am deeply proud to belong to. Bi+ folks may number as many as 890, 000 Victorians; this is hundreds of thousands of people at a significantly higher risk of mental health distress. Through enacting bi+ specific initiatives, we make a significant contribution to ensuring the rights and wellbeing of thousands of people, including myself, my loved ones and our beautiful and diverse community across the state.

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