

Sex and Gender Education's (SAGE) Australia) Response to the Consultation on the Inquiry into Mental Health and Suicide Prevention launched by the Australian Government on Wednesday, 24 February 2021 for the Select Committee on Mental Health and Suicide Prevention.

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Since 2001 SAGE has campaigned for the human and legal rights and dignity of people of sex and/or gender diverse groups who may be intersex, have atypical sex characteristics, sex non-specific, transsexed, transsexual, transgendered, cross-dressers, androgynous, bigendered, gender fluid, without sex and/or gender identity and people with sex and gender culturally specific differences. Sex and/or gender diverse groups of people is an inclusive phrase and excludes no one who may be sex and/or gender diverse in any way.

Background

Suicidation is a major problem for sex and/or gender (SGD) groups in Australia including suicidal thoughts, attempts and successful suicides. This has been a long-term documented problem in SGD communities. It is important to recognise that SGD groups are specifically diverse around biological sex and gender presentation, not necessarily sexuality.

Jones, Hart, Carpenter, Ansari, Leonard and Lucke (2016) in a self-reporting study of 272 Australian intersex people's experiences found (19%) having attempted suicide, others had self-harmed (26%), a number (42%) had thoughts about self-harming and a large number (60%) had thoughts about suicide directly relating to their sex variances.

Hyde, Doherty, Tilley, McCaul, Rooney and Jancey (2014) carried out The First Australian National Trans Mental Health Study surveying 482 trans women (51.0%), 232 trans men (24.5%), 136 people who were assigned female at birth but now had a non-binary identity (14.4%), and 96 people who were assigned male at birth but now had a non-binary identity (10.1%).

43.7% at that time were experiencing clinically depressive symptoms, 28.8% met major depressive syndrome, 5.4% for another depressive syndrome, 18.3% panic attacks and 16.9% another anxiety syndrome. 20.9% had suicidal or self-harm thoughts for half the days in the preceding two weeks.

Strauss, Cook, Winter, Watson, Wright and Lin, (2017) published the Trans Pathway Survey, with publication funded by the Western Australian Government, which was an online survey of Australian trans youth and their mental health carried out in 2016, published in 2017. The survey analysed reported experiences of 14 to 25 years old's accessing mental health and medical services and drivers of poor mental health. It included a wide range of people who identified as intersex, people who were unsure if they were intersex or not, transgender-identified persons to people who were gender questioning or fluid. It included 859 participants. Trans youth were from sex and/or gender diverse groups of people and 194 were parents and guardians.

The study found 48.1% of sex and/or gender diverse respondents had attempted suicide at least once, 70.04% reported having been diagnosed with depression at the time of the study, 72.2% had been diagnosed with anxiety, 25.1% with Post-Traumatic Stress Disorder. Over half felt they could not approach mental health professionals because they did not understand anything about sex and gender diverse groups of people.

Global systemic reviews of suicidation in people from SGD groups can often report suicidal thoughts in up to 70% of this population. Actual historical suicidal attempts can be seen in some studies to be up to around 40%.

Briggs, Natively, Gould, Gkaravella, Gluckman, Kangogyere, Farr, Goldblatt, Lindner (2019) in system review in the Cambridge Press found strong evidence that early intervention in suicidal behaviour using psychoanalytic and psychodynamic therapies was effective. However, it has to be very early intervention as delays in providing such services lead to deteriorating mental health.

Causes of Suicidal Thought in SGD Populations

It is important in planning suicide prevention strategies to recognise and analyse why the SGD populations experience one of the highest levels of suicidal thoughts in Australia. In fact, global research shows that this is one of the highest suicide risk group throughout the world (Virupaksha, H., Muralidhar, D., & Ramakrishna, J., 2016).

Intersex people who have undergone nonconsensual surgeries and treatments to their bodies as children can end up highly dissatisfied with the results and become suicidal.

- Many people from sex and/or gender diverse groups struggle mentally with their identities and sense of self, entering into an existential crisis around how they can live their lives successfully. The occurrence of sex dysphoria (unhappiness with one's body's sex configuration) and gender dysphoria (unhappiness with one's gender presentation) creates a high level of anxiety and depression that can lead to suicidal thoughts.

- As the Trans Pathway research shows, people from SGD groups are often afraid to use medical and health services due to the intersexphobia and transphobia they encounter. Health practitioners are not well trained in sex and/or gender diversity, often dispensing the wrong, dangerous advice to patients in offensive ways. This leaves those patients with a fear of those services so they frequently forgo medical screening for cardio-vascular disease, diabetes, cancer and do not reach out when overwhelmed by suicidal thoughts.
- There is a lack of specialists delivering suicide prevention to people from sex and/or gender diverse groups, who are from those groups themselves. The absence of professionals from those groups delivers poorer quality services as they only have a limited knowledge of the issues that cause suicidation in SGD groups.
- A large proportion of SGD groups of people in Australia suffer profound minority stress, constantly feeling threatened, being threatened, bullied, attacked and at times murdered. The persistent attempts by the Morrison Government to retard the civil rights of SGD groups has left many in our community traumatised and deeply depressed, afraid, demoralised and at increased risk of suicidation.

When Joe Biden became the US President he immediately declared there should be full human rights for all people for sex and/or gender diverse groups (Schmidt and Wax-Thibodeaux, 2020). When Scott Morrison became Prime Minister he moved his children to a private school so they would not be exposed to and educated about sex and gender diversity (McGowan, 2018).

- The Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020 seeks to allow religious groups to discriminate against people from SGD groups. It is clear that both state and federal governments have been tardy in supporting the rights of SGD groups in this debate and even hostile towards their human rights. This insecurity and threat of being persecuted sends many from SGD groups towards suicide.
- The proposed Education Legislation Amendment (Parental Rights) Bill 2020 not only threatens the jobs of teachers from SGD groups but also seeks to make children from SGD groups unsafe in the school environment. It is clear from the Trans Pathway study that even schoolchildren from SGD groups move towards suicide when their human rights are restricted. Taking job security from those teachers from SGD groups can lead some towards depression and suicide.
- The proposed Online Safety Bill 2020 could allow people to discriminate against people from SGD groups online with religious impunity. This bill covers bullying

Australians online. The combination of that bill and other proposed bills may, however, create loopholes to allow religious persons and institutions to bully SGD groups, excusing themselves because of their religious beliefs. Persecution by religious people and groups has caused many people from SGD groups to suicide.

- The major point of access for suicide prevention services in Australia is via the internet using a mobile phone. Google claims to have more than 92.47 of online searches in January 2021. Google, however, does not allow suicide prevention services to be advertised unless the practitioner holds a pharmacy licence (Google, 2021). Psychologists, psychotherapists, counsellors, social workers, charities and self-help groups do not hold pharmacy licences. So, they are unable to advertise their specific suicide prevention services to suicidal people, wiping out a large part of the mental health workforce.

Google brought in these policies after its parent company Alphabet Ltd invested billions of dollars in the pharmaceutical industries from 2015 onwards (Farr, 2019). Therefore Google is presently interfering with the Australian health system for profit and the Federal Government is failing to regulate its policies as a monopoly. This advertising policy does not apply in the USA but does in the rest of the world. Google has been fined billions of dollars in Europe for prioritising its interests over that of its advertisers (Whalen, 2020).

Google claims it is protecting the public from unscrupulous practices but it is not qualified to regulate the Australian health system. Our health system is regulated by APHRA and each state's health commissions and Google should not be allowed to interfere with our health system. What Google is doing is protecting the profits of its sister and associated companies involved in the production of psychiatric drugs at the expense of the Australian public's mental health.

Pushing and herding people towards a 'psychiatric drug' route only for people who experience suicide is unethical. It is marketing and promoting unnecessary psychopathologisation that will cost our health system more in the end as people become long-term drug consumers and do not work through the dilemma of suicide. People who are sex and/or gender diverse are already carrying the burden of being over pathologised which leads to depression and suicide.

The Australian Securities & Investment Commission (ASIC) (2019), Federal Attorney General's Office (2019) and Federal Health Minister's Office (2019) have all indicated they have no jurisdiction over Google's advertising policies. This now in reality means Google is determining the access to Australian mental health and suicide prevention, not the government.

- A second problem with people accessing mental health services and suicide services for sex and/or gender diverse issues via the internet is that Google runs algorithms that remove and downgrade websites with references to sex. Therefore, mental health services and sexologists and sex therapists using the word 'sex' on their websites get penalised because of the presence of the word 'sex' on their websites. This also

happen with many other health services, including addiction. The machine-based algorithms cannot tell the difference between those health professionals helping people with mental health and problems around sex identity against those who are sex trafficking or offering pornography. Therefore, health professionals frequently cannot reach clients in need of help for suicidal services who have issues around their sex and identity, via web searches.

We can already see from the USA Fight Online Sex Trafficking Act (FOSTA), and the Senate bill, SESTA, the Stop Enabling Sex Traffickers Act (SESTA), that websites mentioning sex have been blocked by tech companies' algorithms (Romona, 2018). This by default also includes the blocking of health services, including suicide prevention to sex and/or gender diverse groups of people.

- The Australian Medicare system only reimburses a portion of the costs involved in sex realignment treatment. Many people from SGD groups who cannot get work due to social ostracisation turn to legal sex work to pay for the rest of their treatment. Unfortunately, the FOSTA and SESTA bills have affected Australian sex workers as tech companies have deleted advertising and internet access for sex workers.

What this also means is that health organisations and professionals now have difficulty reaching those sex workers to deliver safe sex messages and education. This is increasing the risk of sexually transmitted diseases including HIV, the safety of sex workers and clients, ultimately possibly forcing sex workers back out on the streets and pushing those services onto the dark web. This shift is causing those sex workers from SGD groups greater stress and higher thoughts of suicide.

- The Australian governments, state or federal, are not fully publicly supporting SGD human rights and are at times against them leading to increase SGD minority stress and increased suicidation.

As Arnold Schwarzenegger, the ex-governor of California said:

“There is no two sides to hatred.”

- Social and employment exclusion from sex and/or gender diverse groups is a reality for many. If you are recognised as intersex or trans you are often deselected from many societal and workplace opportunities, which exacerbates depression and suicidal thoughts.
- Poverty is real for a large number of people or SGD groups. To deal with constant medical problems as many intersex, trans and gender diverse **people do**, causes major stress. They often do not have the means, resources or ability to make a living. Many intersex, trans and gender diverse people suffer so much discrimination **that** they live in poverty anxiety and depression, plagued with suicidal thoughts and are unable to afford the medical and health services they need.

- Many people from sex and/or gender diverse groups are unable to attain or change their documents to reflect their present identity. This causes them major embarrassment and humiliation on a day-to-day basis and endangers them in their everyday life, which can lead to suicidal thoughts.

Discussion

While the Federal Government has launched the Mental Health and Suicide Prevention consultation, the Morrison Government is a major exacerbator of suicidation in people from sex and/or gender diverse groups. The enquiry is nothing more than a major contradiction unless the government changes its attitudes towards SGD groups and supports their human rights unequivocally, without religious exceptions. The lack of these policies by the present government causes many people from SGD groups considerable stress which moves them towards suicidal thoughts. The disparity in government's policies and activities is like saving a drowning person from a lake and at the same time clubbing them over the head.

Prior to the COVID crisis many people from SGD groups lived alone, were excommunicated from their families, churches, unemployed and experienced anxiety, depression and poor levels of mental health due to minority stress. The COVID crisis has increased those levels of anxiety and stress, leading to even higher levels of suicidal thoughts and inclinations throughout these groups.

This is a time when Australia does not have a sufficient mental health workforce. It also does not have a specialist SGD groups suicide intervention policy or plan. Such a plan needs to be universal and coordinated in changing the way sex and/or gender diverse groups are treated and protected in society as well as providing sufficient specialist services for them. There is no one-stop magic bullet solution here of just throwing more funds into the general health system as suicide prevention for sex and/or gender diverse groups requires a unilateral government response to deal with SGD groups' high levels of suicidal thoughts and behaviours.

Recommendations

1. Laws must be brought in to ban non-medical emergency unnecessary surgeries and treatment on intersex children, allowing them to make their own decisions about their bodies when they are educated about their choices.
2. The shortage of specialist mental health workers experienced in sex and gender issues can be eased by the government recognition of qualified psychotherapists and counsellors from registers such as the Psychotherapy and Counselling Federation of Australia (PACFA), Australian Counselling Association (ACA) and Australian Register of Counsellors and Psychotherapists (ARCAP), awarding clients Medicare rebates for visiting those practitioners.

This will allow for greater immediate early intervention for suicide prevention in sex and/or gender diverse groups of people. Members of those registers who are from SGD

groups can create quicker and greater rapport with those clients, offering faster suicide prevention.

3. General healthcare professionals also need to undergo more training in delivering empathic services to people from sex and/or gender diverse groups. This needs to happen across the board in all healthcare professions. Those trainings need to involve professionals from those groups.
4. There needs to be specialist suicide prevention delivery to people from sex and/or gender diverse groups that are from people who are part of those groups themselves. Recruitment of health professionals in those groups could give a higher quality of service due to a greater level of knowledge and rapport with clients.

Funding also needs to be funnelled as grants to community groups, who have more social contact and connection with people from SGD groups, that operate suicide prevention activities.

5. Both federal and state governments need to abide by Australia's international human rights commitments to afford all people from sex and/or gender diverse groups equal rights under the law.

This also includes commitments by both major political parties not to introduce or pass any further laws that allows any discrimination in any form against people from sex and/or gender diverse groups. It should include a commitment to removing religious exemptions from the *Sex Discrimination Act* (Sex Discrimination Act, 1985) and any existing laws.

6. All Australian governments, state and federal, should oppose the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020 that seeks to allow religious groups to discriminate against sex and/or gender diverse groups of people.
7. All Australian governments, state and federal, should oppose the proposed Education Legislation Amendment (Parental Rights) Bill 2020 that threatens the jobs of teachers from SGD groups and also seeks to make children from SGD groups unsafe in the school environment.
8. All Australian governments, state and federal, should petition to oppose any clause in the Online Safety Bill 2020 that could allow people to discriminate against people from SGD groups on grounds of religious beliefs.
9. The Federal government must bring in legislation to curtail the activities of tech companies that operate in Australia which block access to healthcare advertising, including the services they offer.
10. Tech regulation laws must also be linked to anti-competitive practices legislation as many of those tech companies have conflicts of interest since they own pharmaceutical

companies that compete with those healthcare advertisers, including suicide prevention services.

11. The Federal government must bring in legislation to curtail the activities of tech companies, particularly search engines, that use algorithms that block health services based on sex, sexuality, addiction, suicide prevention and other legally provided health services.
12. The federal and state governments need to allocate a positive employment discrimination policy to get sex and/or gender diverse people back to work, affording them dignity, lowering depression and suicidal thoughts.
13. The Medicare system needs to cover all medical and health expenses for people from sex and/or gender diverse groups who are in receipt of long-term welfare payments. This will reduce minority stress and suicidal thoughts.
14. There needs to be reviews of all Australian legislation to bring laws in line so people from sex and/or gender diverse groups can find it easy to change their identity document when needed, to reflect their present identities.

Government officials, politicians, media outlets and others wishing to respond to this paper or discuss the issues can contact Dr Tracie O’Keefe DCH at the Australian Health & Education Centre (02 8021 6429) or by email at sageaustraliateam@gmail.com

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