



## Position statement in support of marriage equality

Discrimination on any grounds, including sexual orientation and/or gender identity, is unacceptable and should be universally rejected. Discrimination hurts individuals, their families and our broader community and there is a large body of evidence to show that experiences of discrimination have a detrimental impact on physical health, mental health and wellbeing. This has been recognised by the World Health Organisation and the Australian Medical Association, among many others.

The impact of discrimination and its role in legitimising harmful attitudes and behaviours towards LBGTIQ Australians is tragically evident. The rates of mental ill-health, self-harm, suicide attempt and suicidal ideation rates are disproportionately higher for this group in our community than the rest of the population.<sup>1,2</sup>

In particular, gender and sexuality diverse young people experience the highest rates of psychological distress across LGBT age groups. They are reported to be **five times more likely** to attempt suicide and **twice as likely** to engage in self-harm compared to the general population.<sup>3</sup> An Australian national survey<sup>4</sup> found among LGBTI young people aged 16-27 years:

- 16% reported that they had attempted suicide and 42% reported having thoughts about suicide.
- 33% reported having self-harmed and 41% reported thoughts of self-harm.

It is important we understand that negative mental health outcomes are **not** the result of sexuality or gender identity but the discrimination and exclusion experienced by LGBTIQ individuals, their families and communities. Twice the number of LGBTI young people who have experienced verbal abuse compared to those who haven't were likely to have considered self-harm or attempted suicide.<sup>5</sup>

Marriage equality is a case in point. Evidence tells us that psychiatric disorders, including mood, anxiety and alcohol use disorders are significantly higher among same-sex attracted people living in locations that where same-sex marriage is not legalised when compared to those who lived elsewhere, and when compared to their heterosexual neighbours<sup>6</sup>.

## **Postal Vote**

The process of informing parliament on public support for marriage equality through a voluntary, non-binding postal vote is not ideal and despite the government recommending a respectful debate the focus on this issue in recent years has already exposed LGBTIQ young people to hurtful discourse.

However, in the instance that the postal vote proceeds Orygen urges:

- Campaigns to consider the impact of messaging on the mental health and suicidal risk of LGBTIQ individuals and their families and friends. Exposure to hurtful discourse represents a unique form of social stress resulting in negative consequences for the psychological and relational wellbeing of samesex couples<sup>7</sup>. There is every likelihood that rises in both rates of mental ill-health and suicide risk will occur as a result.
- All young people, regardless of sexual orientation, be supported to have safe conversations with their families and friends about their wellbeing. Information on how to seek help and support should be widely available.
- All young people of voting age ensure they enrol with the AEC by 24 August 2017 and participate in the postal vote. If you are enrolled, check that your details are up to date. It is crucial that the voices of young people are heard loud and clear on this issue. Go to www.aec.gov.au/enrol

Orygen, The National Centre of Excellence in Youth Mental Health supports marriage equality as a fundamental human right. We recognise the important role it will play in protecting against the range of negative health and social outcomes resulting from structural discrimination which prevents any couple, regardless of gender, from having their relationship recognised under Australian marriage laws.

## References

- 1. Hunter Institute of Mental Health. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) populations. NSW, Australia, 2014.
- 2. Morris S. Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People and Communities. Sydney: National LGBTI Health Alliance, 2016.
- 3. Ibid.
- 4. Robinson, K.H., Bansel, P., Denson, N., Ovenden, G. & Davies, C. (2014), Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne, 2014.
- 5. Hillier, L et.al. Writing themselves In 3, Australian Research Centre in Sex, Health and Society, La Trobe University, 2010
- 6. Hatzenbuehler ML, McLaughlin KA, Keyes KM, et al. The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study. American Journal of Public Health. 2010; 100(3): 452-9.
- 7. Frost DM & Fingerhut AW. Daily exposure to negative campaign messages decreases same-sex couples' psychological and relational well-being. Group Processes & Intergroup Relations. 2016; 19(4): 477-492.



Orygen, The National Centre of Excellence in Youth Mental Health is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. Copyright © 2017 Orygen, The National Centre of Excellence in Youth Mental Health. This work is copyrighted. Apart from any use permitted under the Copyright Act 1968,

Orygen, The National Centre of Excellence in Youth Mental Health 1300 679 436 info@orygen.org.au

no part may be reproduced without prior written permission from Orygen.

orygen.org.au