



Patron: His Excellency General
the Honourable David Hurley AC DSC (Retd)

16 December 2021

Dr Anne Webster MP
Chair
Parliamentary Joint Committee on Human Rights
Parliament House
Canberra ACT 2600

By email: religionbills@aph.gov.au

Dear Dr Webster

Thank you for the opportunity to make a submission to the Parliamentary Joint Committee on Human Rights and its inquiry into the Religious Discrimination Bill 2021 (third version) and related bills.

An Australia free of discrimination for all is a fundamental principle to improving the nation's mental health and wellbeing and preventing suicide. Beyond Blue continues to advocate for non-discriminating communities, systems, policies and institutions, because we know discrimination is a risk factor for mental ill-health and suicide.

Beyond Blue believes that while the third version of the Bill has improved, concerns outlined in our previous submission (attached) remain. In its current form, the Bill may jeopardise national efforts to reduce the rates of depression, anxiety and suicide in communities already disproportionately affected by mental health issues, such as people from LGBTIQ+ communities and people living with disability.

The proportion of same-sex attracted and gender diverse people in the community is estimated to be around 10 per cent.¹ Many people of faith support and affirm LGBTIQ+ people, and many LGBTIQ+ people are themselves religious. The majority of LGBTIQ+ people lead happy, healthy and contributing lives. However, the structural and social prejudice and discrimination still experienced by LGBTIQ+ communities is a risk factor for depression, anxiety and suicide on top of the biological, social, environmental and psychological factors we all experience.² Compared with the general population, LGBTIQ+ people are two and a half times more likely to have been diagnosed or treated for a mental health condition in the past 12 months. The proportion of LGBTIQ+ people ever to have attempted suicide is over 30 per cent, while the rate amongst trans and gender diverse communities is even higher (up to 48 per cent).³

¹ Richters J., Altman D., Badcock P.B., Smith A.M.A., de Visser R.O., Grulich A.E., Rissel C., Simpson J.M. (2014) Sexual identity, sexual attraction and sexual experience: the Second Australian Study of Health and Relationships. *Sexual Health* 11, 451-460.

² Hill A.O., Bourne A., McNair R., Carman M., Lyons A. (2020) Private Lives 3, accessed on 8 December 2021: <https://www.latrobe.edu.au/arcs/shs/publications/private-lives/private-lives-3>

³ LGBTIQ+ Health Australia. (2021) Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people: <https://www.lgbtiqhealth.org.au/statistics>

Furthermore, the potential loss of protections people may experience under the proposed Bill extend to accessing goods and services, like healthcare. Removing barriers to ensure people have access to the care and support they need, that is culturally safe and appropriate and without fear of discrimination, is crucial. There are already significant gaps in the mental healthcare system, with preferred and appropriate services either not available, or hard to access, so introducing further barriers should be prevented. Delaying access to care may mean more complex and costly support is required, which impacts poorly not just on the individual but on communities and the health care system.

In conclusion, the law must protect people equally. Amendments to the Bill could provide discrimination protections for people of faith without removing existing anti-discrimination protections for others.

Yours sincerely



Georgie Harman
CEO, Beyond Blue



Beyond Blue submission to Religious Discrimination Bill – Second Exposure Draft

Beyond Blue welcomes the opportunity to provide feedback on the second exposure draft of the Religious Discrimination Bill 2019.

In this submission, we focus on the bill's potential negative impacts on mental health generally, people living with mental health conditions/psychosocial disability, and vulnerable groups in particular.

An Australia free of discrimination for all is a fundamental principle to improving the nation's mental health and wellbeing, and preventing suicide. Beyond Blue continues to advocate for non-discriminating communities, systems, policies and institutions, because we know discrimination is a risk factor for mental health conditions and suicide.

Main points

We believe that important changes to the bill are needed to protect mental health and promote evidence-based treatment and support for all Australians affected by mental health conditions, regardless of their race, religion, sex, marital status, disability, sexual orientation, gender identity or intersex status.

Certain sections of the bill as drafted have the potential to adversely impact mental health and wellbeing – in particular people who are same-sex attracted, people who are gender diverse, and people with disability, including psychosocial disability. They appear to be at odds with the policy intent and priority six of the Fifth National Mental Health and Suicide Prevention Plan.¹

The proportion of same-sex attracted and gender diverse people in the community is estimated to be around 10 per cent.² Many people of faith support and affirm LGBTQI+ people, and many LGBTQI+ people are themselves religious.

The majority of LGBTQI+ people lead happy, healthy and contributing lives. However, the structural and social prejudice and discrimination still experienced by LGBTQI+ communities adds an additional layer of risk of depression, anxiety and suicide on top of the biological, social, environmental and psychological factors we all experience.³

Beyond Blue believes that the bill in its current form risks efforts to reduce the rates of depression, anxiety and suicide in communities already disproportionately affected by mental health issues.

We believe, through further amendments, the Australian Government can provide discrimination protections for people of faith without removing existing anti-discrimination protections for others.

¹ The Fifth National Mental Health and Suicide Prevention Plan, 2017 Commonwealth of Australia as represented by the Department of Health, accessed from COAG Health Council website on 19 January 2020 <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

² Richters J., Altman D., Badcock P.B., Smith A.M.A., de Visser R.O., Grulich A.E., Rissel C., Simpson J.M. (2014) Sexual identity, sexual attraction and sexual experience: the Second Australian Study of Health and Relationships. *Sexual Health* 11, 451-460.

³ Beyond Blue website, accessed on 19 January 2020: <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>

How discrimination affects the mental health and wellbeing of LGBTQI+ communities

Research shows that:

- LGBTQI+ people have among the highest rates of suicidality of any population group in Australia, with 20 per cent of transgender Australians and 15 per cent of lesbian, gay and bisexual Australians reporting current suicidal ideation.⁴
 - The term 'suicidality' spans suicidal ideation (serious thoughts about taking one's own life), suicide plans and suicide attempts. People who experience suicidal ideation and make suicide plans are at increased risk of attempting suicide, and people who experience all forms of suicidal thoughts and behaviours are at greater risk of dying by suicide.⁵
- Discrimination, verbal and physical abuse, exclusion and prejudice are key contributors to the increased rates of depression, anxiety and self-harm in LGBTQI+ populations. Up to 80 per cent of same-sex attracted and gender questioning young Australians experience public insults, 20 per cent explicit threats, 18 per cent physical abuse and 26 per cent 'other' forms of homophobia.⁶

People with disability are also more likely to have experienced violence, abuse or sexual harassment than other Australians. 32 per cent of adults with disability experience high/very high psychological distress, compared with 8 per cent without disability.⁷

National mental health and suicide prevention policy

The Fifth National Mental Health and Suicide Prevention Plan⁸, developed and endorsed by all Australian governments, has reducing stigma and discrimination as one of eight priority areas.

The Plan states:

"...the impact of stigma and discrimination against people living with mental illness is far-reaching and is compounded for groups who are already marginalised and who experience other forms of discrimination, such as Aboriginal and Torres Strait Islander peoples and people who identify as LGBTI..."

Reducing stigma and discrimination is critical to improving the wellbeing of people living with mental illness and their carers and families and promoting better mental health within society...

⁴ National LGBTI Health Alliance, Gabi Rosenstreich (2013) LGBTI People Mental Health and Suicide (Revised 2nd Edition) Sydney. National LGBTI Health Alliance.

⁵ Commonwealth Department of Health website, accessed on 19 January 2020
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-mhaust2-toc~mental-pubs-m-mhaust2-hig~mental-pubs-m-mhaust2-hig-sui>

⁶ See for instance:

Corboz, J., Dowsett, G., Mitchell, A., Couch, M., Agius, P. & Pitts, M. (2008) Feeling queer and blue: a review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people. La Trobe University: Melbourne; Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A. (2010) Writing themselves in 3. Australian Research Centre in Sex, Health and Society, La Trobe University, Monograph Series no. 78. Accessed at: <http://www.latrobe.edu.au/arcshs>; McNair, R., Szalacha, L.A., Hughes, T.L. (2011) Health status, health service use, and satisfaction according to sexual identity of young Australian women. Women's Health Issues, 21(1), pp 40-47.

⁷ Australian Institute of Health and Welfare 2019. People with disability in Australia 2019: in brief. Cat. no. DIS 74. Canberra: AIHW.

⁸ The Fifth National Mental Health and Suicide Prevention Plan, 2017 Commonwealth of Australia as represented by the Department of Health, accessed from COAG Health Council website on 19 January 2020
<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

Stigma and discrimination by the health workforce can have a significant impact on the wellbeing of people living with mental illness and people who experience suicidal behaviour and their recovery, resulting in poorer outcomes. It may decrease the likelihood of seeking help, exacerbate psychological distress and decrease the likelihood of adhering to treatment. It may also impede early intervention efforts, exacerbate the progression of mental illness and have a cascading impact on broader health and social outcomes.”⁹

Action 18 of the plan commits Australian governments to:

“take action to reduce the stigma and discrimination experienced by people with mental illness that is poorly understood in the community. This will:

- *involve consumers and carers, community groups and other key organisations*
- *build on existing initiatives, including the evidence base of what works in relation to reducing stigma and discrimination*
- *account for the specific experience of groups already at high risk of stigma, including Aboriginal and Torres Strait Islander peoples and people who identify as LGBTI.”¹⁰*

Recommendation 1: Remove section 42 (‘Statements of belief do not constitute discrimination etc.’) from the Religious Discrimination Bill.

Discriminatory statements about disability or mental illness, on any grounds including religious beliefs, can cause real and significant harm.

Section 42 would allow people expressing prejudiced or harmful views about LGBTQI+ people, people with disabilities, women and others protection from any consequences for their conduct under current anti-discrimination laws.

We acknowledge that Section 42 subsection 2 means the proposed legislation will not protect people who make statements that are malicious, likely to harass, threaten, seriously intimidate or vilify another person or group of persons, or which encourage serious offences. However, we believe these protections are not sufficient to protect people from statements causing profound and unjustified psychological damage. The line between statements that are allowed and those which are not is unclear.

‘Statements of belief’, despite being made in good faith, have the potential to cause significant psychological distress amongst certain groups – for example, stating that gay people will go to hell or that mental health issues are the work of the devil.

Such statements can cause lasting hurt, fear, isolation, helplessness and shame and prevent people seeking support and treatment for psychological distress or suicidality. The Fifth National Mental Health and Suicide Prevention Plan sets out the individual, social and economic implications of stigma and discrimination:

“They may discourage people from disclosing their mental health problem or mental illness, decrease the likelihood of seeking support and create additional distress. They may result in exclusion and isolation, adversely affect personal relationships and affect opportunities for social interaction and community involvement. They may also create significant barriers to participating in employment and adversely affect promotional opportunities and housing outcomes. Importantly, they can hamper the promotion of mental health and wellbeing, exacerbate mental ill health and

⁹ Ibid, page 39

¹⁰ Ibid, page 40

impede recovery. The impact of stigma and discrimination extends to broader communities and society due to lost productivity and increased costs to the health system.”¹¹

Research has shown that exposure to negative media messages about same-sex marriage as part of the Australian Marriage Law Postal Survey was associated with greater psychological distress among lesbian, gay, and bisexual Australians.¹²

Comments can be especially harmful when made by people in positions of trust and influence, such as health professionals, support workers or educators.

Recommendation 2: Remove subsections 8(6), 8(7) and 32(7) (provisions on health practitioner conduct rules and conscientious objection to providing a health service) from the Religious Discrimination Bill.

These subsections effectively prioritise religious views over patient needs, and we strongly recommend removing them.

Every member of society has a right to access safe, timely, evidence-based health care and services that protect and improve physical and mental health and wellbeing. Best practice health care considers a range of factors, including social determinants and a person’s identity. As a society that values equity, diversity and social inclusion, our health care services should provide welcoming, respectful and safe environments for people of all sexualities, sexes and gender identities.

The effect of subsections 8(6), 8(7) and 32(7) is that employers and professional health bodies will find it much harder to impose policies or standards that require health practitioners to provide health services to everyone (such as reproductive and sexual health care), regardless of the health practitioner’s personal religious views.

Legislation that potentially enables health professionals to conscientiously object to providing a service could cause significant distress and generate further, or compound the effects of past discrimination and stigma, leading to poorer mental health.

Furthermore, this may lead to a reduction in help-seeking behaviours and people accessing and receiving support and treatment as early as possible. We know these factors are major contributors to the rising burden of mental illness and suicidality in Australia, for all people in Australia, and they have a particular negative impact on population groups who are at higher risk, including LGBTQI+ communities. Delayed or poor access to mental health treatment and support means that people’s physical and/or mental health issues often become more severe and/or complex.

¹¹ Ibid, page 39

¹² Verrelli, S, White, FA, Harvey, LJ, Pulciani, MR. Minority stress, social support, and the mental health of lesbian, gay, and bisexual Australians during the Australian Marriage Law Postal Survey. *Aust Psychol.* 2019; 54: 336– 346. <https://doi.org/10.1111/ap.12380>