



Submission

National Mental Health Statement of Rights and Responsibilities

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National Mental Health Statement of Rights and Responsibilities

beyondblue

beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the revised National Mental Health Statement of Rights and Responsibilities to the Mental Health Standing Committee. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings. ***beyondblue* has consulted with members of blueVoices, our consumer and carer reference group, to inform this submission.**

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and anxiety and reducing stigma associated with the illnesses. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five priorities** are:

1. Increasing community awareness of depression, anxiety and related disorders and addressing associated stigma.
2. Providing people living with depression and anxiety and their carers with information on these illnesses and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression and anxiety prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression and anxiety.
5. Initiating and supporting depression and anxiety-related research.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.ⁱ One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.ⁱⁱ People experiencing depression and/or anxiety are also more likely to have a comorbid chronic physical illness.ⁱⁱⁱ

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.^{iv} Globally, the World

Health Organisation predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.^v

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing mental illness, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society \$12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover.**^{vi} The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.^{vii} It is also important to recognise the differences in mental and physical disabilities, and the impact on workforce participation. In 2003 **28.3 per cent of people with a mental illness participated in the labour force, compared to 48.3 per cent of people with a physical disability.**^{viii}

beyondblue's response to the Revised National Mental Health Statement of Rights and Responsibilities

Question 1: Is the Revised Mental Health Statement of Rights and Responsibilities appropriate in terms of language, structure and content?

The *Revised Mental Health Statement of Rights and Responsibilities* comprehensively documents the rights and responsibilities of people with mental health conditions and those working to supporting them. While this document is appropriate in language, structure and content as a policy document, alternative versions are needed to support and promote its use among the general public and service providers. It is essential that people with mental health conditions are aware of their rights and responsibilities and can easily access and refer to this information.

Feedback from a member of *beyondblue's* consumer and carer reference group, blueVoices, indicated that:

"I see it [the Statement] as being very comprehensive and to have addressed key issues. The only comment I wish to make is how the contents of this document can be communicated to the general public, but more importantly, how it is to be communicated to consumers, carers, and those in the area of working with and for people with mental illness. I know from my own experience, that having knowledge of a document like this, would have been extremely helpful for me personally and for my husband who was my carer. It would have also given me a basis to fight for my rights to return to work and not be in the position where I felt I had to resign." Consumer

The language, structure and content of the Statement should be **adapted to different audiences** and promoted through a variety of mediums. This should include easy-to-read documents for consumer and carers, and for the general public. It is also important that consumers and carers and service providers have the **skills and knowledge** to use the Statement to help uphold and support their rights.

To determine how to best implement the Statement, it may be beneficial to evaluate the existing Statement of Rights and Responsibilities, and identify how it has impacted on an individual's mental health treatment and care, the delivery of services, and the development of policies. This may identify how the language, structure and content of the Revised Statement can appropriately and adequately meet the needs of different audiences.

Recommendations

1. Provide the content of the Statement in a variety of formats, to meet the needs of different audiences, including easy-to-read guides for the general public.
2. Develop a comprehensive promotion and implementation strategy, which includes guides for people with mental health conditions, their carers, supporters and advocates, service providers, policy makers, and the community on how to use and refer to the Statement.

Question 2: Does the Revised Mental Health Statement of Rights and Responsibilities reflect contemporary/modern concepts of mental health support, care, treatment, recovery and rehabilitation?

The Revised Statement's focus on care, support, treatment, recovery and rehabilitation, reflects modern concepts of mental health, and the spectrum of mental health interventions. The Statement could be strengthened by integrating a focus on **resilience**. Building resilience at both an individual and community level can help to promote positive mental health, ameliorate adversity and protect against mental health conditions.^{ix} The importance of fostering resilience should therefore be incorporated throughout the Statement.

Recommendation

3. Integrate the concept of resilience through the Revised Mental Health Statement of Rights and Responsibilities.

Question 4: Is there an appropriate balance between the rights and responsibilities of individuals with mental health problems and/or mental illnesses, carers, supporters and advocates, service providers, policy makers and the community?

The Statement includes a strong focus on the rights and responsibilities of individuals with mental health conditions, and their carers, supporters and advocates, and service providers. However, additional information and guidance is needed on the rights and responsibilities of the community and policy makers.

Adopting a ‘whole of community’ approach to mental health is essential. Clearly outlining the roles and responsibilities of **local communities** is an important component of implementing this approach. Community groups and local councils have an important role to play in providing an environment that encourages and supports positive mental and physical health and wellbeing. The *beyondblue*-commissioned Beyond Blue to Green research review^x demonstrated the links between mental health and wellbeing and green spaces. This review suggested that living in a ‘green’ environment supports physical and mental health, and this relationship is strongest for anxiety disorders and depression. In addition to being able to access green spaces, it is also important that community members have opportunities to participate in social activities. Higher levels of social participation and connectedness protect against poor mental health, while social isolation and exclusion are risk factors for developing depression and anxiety disorders.^{xi, xii} Local communities and councils can play a central role in supporting and promoting positive mental health and wellbeing, through providing access to green spaces, and opportunities for social participation.

Community groups also have a responsibility to understand mental health conditions; support the management and recovery of mental health conditions within their community; and support individual and community resilience. To implement patient-centred care, it is important that community members advocate for a better mental health system, that responds to local needs. Incorporating these responsibilities into the Statement, together with a focus on mental health promotion activities, will help to articulate the role of local communities, and encourage a ‘whole of community’ response to mental health and wellbeing.

Policy makers also have a key role in promoting and protecting the rights of people with mental health conditions, and their carers, supporters and advocates. While the role of government is integrated throughout the Statement, it is essential that policy makers, working across the spectrum of portfolios that impact on mental health and support recovery (including employment, commerce, economics, education, housing, city planning, social welfare and criminal justice),^{xiii} are aware of their rights and responsibilities in relation to mental health. Ensuring that employment and return-to-work policies implement the Rights and Responsibilities Statement may also help to address the discrimination experienced by people with mental health conditions and their carers in the workforce. The revision and implementation of the Statement provides an opportunity to engage in a whole of Government response to mental health, and to positively influence the population’s mental health. Clearly outlining the rights and responsibilities of human service agencies may help to ensure that mental health is considered and integrated into all relevant public policies.

Recommendations

4. Increase the specific rights and responsibilities of communities in the Revised Statement, to include a focus on the mental health promotion activities, individual and community resilience, and understanding, management and recovery of mental health conditions.
5. Increase the rights and responsibilities of policy makers in the Revised Statement, with a focus on implementing a whole of Government approach to mental health care (for example, supporting the implementation of the Statement through employment and return-to-work policies).

Question 6: Are there critical omissions from the *Revised Mental Health Statement of Rights and Responsibilities*?

The *Revised Mental Health Statement of Rights and Responsibilities* will support people with depression and anxiety to receive appropriate, timely and effective mental health care and support. However, the Statement could be strengthened by considering the following issues.

Part I: Inherent Dignity and Equal Protection

Applying a human rights framework, and the principles of equality and non-discrimination, are essential for promoting and supporting mental health and wellbeing. As people with mental health conditions experience high levels of **stigma** associated with their condition, this should be incorporated throughout the Statement. Part I should also be extended to recognise that, in addition to culturally and linguistically diverse (CALD) communities, both **Aboriginal and Torres Strait Islander communities**, and **gay, lesbian, bisexual, transgender and intersex populations (GLBTI)**, have the right to access sensitive and culturally appropriate services.

The need to incorporate the special needs of vulnerable populations such as CALD communities, Aboriginal and Torres Strait Islander communities, and gay, lesbian, bisexual, transgender and intersex populations, is based on research demonstrating that:

- People from **CALD communities** may experience significant levels of psychological distress, particularly related to war and conflict, and the disruption of being separated from family and friends.^{xiv} Approximately 25 per cent of refugees have been physically tortured or have experienced severe psychological violation prior to arriving in Australia.^{xv} The resettlement process may also impact on mental health and wellbeing,^{xvi} and current programs and services for CALD communities pose significant barriers to seeking help for mental health services.
- **Aboriginal and Torres Strait Islander people** experience significant levels of psychological distress - nearly one-third of Aboriginal and Torres Strait Islander adults report high / very high levels of psychological distress, which is more than twice the rate for non-Indigenous Australians.^{xvii} The determinants of poor mental health in Indigenous communities include a complex interplay of social, cultural, historical, economic and environmental factors, and it is well recognised that existing services and approaches have not been successful in improving mental health.^{xviii}
- **GLBTI populations** face discrimination including verbal and physical abuse, which places these people at a higher risk for poorer mental health than heterosexual people. A number of studies have found that GLBTI populations are at increased risks of developing depression and anxiety, substance use disorders or self harm and thoughts of suicide, and this is strongly related to abuse and discrimination.^{xix, xx, xxi} Research also suggests that satisfaction with health services may be lower among GLBTI populations than among their heterosexual peers.^{xxii,xxiii}

Recommendations

6. Amend Item 1 to recognise that all people are “...entitled to the equal protection of their human rights and fundamental freedoms without stigma or discrimination of any kind.”

7. Amend Item 3 to recognise that Aboriginal and Torres Strait Islander communities and gay, lesbian, bisexual, transgender and intersex populations, have the right to access responsive and culturally appropriate services.

Part II: Non-Discrimination and Social Inclusion

Recognising the importance and right of non-discrimination and social inclusion is a fundamental component of the Statement. As suggested by a blueVoices member:

“Individuals with any sort of mental health/illness are just the same as anyone else. They don’t want to be like that but they are because of the illness and should be treated with respect.” Consumer

Considering social, economic and cultural background and gender identity is an important component of providing responsive and appropriate care, as identified in Item 6 of the Statement. However, the Statement could be strengthened by recognising the impact of discrimination and prejudice concerning sexual orientation, sex or gender identity, and considering these factors in the provision of social support, health and mental health services.

Recommendation

8. Amend Item 6(i) to read *“have their social, economic and cultural background, including the impact of discrimination and prejudice concerning sexual orientation, sex or gender identity, taken into consideration in the provision of social support, health and mental health services.”*

Part III: The Promotion of Mental Health and the Prevention of Mental Illnesses

Recognising the need for mental health promotion and prevention programs, as part of a comprehensive public health response to mental health, is essential. Part III of the Statement could be strengthened by:

- Recognising the importance of building and supporting **resilience** at both an individual and community level.
- Including a focus on **mental health promotion and prevention policies**, as well as programs. To improve mental health and wellbeing it is vital that mental health promotion and prevention is integrated into relevant Government policies, which may impact on mental health. This would recognise the social determinants of mental health, and the need for a multisectoral approach.
- Extending the scope of **settings** that are responsible for implementing mental health promotion and prevention programs to early childhood, tertiary education, health care and aged care providers and settings.
- Including the experience of **stigma and discrimination** as a factor that contributes to an individuals’ risk of developing mental health problems, and not accessing services and care.
- Recognising that all people have the right to access social support, health and mental health services delivered in respectful manner that recognises and affirms an individuals’ **sexual orientation, sex or gender**.

- Recognising that **workplaces** may be the first point of contact for individuals with mental health problems and/or mental illnesses, and employers and employees should be supported to respond appropriately, and provide referrals.
- Recognising that **families** are often the first point of contact for individuals with mental health problems and/or mental illnesses. Families need to be supported to identify and respond to mental health problems, link individuals into treatment and professional care, provide informal support, and participate in ongoing care and decision making. Research suggests that there are high levels of stigma associated with depression and anxiety in families, which may impact on seeking help for these conditions.^{xxiv} Education and awareness campaigns are needed to increase the understanding of mental health problems within the family environment, and reduce the associated stigma and discrimination.
- Supporting primary health care services to, not only recognise and respond to mental health problems, but also deliver **best practice care**.

Recommendations

9. Extend the scope of Part III to include a focus on individual and community resilience, as a component of mental health promotion and prevention programs.
10. Amend Items 8 – 11 to include mental health promotion and prevention policies.
11. Amend Item 11 to include early childhood, tertiary education, health care and aged care providers and settings.
12. Amend Item 11(d) to include stigma and discrimination as a factor that contributes to mental health problems.
13. Amend Item 12 (g) to be “sex and non binary gender”.
14. Amend Item 12 to add point (k) “sexual orientation”.
15. Amend Item 13 to include workplaces as a first point of contact for people with mental health problems and/or mental illnesses, that should be supported to respond appropriately and provide referrals on a non-discriminatory basis.
16. Amend Item 13 to recognise that families are often the first point of contact for people with mental health problems and/or mental illnesses, and families need to be supported to provide care in a non-stigmatising manner.
17. Amend Item 14 to include the provision of Government assistance to primary care services to implement best practice care.

Part IV: The Rights and Responsibilities of Individuals Seeking Care, Support, Treatment, Recovery and Rehabilitation

Acknowledging that people with mental health conditions have the right to high quality and appropriate treatment, and options for care, as outlined in the Statement, is essential. Feedback from a blueVoices member supports the importance of these rights being fundamental to the treatment of mental health conditions:

“Individuals with mental health problems should be told of all the different options that are available to them. If you have different treatments, they should be able to say yes or no after that and have an input to the treatment...” Consumer

The inclusion of additional rights for children and young people (Items 25 – 32) recognises the special considerations that should be made in the provision of mental health services to young people. This is consistent with the *beyondblue*-developed *Clinical Practice Guidelines: Depression in Adolescents and Young Adults*. It is essential that young people receive age-appropriate and effective treatment, which considers developmental issues, quality of life, functioning and ability to provide consent. Treatment and care plans should also be developed by health professionals with expertise in child development and child / adolescent psychiatry.

Part IV of the Statement should be extended to ensure that people with mental health conditions have the right to receive **evidence based, best practice care**. This will help to ensure that the most effective treatment options are provided, and the impact and disability associated with mental illness is reduced.

People with mental health conditions should also have the right to receive **accessible and affordable** treatment, that is **coordinated with physical care**, and recognises the **factors which contribute to an individual's mental health**. The right of people with mental health conditions to **participate in the workplace** to the fullest extent possible, without discrimination, stigma or exclusion, should also be included in Part IV of the Statement.

Recommendations

18. Amend Item 15 to include the right for individuals with mental health problems and/or mental illnesses to access evidence based, best practice care.
19. Amend Item 19 to include the right to receive accessible and affordable treatment.
20. Amend Item 19 (g) to read *“have their social, economical, cultural and geographical background, age, gender, sex, and the impact of discrimination and prejudice concerning sexual orientation, sex or gender identity, taken into consideration in the provision of social support, health and mental health services.”*
21. Amend Item 19 (m) to include coordinated care between mental health services, alcohol and drug use services, and physical health care services.
22. Amend Item 19 (r) to include the right to participate in the community and workplace to the fullest extent possible, without discrimination, stigma or exclusion.

Part VIII: Rights and Responsibilities of Carers, Supporters and Advocates

Carers, supporters and advocates play a vital role in supporting individuals with mental health conditions. Carers, like consumers, may experience significant levels of stigma and discrimination associated with their role in caring for someone with a mental illness.^{xxv}

Carers may also be restricted in their opportunities to participate in the workplace and community, due to their caring responsibilities.^{xxvi} The Statement should therefore be updated to include the right of carers, supporters and advocates to **participate in the community and workplace** to the fullest extent possible **without discrimination, stigma or exclusion**. The Statement should also recognise a carer's right to participate in the development of **social, health and mental health policy and services**.

To ensure that Part VIII is implemented as intended, it is essential that all carers, supporters and advocates are advised of their rights and responsibilities. Comprehensive communication and education strategies are needed to promote these rights to carers.

Recommendations

23. Amend Item 46 to include the right to:

(e) continue to live, work and participate in the community to the fullest extent possible without discrimination, stigma or exclusion.

(f) continue to have opportunities to participate in cultural life, recreation, leisure and sport.

(g) contribute to and participate in the development of social, health and mental health policy and services.

24. Advise all carers, supporters and advocates of their rights and responsibilities.

Part IX: Service Provider Rights and Responsibilities

Identifying the rights and responsibilities of service providers is an important component of ensuring that people with mental health conditions receive appropriate, timely and effective care. Including a service provider's right and responsibility to undertake ongoing training and maintain up-to-date knowledge (Items 52(c) and 53(o)) are particularly important in ensuring that effective and responsive treatment and care is provided. To support an individual's right to receive **evidence based, best practice care** (as suggested in Part IV), the responsibility of service providers to deliver this care should be reflected in the Statement. Delivering **holistic 'whole of person' services, through coordinated and multidisciplinary teams**, is also an essential component of providing effective treatment and care. This should also, therefore, be incorporated into the service provider responsibilities.

In addition to providing effective and appropriate treatment and care, service providers have a responsibility to **treat people with a mental health condition without stigma or discrimination**. Research suggests that people with depression or anxiety and their carers may experience stigma and negative attitudes related to their mental health from health professionals.^{xxvii, xxviii} These stigmatising attitudes may impact on the expectations health professionals convey to consumers and carers, and mental health outcomes.^{xxix, xxx} This was explored in *beyondblue*-commissioned qualitative research exploring the stigma.^{xxx}

"One day I had a suicidal attempt and the doctor treated me like I was dumb."

Consumer

"...health professionals are taught how to wash people, give medications, look for specific illnesses, but when it comes to a patient who's having a panic attack it's 'oh, they're just weird'." Consumer

"I feel like I've had these flings with psychologists! I've had a really bad run with about five terrible psychologists. Two were quite demeaning. I didn't feel like they genuinely cared. I think OCD's one of those things, it's even frustrating for people who understand the illness, because I understand how irrational it is. They're like, 'why don't you just like, not do it?' I have a fear of going to a psychologist because I've had just such bad experiences." Consumer

Research has also identified that people who are same or both sex attracted, trans or intersex, sometimes face discrimination when receiving services,^{xxxii} and this discrimination may negatively compound an individuals' mental health outcomes. A Guide developed by the Victorian Departments of Health and Human Services, *Well Proud*, suggests that “*GLBTI inclusive practice should be regarded as part of the broader cultural competence required of health services*”.^{xxxiii} Increasing the knowledge and skills of service providers to deliver inclusive and responsive services may decrease the discrimination experienced by GLBTI populations.

Recommendations

25. Amend Item 53 (a) to include the provision of evidence-based, best practice care.
26. Amend Item 53 to include the provision of holistic ‘whole of person’ care, through coordinated and multidisciplinary care teams.
27. Amend Item 53 to include the responsibility of service providers to deliver care and support without stigma or discrimination of any kind.

Part X: Community Rights and Responsibilities

Local communities have an essential role in supporting individuals with mental health conditions. Further defining their rights and responsibilities may be an important component of implementing a ‘whole of community’ response to mental health, as indicated in feedback from a blueVoices member:

“The Government should be supplying information out to communities about support, care, treatment, recovery and rehabilitation. I believe the community should be more involved and care for its community.” Consumer

Communities should have a responsibility to **understand mental health problems and mental illnesses**. Increasing understanding is a fundamental component of reducing the stigma and discrimination associated with mental health conditions, and empowering people to seek help. Local communities should also support the **management and recovery of mental health conditions**, and fostering individual and community **resilience**. Incorporating these principles into the Statement may help to strengthen the role of local communities in promoting mental health, and reduce the impact and disability associated with mental health conditions.

Recommendations

28. Amend Item 56 to include local communities having the responsibility to:
 - (c) understand mental health problems and illnesses and their impact on individuals, families, carers, workplaces and the community.
 - (d) treat people with mental health problems and/or mental illnesses, and their carers, without stigma or discrimination of any kind.
 - (e) support the management and recovery of mental health problems and/or mental illnesses.
 - (f) support the development of individual and community resilience.

Question 7: In your view, will the *Revised Mental Health Statement of Rights and Responsibilities* be meaningful and useful to individuals with mental health problems and/or mental illnesses, carers, supporters and advocates, service providers, policy makers and the community?

The Revised Statement has the potential to be meaningful and useful to individuals with mental health conditions, carers, supporters and advocates, service providers, policy makers and the community. However, the impact and usefulness of the Statement depends upon how the Statement is promoted, implemented and evaluated. As outlined in response to Question 1, it is essential that alternative versions of the Statement are developed to meet the needs of different audiences. The Statement's implementation strategy should also include a strong focus on up-skilling individuals, service providers, policy makers and the community, on what their rights and responsibilities are, and how these should be applied. It is also important that people with mental health conditions and their carers, supporters and advocates know what action can be taken if their rights are not being upheld.

The roll out of Medicare Locals provides an opportunity to promote and integrate the Statement into the planning and delivery of local mental health services. The tools and planning processes that are used by Medicare Locals to map mental health needs and service requirements could incorporate components of the Statement, to ensure that the rights and responsibilities framework underpins primary mental health care.

Recommendations

29. Develop information for people with mental health conditions, their carers, supporters and advocates, on what action can be taken if their rights are not upheld.
30. Promote the availability and use of the Statement to Medicare Locals.
31. Investigate opportunities to integrate the Statement into the processes and tools being used by Medicare Locals to plan and deliver mental health services.

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- ⁱ Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
- ⁱⁱ Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
- ⁱⁱⁱ Clarke, D.M. & Currie, K.C. (2009). 'Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence'. *MJA Supplement*, 190, S54 - S60.
- ^{iv} Begg, S., et al. (2007). *The burden of disease and injury in Australia 2003*. Canberra: AIHW.
- ^v World Health Organization (2008). *Global Burden of Disease 2004*. Switzerland: World Health Organization
- ^{vi} LaMontagne, AD., Sanderson, K. & Cocker, F. (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression: summary report*. Melbourne: Victorian Health Promotion Foundation (VicHealth).
- ^{vii} Cummins, R.A., et al. (2007). *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. Victoria: Deakin University.
- ^{viii} Australian Government (2009). *National Mental Health and Disability Employment Strategy*. Accessed online 29 April 2011: http://www.workplace.gov.au/NR/rdonlyres/6AA4D8AD-B1A6-4EAD-9FD5-BFFFEBF77BBF/0/NHMDES_paper.pdf
- ^{ix} Friedli, L. (2009). *Mental health, resilience, and inequalities*. Accessed online 21 September 2011: http://www.euro.who.int/__data/assets/pdf_file/0012/100821/E92227.pdf
- ^x Townsend M & Weerasuriya R. (2010). *Beyond Blue to Green: The benefits of contact with nature for mental health and well-being*. Melbourne: Beyond Blue Limited.
- ^{xi} Global Consortium for the Advancement of Promotion and Prevention of Mental Health. (2008). *The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders*. Accessed online 29 August 2011: <http://www.vichealth.vic.gov.au/en/Publications/Mental-health-promotion/Melbourne-Charter.aspx>
- ^{xii} Department of Health and Aged Care and Australian Institute of Health and Welfare (1999). *National Health Priority Areas Report: Mental Health 1998*. AIHW Cat. No. PHE 13. HEALTH and AIHW, Canberra.
- ^{xiii} World Health Organisation. (2001). *Mental health policy project: policy and service guidance package executive summary*. Accessed online 21 September 2011: http://www.who.int/mental_health/media/en/47.pdf
- ^{xiv} Australian Institute of Health and Welfare (2008). *Australia's health 2008*. AIHW: Canberra
- ^{xv} Forum of Australian Services for Survivors of Torture and Trauma. (2011). *From the darkness to the light: Australia's Program of Assistance for Survivors of Torture and Trauma*. FASST: Melbourne
- ^{xvi} Australian Institute of Health and Welfare (2008). *Australia's health 2008*. AIHW: Canberra
- ^{xvii} Australian Institute of Health and Welfare (2011). *The health and wellbeing of Australia's Aboriginal and Torres Strait Islander people: an overview*. AIHW: Canberra.
- ^{xviii} Purdie, N., Dugeon, P & Walker R. (eds.). (2010). *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Department of Health and Ageing: Canberra.
- ^{xix} Corboz, J., Dowsett, G., Mitchell, A, Couch, M., Agus, 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*. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.
- ^{xx} 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: Melbourne
- ^{xxi} McNair, R., Hughes, T., and Szalacha, L. (2011). *Mental health and violence amongst young Australian women of diverse sexual orientation*. PowerPoint presentation prepared for *beyondblue* GLBTI Reference Group, January 2011.
- ^{xxii} Avery, A.M., Hellman, R.E. & Sudderth, L.K. (2001). Satisfaction with mental health services among sexual minorities with major mental illness. *American Journal of Public Health*, 91 (6), 990 – 991.
- ^{xxiii} Australian Human Rights Commission (2011). *Addressing sexual orientation and sex and/or gender identity discrimination*. Accessed online 22 September 2011: http://www.hreoc.gov.au/human_rights/lgbti/lgbticonsult/report/SGI_2011.pdf
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- ^{xxiv} Muir, K., Craig, L., Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers: Final Report*. University of New South Wales
- ^{xxv} Muir, K., Craig, L., Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers: Final Report*. University of New South Wales
- ^{xxvi} Cummins, R.A., et al., *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. 2007, Deakin University: Victoria.
- ^{xxvii} Horsfall, J., Clearly, M. & Hunt, G.E. (2010). Stigma in mental health: clients and professionals. *Issues in Mental Health Nursing*, 31, 450 – 455.
- ^{xxviii} Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H. & Henderson, S. (1999). Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. *Australian and New Zealand Journal of Psychiatry*, 33, 77 – 83.
- ^{xxix} Hugo, M. (2001). Mental health professionals' attitudes towards people who have experienced a mental health disorder. *Journal of Psychiatric and Mental Health Nursing*, 8, 419 – 425.
- ^{xxx} Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H. & Henderson, S. (1999). Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. *Australian and New Zealand Journal of Psychiatry*, 33, 77 – 83.
- ^{xxxi} Muir, K., Craig, L., Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers: Final Report*. University of New South Wales
- ^{xxxii} Australian Human Rights Commission (2011). *Addressing sexual orientation and sex and/or gender identity discrimination*. Accessed online 22 September 2011: http://www.hreoc.gov.au/human_rights/lgbti/lgbticonsult/report/SGL_2011.pdf
- ^{xxxiii} Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing (2009). *Well proud: a guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*. Accessed online 22 September 2011: http://www.glhv.org.au/files/well_proud.pdf