

# THE COST OF ADVERSE MENTAL HEALTH OUTCOMES IN THE LGBTIQ+ VICTORIAN ADULT POPULATION

SUMMARY OF FINDINGS MARCH 2022

THORNE HARBOUR HEALTH



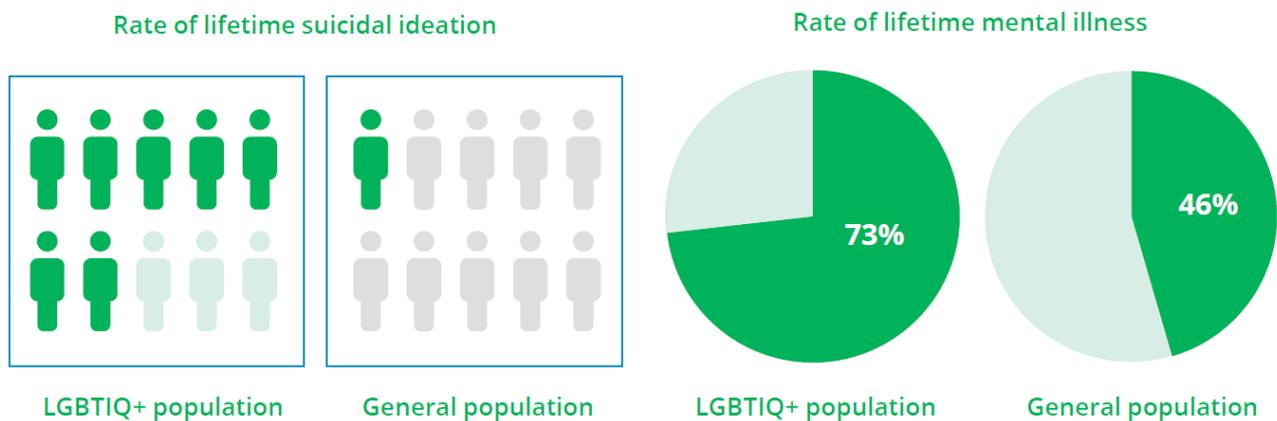
# Overview



Everyone has the right to enjoy the highest attainable standard of health, including mental health. Yet the **371,606** to **517,558**<sup>1</sup> people who make up Victoria's adult LGBTIQ+

population are at significantly higher risk of experiencing poorer mental health outcomes compared to the general population, as shown below.

**Figure I: Rates of mental illness in the LGBTQA+/LGBTIQ+<sup>2</sup> population**



LGBTIQ+ Victorians do not experience these health disparities because of an inherent predisposition to poor mental health due to their sex, sexuality or gender identity. Rather, these outcomes are caused by a complex and unique set of drivers, including:

- Systemic discrimination and marginalisation within society and within the health system
- Individual and collective trauma from past criminalisation and policing of our identities
- The impact of so-called conversion practices
- Isolation from community in regional and rural areas
- Increased drug and alcohol use
- The unique community impacts of suicide
- The intersections of other marginalised identities.

### LGBTIQ+ Victorians

LGBTIQ+ Victorians make up 7.2% to 10.0% of Victoria's population, and are likely growing as a proportion. As society's understanding and acceptance of gender identity and sexual orientation evolves, it is becoming more common for people to openly identify as a member of the community, evidenced by higher rates of identification by younger generations. The community itself is made up of many unique and diverse individuals, and the term itself comprises different sub-communities. This report has analysed mental health outcomes in aggregate across the LGBTIQ+ community, owing to several key data and methodological limitations. This is not intended to diminish or minimise the experiences, needs, individual impacts or diversity across any of these sub-communities.

**Figure II: Prevalence of mental illness in the LGBTIQ+ population in Victoria - lower (left) and upper (right) bound.**

371,606	People in the LGBTIQ+ population in Victoria	517,558
105,751	People in the LGBTIQ+ population with anxiety	147,285
118,900	People in the LGBTIQ+ population with depression	165,599
1,660	People in the LGBTIQ+ population attempted suicide	2,312
83	People in the LGBTIQ+ population died by suicide	116
581	People bereaving a death by suicide in the LGBTIQ+ community	809



### The cost of adverse mental health outcomes

Deloitte completed a cost of illness study analysing adverse mental health outcomes among LGBTIQ+ Victorians, namely anxiety, depression, suicides, suicide bereavement and suicide attempts. The ripple effects of these mental illnesses are observable across a vast array of networks, impacting the individual, their family, friends and colleagues, as well as staff involved in providing incident response services, medical care or bereavement services.

This study estimates that the economic and financial cost<sup>3</sup> of these conditions in Victoria in 2019 was **\$2.2 to \$3.0 billion**. The intangible costs<sup>4</sup> amounted to **\$16.8 to**

**\$23.4 billion**. There are significant costs across society – employers bore losses of **\$0.8 to \$1.1 billion** because of loss of productivity, and the State and Federal Government bore financial and economic burdens ranging between **\$0.8 to \$1.0 billion**. This is largely due to lost productivity leading to substantial reduction in future income streams and associated taxation revenues. However, **LGBTIQ+ Victorians bear the greatest costs of these poorer health outcomes - \$16.8 to \$23.4 billion** – due to loss of wellbeing and years of life lost. That’s 88 per cent of the total cost.

Figure III: Costs of adverse mental health outcomes in the LGBTIQ+ population

Total costs		
Economic and financial cost <b>\$2.2 to \$3.0 billion</b>	Intangible cost <b>\$16.8 to \$23.4 billion</b>	
Costs by condition		
Anxiety	Depression	Suicides
\$0.9 - \$1.3 bn total	\$1.0 - \$1.5 bn total	\$27.0 - \$37.5 m total
\$5.5 - \$7.6 bn total	\$10.9 - \$15.2 bn total	\$359.4 - \$500.5 m total
Attempted suicides		Suicide bereavement
\$249.5 - \$260.7 m total		\$6.5 - \$9.0 m total
\$18.7 - \$26.0 m total		\$6.9 - \$9.6 m total

### So what does this all mean?

First, this isn't the total cost of poor mental health outcomes among LGBTIQ+ Victorians. This research only counts the cost of high prevalence disorders anxiety and depression, as well as suicide, suicide attempts and suicide bereavement. Further research and better data collection across the health system is needed to quantify the costs of other mental health issues, particularly low prevalence disorders, and problematic alcohol and other drug use.

We need to recognise that there are unique drivers for poorer mental health outcomes for LGBTIQ+ people that require targeted responses. Many of these unique drivers are societal and are based in values and norms that do damage from a very young age. We must invest in LGBTIQ+ specific mental health services, that are operated

by our community's organisations, that are culturally appropriate and attuned to the diversity of needs across our communities. We also need to improve LGBTIQ+ inclusivity at mainstream services, and we need to stop expecting LGBTIQ+ people to attend services affiliated with organisations that have encouraged discrimination against our community.

This study highlights the significant costs of poorer mental health experienced by LGBTIQ+ Victorians, and the complex, systemic drivers underlying this. In doing so, it demonstrates the need for a mental health system which meets the specific needs of LGBTIQ+ Victorians, as well as one that seeks to support early intervention in order to reduce the impact of poor mental health within LGBTIQ+ communities.

### References

1. The estimated total Victorian adult (18+) population in 2019 was estimated to be 5.18 million.
2. Note that the research uses different definitions of the cohort.
3. Financial costs are actual costs incurred, while economic costs include opportunity cost involved in performing an activity relative to another.
4. Intangible costs include costs such as loss of wellbeing and years of life lost.



We would welcome the chance to meet with you to discuss how we can work together to improve the health and wellbeing of LGBTIQ+ Victorians.

**Contact: James Hamlet, Senior Policy Analyst,  
Ph: 0439 799 214 e: [james.hamlet@thorneharbour.org](mailto:james.hamlet@thorneharbour.org)**

[thorneharbour.org](http://thorneharbour.org)

