**Transcript**

***Liam Leonard – Gay and lesbian health***

The research that we’re involved in doesn’t fit neatly into a sort of research hypothesis framework. One of the big projects we’re doing at the moment is a national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians. And, rather than research hypothesis that’s meant to look at sort of a snapshot of GLBT Australian’s lives at the moment. So we ask a series of questions around their mental health, their physical health, their degree of connectedness to the gay and lesbian community and to the mainstream community, questions around the effects of recent legislative reforms on their lives. So, there isn’t a real hypothesis as such. We just try to get a sense of the everyday lives really of GLBT people with a focus, I have to say, on their health but with a whole set of other things woven in.

Frome this piece of research, it’s the second that’s been done. We did a first Private Lives survey in 2006. It was the first of its kind, I think ever done anywhere in the world on this population at a national level and the major outcomes for that sort of research is interventions in government policy. So we can go to government and say “Here’s the data showing this group are at risk of mental health or are at risk of poor health care delivery sometimes due to discrimination of service providers.” So, the outcome to the research particularly in 2006 we are just getting into the ear of policy makers at national and federal levels saying “You need to develop policies to address the healthcare needs of this particular group”. Things have shifted a lot between 2006 and 2012 so some of this is looking at much more targeted initiatives, so for instance we expect to get a lot of data around the mental health of GLBT people, and so we are hoping we can make interventions at again State and Federal levels saying you need to include GLBT people in anti-suicide prevention, in a whole lot of initiatives around improving the quality of care for this group because we know a lot of healthcare providers just don’t really aren’t really comfortable with clients who are out as GLBT people. We also hope that the research gets used by people on the ground, local government agencies who might say “Well, we have a series of policies that recognise aboriginality, ethnicity, religious diversity at our local council. Where are the initiatives that are targeting GLBT people? Or lesbian mothers?” So we hope this research really gets translated into practice at a whole series of levels from the most senior levels of government right down to local government agencies.

In one sense this sort of research we hope has been the gradual wearing away of homophobia and transphobia. And that’s true of a lot of the research that gets done here at ARCSHS and at Gay & Lesbian Health Victoria which is where I sit within ARCSHS. We’ve been working in this area for about 10 years and 10 years ago you couldn’t get senior politicians to say the words gay, lesbian, bisexual or transgender and only last, at the end of last year at a Beyond Blue conference we had Jeff Kennett talking about gay, lesbian, bisexual people. They funded, I have to say, part of the Private Lives 2 data I was talking about. So, I think at one level this sort of research actually is part of the system for breaking down discrimination and prejudice against this group which has a direct impact on their health outcomes. At a much more targeted level the research has really intervened and got up some government funded programs, has changed some of the major policies so that at least at a state level which I can talk about over the last 10 years GLBT people are starting to appear in youth policy, mental health policy in the same way other groups just appear automatically such as Aboriginal Australians or religious groups, or ethnic diversity. So we’ve made, that research has really had a major impact on policy and once you do that people can start saying “Well, you’ve included this group in a policy on mental health. What’s the program that you’re attaching to it?” So I think we’ve also had a real effect on getting money into real programs that are addressing the needs of GLBT people.