

Name rainbow communities

a submission to the Mental Health and Wellbeing Commission Bill

11 December 2019

Thank you for the opportunity to comment on this Bill. This submission is made by OUTLine, on behalf of a range of organisations, groups, community leaders, researchers and individuals who work to support the wellbeing and mental health of rainbow¹ people and communities in New Zealand.

OUTLine is a national service that helps rainbow New Zealanders access support, information and a sense of community. We've been operating since 1972, and provide a free peer support phone line, a transgender peer support service for trans and non-binary people in Auckland, and specialist face-to-face and Skype counselling exploring gender and sexuality for rainbow people across Aotearoa.

The people and organisations supporting this submission share a commitment to work towards an Aotearoa where rainbow people have a sense of belonging and inclusion, experience wellbeing and positive mental health at the same rates as the whole population, and can access safe and appropriate support when they experience mental distress or addiction. Our names and organisations are listed at the end of this document.

We would like to appear before the Select Committee to support this submission.

We support the intention of the Mental Health and Wellbeing Commission Bill

We support the intention of the Mental Health and Wellbeing Commission Bill to establish a new Crown entity that will strengthen Aotearoa's national response to mental health and wellbeing.

Mental distress, addiction and suicidality are particular concerns for rainbow communities. These issues disproportionately affect us as rainbow people², as a result of specific forms of discrimination and exclusion that we face³. Our community organisations and leaders have been active in naming and advocating for rainbow mental health for many years⁴.

We welcome this Bill's intention to prioritise New Zealanders' mental health and wellbeing by creating a new structure, with specific roles and resourcing, that will increase the government's capacity to promote wellbeing for everyone and support people going through mental distress.

We support the proposed Commission's broad view of mental health, taking into account prevention as well as treatment (for example in subclauses 8(2)(a)(ii) and 11(1)(b)). The high rates of mental distress, addiction and suicidality we see in our communities are not a result of anything harmful or pathological about rainbow identities, but are driven by our experiences of discrimination and exclusion. To uplift our mental health, it is essential that we focus on prevention – wellbeing, social inclusion and affirming rainbow identities - rather than solely on treating people once they have been hurt.

We appreciate that the Bill's definition of support people (for example in subclause 13(1)(f)) is not limited to an individual's natal family and whānau. This appropriately recognises the wider 'chosen' family structures and friend groups that many in our communities live within.

We support the Bill's specific focus on Māori (for example in subclause 11(2)), and its requirement for the Commission to seek views from populations that have disproportionately poorer mental health and wellbeing (in clause 13).

We have one recommendation: name rainbow communities

This submission makes one recommendation – **the addition of the words “rainbow people” in subclause 13(1).**

That is, we ask that in performing its functions and exercising its powers under this Act, the Commission be required to **specifically establish mechanisms to seek the views of rainbow communities**, alongside Māori, Pacific and disabled people, children and young people, people with lived experience and those who have supported loved ones through distress or addiction.

In making this recommendation, we recognise that many people in our communities are also part of one or more of the other groups named in this subclause. However, we consider it is essential that the Commission specifically seek rainbow views, so that it can understand the specific drivers of rainbow distress, our communities’ specific support needs, the specific barriers we face to accessing support services, and the nature of our communities’ peer-led support structures which are different to those of other population groups.

We make this recommendation noting that:

1. It is not clear why rainbow communities are not named

Last year’s Mental Health and Addictions Inquiry included rainbow communities in its Terms of Reference⁵. Its report, *He Ara Oranga*⁶, described some of the particular challenges that rainbow communities face, and included us in its discussion on health equity. Since its publication, our community organisations and leaders have heard assurances from the Ministry of Health that rainbow communities are recognised as a priority population.

It seems clear that this Bill included an intention to prioritise rainbow communities in the same ways that it prioritises other key populations.

The Impact Statement and Disclosure Statement supporting the Bill both name rainbow communities alongside other priority populations⁷. The Bill’s explanatory note describes the Commission’s purpose as including “improving equity for Māori, Pacific peoples, disabled people, rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes”.

In the First Reading of the Bill in Parliament, five MPs from four political parties specifically noted their support of the Bill’s purpose to promote equity for rainbow communities, among other priority populations⁸. Their comments reflect an expectation that rainbow communities were already explicitly named in the Bill.

However, the text of the Bill itself does not include rainbow communities. While its explanatory note names “Māori, Pacific peoples, disabled people, rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes”, the Bill itself (in clause 13) only names Māori, Pacific peoples, disabled people and other groups of people who have disproportionately poorer mental health and wellbeing, as well as people with lived experience of distress or addiction, support people, and children and young people.

2. Rainbow communities will not be effectively heard among “other groups”

The Bill does not exclude the Commission from hearing rainbow voices. As a population that clearly “experiences poorer mental health and wellbeing outcomes”, the Commission could choose to specifically engage with rainbow communities.

However, without naming rainbow communities, there is no assurance that rainbow mental health would be specifically considered. Engagement would be an operational decision for the Commission, rather than a policy requirement.

In practical terms, this would mean it is unlikely that resourcing would be given to a rainbow advisory group or other engagement mechanisms. Commissioners and staff would be unlikely to be appointed for their expertise and relationships with rainbow communities. Issues specific to rainbow wellbeing, distress, support systems and challenges would be unlikely to be considered.

3. Rainbow communities have specific experiences and needs in relation to mental health

Many of us contributed to a submission⁹ to last year’s Mental Health and Addictions Inquiry that described the specific challenges that rainbow people face with navigating discrimination and exclusion, maintaining positive mental health and finding adequate support through mental distress.

Rainbow people in Aotearoa face specific drivers of distress, including:

- shame, internalised stigma and a sense of failing to meet social norms¹⁰
- exposure to physical violence, verbal abuse and bullying¹¹ including school-based victimisation and harassment^{12,13}
- higher rates of sexual assault and coercion^{14,15}
- judgement, alienation and social rejection, including not being accepted or validated¹⁶
- isolation from families¹⁷, whānau¹⁸ or communities
- explicit discrimination in community, religious, education and work settings, as well as unintended discrimination through normative assumptions that everyone is heterosexual, cisgender and not intersex
- heterosexist, gender-normative or bodily-normative discrimination – built-in assumptions in society and in law that favour heteronormative people and marginalise diversity
- secrecy and shame associated with intersex status, body diversity, and the medical procedures that have been, and often still are, used to force conformity on people born with intersex variations^{19,20}
- lack of access to gender-affirming health and social services²¹ including the support needed to navigate limited existing services^{22,23}, due to policies, funding and limited practitioner understanding^{24,25}
- delayed, unsafe or inadequate access to healthcare^{26,27} and mental health support^{28,29,30}
- shame and dual stigma associated with accessing mental health care, where there has been a history of pathologising rainbow identities which sometimes persists³¹.

Our Inquiry submission described how rainbow people face barriers to accessing supportive mental health and addictions services. Support services may offer unhelpful or unsafe environments and therapies due to inadequate staff training, inappropriate policy settings, exclusionary environments or lack of availability of appropriate referral pathways.

The submission also described the specific action needed to address our population's drivers of distress, and to create a more supportive mental health care system. These include:

- naming the rainbow population as a priority in all national and regional mental health and addictions policies
- engaging and resourcing rainbow leadership to develop a national mental health strategy
- national initiatives and supports to increase social acceptance and belonging, including initiatives to ensure safe and inclusive school environments
- resourcing rainbow organisations to provide peer support and affirming social environments
- enabling mental health and addiction supports to be safe, effective and culturally appropriate, including through training and ongoing professional development for providers of mental health and addictions support, and wider support for systems change
- nationally consistent and adequate access to gender-affirming healthcare and social supports for transgender and non-binary people
- reshaping intersex healthcare to address human rights concerns³² and provide appropriate care for intersex people and their whānau^{33, 34}
- progressing legislative and policy priorities to give expression to rainbow human rights
- an ongoing commitment to research and learning, by and with rainbow communities

Many of the issues that contribute to rainbow distress, and many of the actions that will address these issues, are specific to rainbow communities. In order to address these, the Commission will need mandate to prioritise rainbow issues, and support to access appropriate expertise.

Many rainbow people experience intersecting and multi-layered minority stress related to other aspects of their identity³⁵. For example, Takatāpui may experience minority stress related to being Māori, as well as related to their sexuality, sex or gender³⁶; additionally they may experience exclusion from rainbow communities due to racism, and exclusion from whānau and te ao Māori because of rainbow-negative discrimination. Similarly, disabled rainbow people may experience discrimination related to their disability as well as their rainbow identity. These intersectional issues will be addressed more effectively if the Commission is able to understand drivers for each specific population group, as well as to listen effectively to people who experience more than one form of marginalisation.

4. If we're not named, we won't have a seat at the table

If rainbow communities are not specifically named in the legislation, it is not a fair assumption that our needs will naturally be considered by the new Commission.

Our collective experience leads us to reflect that the lack of rainbow recognition in national mental health policies over the last decade has meant that there have been no centrally-funded rainbow mental health initiatives, no meaningful engagement between District Health Boards and rainbow mental health expertise, and slow progress on addressing the drivers of poor rainbow mental wellbeing. Every recent national engagement between rainbow communities, key decision makers, the Ministry of Health and the Mental Health and Addictions Inquiry has been community-driven. Rainbow community leaders have often done this work in voluntary roles, or as voluntary projects outside of their regular work.

It is past time for rainbow mental health to be recognised as a critical health equity issue that needs specific national attention. Naming us in this Bill is an essential step towards recognition.

This submission is made by:

- **OUTLine**
- **Tiwhanawhana Trust**
- **Intersex Trust of Aotearoa New Zealand**
- **RainbowYOUTH**
- **Gender Minorities Aotearoa**
- **Love Life Fono Trust**
- **InsideOUT**
- **OuterSpaces Charitable Trust**
- **Tranzform**
- **School's Out**
- **Waikato Queer Youth**
- **Qtopia**
- **Q-Youth**
- **The Professional Association for Transgender Health Aotearoa (PATHA)**
- **NZ Trans Guys**
- **Genderbridge NZ**
- **Transgender Social Group - Waikato, BOP**
- **Queer Housing NZ**
- **The Gender Centre Wellington**
- **Aunty Dana's Transgender Op Shop**
- **Wellington Transgender Legal Clinic**
- **The Charlotte Museum Trust**
- **Rainbow Path Aotearoa New Zealand** (peer support for Rainbow refugees and asylum seekers)
- **Agender New Zealand**
- **LGBT Timaru community**
- **CHROMA: The LGBTQI+ Initiative For Southland**
- **Asexuals New Zealand**
- **Rainbow Rendezvous**
- **Wellington Bisexual Women's Group**
- **Manawatu Lesbian & Gay Rights Assn Inc**
- **QSA University of Canterbury**
- **New Zealand Parents and Caregivers of Transgender and Gender Diverse Children**
- **Te Ngākau Kahukura**
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- **Auckland Pride Festival Inc**
- **Rainbow Wellington**
- **Cross Agency Rainbow Network**
- **Rainbow New Zealand Charitable Trust**
- **Rainbow Methodists**
- **Diverse Church NZ**
- **Silver Rainbow**
- **Rainbow Law**
- **MidCentral DHB Rainbow Forum**
- **Women's Health Action Trust**
- **New Zealand AIDS Foundation**
- **Emerge Aotearoa**
- **Changing Minds**
- **Balance Aotearoa**
- **Mental Health Foundation**
- **Kāhui Tū Kaha**
- **The Adolescent Health Research Group (AHRG)**
- **Ara Taiohi**
- **Youthline**
- **Tautua Village, Gisborne**
- **Anamata CAFÉ**
- **Cromwell Youth Trust**
- **PPTA Rainbow Taskforce**
- **Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) Taiwi Caucus**
- **Hohou Te Rongo Kahukura - Outing Violence**
- **Sexual Abuse Prevention Network**
- **Wellington Rape Crisis**
- **Pride Pledge**
- **Winter Pride**
- **NZ Rainbow Excellence Awards**
- **Rainbow Tick**
- **Art & Design Queer Reading Group**
- **Taurima Vibes Ltd**
- **Silent Gays**
- **Gay Republic**
- **Proud Campaign Philippines**
- **Out@PSA**
- **Out at Work (New Zealand Council of Trade Unions)**
- **Fletcher Building Pride Action Group**
- **QPK Counselling Ltd**
- **Napier Family Centre**
- **The Period Place**

- **Educational Assessment Services**
 - **Governance Strategies Ltd**
 - **Connect and Care**
 - **Consider it Done. Sarah Noble Celebrant**
 - **Your Big Day**
 - **New Zealand Writers Guild Inc.**
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 - **Neill Ballantyne**
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- **Eventfinda**
 - **Zone Realty Limited**
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 - **Lily Holloway**
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 - **Chris Pringuer**
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- **Aimee Clunie**
- **Kelly Geater**
- **Judith Waaka**
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- **Dee Morgan** (Owner, QPK Counselling Ltd)
- **Karleigh-Jayne Jones** (Disability Rights Advocate)
- **Jennifer Shields** (Advocate)
- **Hannah Lee**
- **Akriti**
- **Georgia Andrews**
- **Christopher Enblom**
- **Kristen Paterson** (Station Manager, Wellington Access Radio)
- **Luna Lee**
- **Greg Morgan**
- **Toni Duder**
- **Paula Beckham**
- **Michelle Taylor**
- **Chris Herbert**
- **Bruce Kidd**
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- **Eli Ford** (GSA Member)
- **Ashden Ellis**
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- **Sonny Barker**
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- **Sue Barriball**
- **Brodie Fraser**
- **Megan Armitage** (PSW, Mind and Body)
- **Laura Black**
- **Rebecca** (Wellbeing Counsellor)
- **Philippa Martin**
- **Poppy** (Union, queer, actor)
- **Steve van Kampen**
- **Therese Monteath-Car**
- **John MacDonald**
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- **Mary Ellen**
- **Chris Taua**
- **Mel Haarer** (Director, Connect and Care)
- **Delana Saro** (Youth Leader)
- **Daniel Green**
- **Kristy Kahu**
- **Rupert Pirie-Hunter**
- **Kate Collyns**
- **Kath Curran**
- **Sheryl Smith**
- **Etienne Raubenheimer**
- **Clive Grayson**
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- **Mark McGoram**
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- **Dylan Henderson**
- **Chelsea Thomson** (Creator/admin, Asexuals New Zealand)
- **Kate Power** (Volunteer, Gender Minorities Aotearoa)
- **Rhys Smith** (Manager & Lead Youth Worker, Cromwell Youth Trust)
- **Michael Sukolski**
- **Carina**
- **Logan Crawford**
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- **Jesús Alfredo Santini Brito** (Committee Member, CHROMA)
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- **Andrew Hey**
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- **Natasha Pillai**
- **Fen Holst**
- **Sophie Gwyn Heslop**
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- **Claire Deacon**

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- **Andrea Trueman**
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- **Sarah Weakley**
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- **Karyn Quin-Smith** (Rākau Roroa)
- **Abbi Pritchard Jones** (Group Facilitator, Genderbridge NZ)
- **Tania Blomfield** (Therapist, Choose 2 Change)
- **Kari Wilson-Allan**
- **Ian Curry**
- **Dr Ian Cranstoun** (did DSW in gay intimate violence)
- **Kera Gifkins** (Youthworks)
- **Johnathan Kilmartin**
- **SG Rowley**
- **Taryn Helsing**
- **Catherine Woods**
- **Erin Fae**
- **Anita Ireland**
- **Dr Rachel Johnson** (Paediatrician/ youth health specialist)
- **Dawn Muir**
- **Margaret S Pollock**
- **Maryann Pohatu** (Kuia)
- **Roberta Clunie**
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- **Sol Marco Duncan** (Facilitator, Tranzform)
- **Melanie Calvesbert**
- **Christina Reid**
- **Kimmel Manning**
- **Shania** (Ally)
- **Wendy Russell**
- **Courtney Stove**
- **Pagan**
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- **Chris Gordon**
- **Susan Mitchell**
- **Jess Ducey**
- **Valerie Love**
- **Phil Constable**
- **Oliver Wilson**
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- **Andy Vause**
- **Iona Wassilieff**
- **Georgia Smith**
- **Taimi Allan** (CEO, Changing Minds Trust; Deputy Chair, Suicide Mortality Review Committee)
- **Alex Ker** (InsideOUT)
- **Luis de Sousa**
- **Colin Bloomfield**
- **Aurelia**
- **Frances Holland**
- **Aravinda Guntupalli**
- **Cheyenne Scott**
- **Danielle Terrizzi**
- **Marcelyn Isobel Yerbury** (Group leader, Timaru LGBT community)
- **Sophie Shrimpton** (Co-President of Rainbow Law)
- **Donnelle Reynolds** (mother of transgender child)
- **Melissa** (Asexuals New Zealand)
- **Brya Payne**
- **Jania Galletly**
- **Lorna Ryland**
- **Lydia Whyte**
- **Josh Fox**
- **L Rice**
- **Sarah Noble**
- **Shona**

- **Charlotte**
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- **Penny Hobden**
- **Esther Price**
- **Novia Ng**
- **Caroline Syddall**
- **Emily Parker**
- **Nic Boatman**
- **Caleb Gordon** (Co-Convenor, Out at Work (New Zealand Council of Trade Unions))
- **Nathan Bramwell** (Youth Services Manager, Waikato Queer Youth)
- **Nicholas Smith**
- **Arthur Daniel** (Organiser, Out@PSA)
- **Lenette Breytenbach**
- **Max Gilbert**
- **Sidney Wong**
- **Cruz Johnson**
- **Donelle**
- **Ethan Herbert**
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- **Richard Montgomery-Mansfield**
- **Lucas Dempsey**
- **Kate McInnes**
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- **Jax Teller** (Out@PSA)
- **Madeline McZant**
- **Zuni Steer** (Library assistant)
- **Santosh**
- **Garrick**
- **Tyson Kingi**
- **Patrícia Inêz**
- **Hamish Anderson** (National Delegate for Bay of Plenty. Case Manager for Work and Income, Taupo)
- **Mark Dempsey** (Rainbow community)
- **Graham Caine**
- **Cherene Warbrick-Daniel**
- **Julie Rogers** (Rainbow Roopu Emerge Aotearoa)
- **Laurie Turnbull** (Corrections Officer)
- **Anthony Seymour**
- **Cat Susser** (Out@PSA)
- **Jonathan Selu** (Chair, Love Life Fono Trust)
- **Oscar Wrighton Doorne** (Out@PSA)
- **Rose Scott-Billing**
- **Shannon McColley**
- **Rebecca**
- **Elijah Michel** (Counsellor and Chaplain)
- **Melissa** (Chairperson, Young Workers Resource Centre)
- **Lisa Ross**
- **Elizabeth Poucher** (Transgender Woman)
- **Rose Bergamin**
- **Natasha Crane**
- **Rachel Navanua** (Queer person & mental health nurse)
- **Angele Toomey**
- **Cameron Jenkins** (Delegate, First Union; Out@Work Rep, First Union)
- **Jo Anplanalp** (Peer Support Worker)
- **Pieta Gray** (Tautāwhi, University of Canterbury)
- **Olivia Hartstone**
- **Brier D'Arcy**
- **Jim Marjoram** (Founder, Silent Gays)
- **Danni Maclean** (Member, Out@PSA)
- **Jamie**
- **Paul Stevens**
- **Danielle Julian**
- **Shayne Glasgow** (President, Pride of the South, Adelaide)
- **Alice**
- **Joanne Irene Clark**
- **Kari**
- **Nathaniel Sibbles**
- **Miriam Sessa**
- **Ana Iti**
- **Tony Heyward**
- **Katie**
- **Zoe Joblin**

- **Nathan-Caine Sutton**
- **Ryvre Thompson**
- **Spencer Randall**
- **Elisabeth Laird**
- **Christienne**
- **Antony Marston** (Community Mental Health)
- **Telge Peiris**
- **Lucas**
- **Shane Mannell**
- **Igor Amaral Pimentel**
- **Nelle Cameron**
- **Gabriel Edgar Fox Mulder**
- **Clare Fairbrother**
- **Elle Brown**
- **Mary Davidson**
- **Shaun Robinson** (Chief Executive, Mental Health Foundation)
- **Isobel Dumble**
- **Irma Olthoff**
- **Meredith Kennett**
- **Tycho Vandenburg** (Co-chair, RainbowYOUTH; PhD Researcher, University of Auckland; Project Lead, Beyond Four Walls Aotearoa)
- **Peter Gallagher**
- **Brendon Walker**
- **Jess Petty**
- **Joanna Matheson**
- **Kylie Etherton**
- **Racharl Rowe** (Mental health professional)
- **Lisa Austin**
- **Samantha Clemerson**
- **Michelle Smeaton** (Secretary, Tranzaction New Zealand)
- **Louise Hutt**
- **Mary-Ellen Luyten** (Teacher)
- **Dionysius Reid** (HB Representative, Agender NZ)
- **Danika Revell**
- **Nicola Paul**
- **Chargn Simon Paul Keenan**
- **Trish Jane**
- **Myfanwy Eaves**
- **Brita Theewis**
- **Thea Blank**
- **Janis Markie**
- **Deirdre Watson**
- **Nell Husband**
- **Mark Henrickson** (Professor of Social Work)
- **Rebekah Sherriff**
- **Vita Euphemia Smith**
- **Maddie**
- **Will** (Trustee, Lesbian and Gay Archives of New Zealand)
- **Helen Tweedie**
- **Alika Wells**
- **Natalie Lanfear**
- **Dr Tracey O'Flynn**
- **Jessica Malcolm**
- **Dr Rogena Sterling** (Academic Researcher; ITANZ board member)
- **Danielle Calder**
- **Dr John Fenaughty** (Senior Lecturer, School of Counselling, Human Services and Social Work, Faculty of Education and Social Work, University of Auckland)
- **Kyle Habershon** (Youth Advisor, Auckland Pride)
- **Sam Orchard** (Out Loud Aotearoa Project Coordinator)
- **Katrina Roen** (Professor of Sociology, University of Waikato)
- **Michael Anderson**
- **Hannah Hogarth**
- **Carol Davey**
- **Jennifer Chalklen**
- **Sandra Dickson** (Wellington Bisexual Women's Group; Hohou Te Rongo Kahukura - Outing Violence)
- **Josie Bidwill** (Thunderpants Ltd)
- **Hannah Alleyne**
- **craig waterworth** (Registered Nurse)
- **Rhys Walker**
- **Ngairé Wilson**
- **Allan Franks** (Nga Puhi, Ngati Maniapoto; Kaiatawhai Mental Health)
- **Matias Lusardi**
- **Florentine**
- **Yasser El Shall** (Service manager)

- **Nicole**
- **M.J. Letham-Brake** (Founder, He Kaiako Te Matai Puia; Physical Volcanologist)
- **Sarah** (Co-founder, The Period Place)
- **Janet McAllister**
- **Silvana Erenchun Perez**
- **Kelly Pope**
- **Lesley-Ann Guild**
- **Nicki Gemmell**
- **David Gibbs** (Commercial Operations Manager, Queenstown Media Group)
- **Jacinta Patterson**
- **val smith**
- **Rox Soriano**
- **Carrie Tier** (Mother of a trans child)
- **Sophie Standfield** (Volunteer Coordinator, Q-Youth)
- **Jonathan Puddick** (Board Member, Q-Youth)
- **Julia Wray**
- **Pi Say**
- **Ferran de Miguel Mercader** (Chair, Fletcher Building Pride Action Group)
- **Sam Sutherland** (Air New Zealand Pride Network)
- **peter okane**
- **Jessica Fransham**
- **Sarikha Rosli**
- **Andrea Black** (Counsellor MNZAC)
- **Jacqui Shilliday**
- **Tamara Wright**
- **Zie Rosanowski**
- **Eliana Rubashkyn** (Co-founder, Rainbow Path Aotearoa New Zealand)
- **Rebecca Powell**
- **Judy O'Brien** (Programme Manager, Sexual Abuse Prevention Network; Trustee, Outerspaces)
- **Jevon Wright**
- **Ari Nicholson** (Rainbow Coordinator, QSA University of Canterbury)
- **Karen Touelle**
- **Fran Hazid**
- **Wil Shen**
- **Gail Munro**

Contact

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Notes

¹ We are using *rainbow* as an umbrella term to describe people whose sexual orientation, gender identity, gender expression or sex characteristics differ from majority, binary norms. This includes people who identify with terms like takatāpui, lesbian, gay, bisexual, intersex, transgender, queer, non-binary or fa'afafine, as well as people who don't use specific words for their identity, people whose identity changes over time, and people who are in the process of understanding their own identity and may not have 'come out' to themselves or others. For more on this, refer to *Rainbow communities, mental health and addictions: A submission to the Government Inquiry into Mental Health and Addiction*: <https://www.mentalhealth.org.nz/assets/Our-Work/policy-advocacy/Rainbow-communities-and-mental-health-submission-to-the-Inquiry-into-Mental-Health-and-Addiction-08062018.pdf>

² A large body of local and international research has consistently found that rainbow populations have higher lifetime risk for suicidal behaviour, self-harm and common mental health problems including depression, anxiety, substance misuse and eating disorders. See for example: Adams, J., Dickinson, P. and Asiasiga, L. (2012) *Mental health promotion and prevention services to gay, lesbian, bisexual, transgender and intersex populations in New Zealand: Needs assessment report*. Auckland,

New Zealand: Te Pou.

Haas, A.P., Eliason, M., Mays, V.M., Mathy, R.M., Cochran, S.D., D'Augelli, A.R., Silverman, M.M., Fisher, P.W., Hughes, T., Rosario, M., Russell, S.T., Malley, E., Reed, J., Litts, D.A., Haller, E., Sell, R.L., Remafedi, G., Bradford, J., Beautrais, A.L., Brown, G.K., Diamond, G.M., Friedman, M.S., Garofalo, R., Turner, M.S., Hollibaugh, A., Clayton, P.J. (2011) Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of Homosexuality*. 2011;58(1):10-51.

Veale, J., Byrne, J., Tan, K., Guy, S., Yee, A., Nopera, T. & Bentham, R. (2019). *Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand*. Transgender Health Research Lab, University of Waikato: Hamilton NZ.

³ The cumulative effects of discrimination, prejudice and exclusion are often described in research as “minority stress”. Minority stress is described in a significant body of literature – some early writing about this includes Meyer, I.H. (2003). Minority stress and mental health in gay men. In L.D. Garnets and D.C. Kimmel (Eds.) *Psychological perspectives on lesbian, gay and bisexual experiences*. 2nd ed. New York: Columbia University Press, p 699–731; Brooks, V. R. (1981). The theory of minority stress. In V.R. Brooks (Ed.), *Minority stress and lesbian women*. Lexington, MA: Lexington Books. Minority stress can be seen as a social determinant of health, similar to poverty, unemployment and food insecurity. Many rainbow people also experience the effects of other social determinants of health.

⁴ For example, two major collective submissions to the Mental Health and Addictions Inquiry were: Clunie, M. et. al. (2018). *Rainbow communities, mental health and addictions: A submission to the Government Inquiry into Mental Health and Addiction*. Retrieved from Mental Health Foundation: <https://www.mentalhealth.org.nz/assets/Our-Work/policy-advocacy/Rainbow-communities-and-mental-health-submission-to-the-Inquiry-into-Mental-Health-and-Addiction-08062018.pdf> RainbowYOUTH & We Are Beneficiaries. (2018). *Out Loud Aotearoa: Sharing the stories and wishes of queer, gender diverse, intersex, takatāpui, MVPFAFF and rainbow communities around Aotearoa’s mental health and addictions services*. RainbowYOUTH: Auckland.

⁵ Among other groups, the Terms of Reference named “rainbow/LGBTIQ+ community”:
<https://mentalhealth.inquiry.govt.nz/about-the-inquiry/terms-of-reference/>

⁶ Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction*. Department of Internal Affairs: Wellington.

⁷ From the Impact Statement: “The impact of these issues is broadreaching, with lack of mental wellbeing linked to many other negative outcomes, and is borne unevenly, with entrenched inequities between different groups (including Māori, Pacific peoples and Rainbow people).”
<https://www.health.govt.nz/system/files/documents/information-release/establishing-a-new-independent-mental-health-and-wellbeing-commission-ria-redacted.pdf>

From the Disclosure Statement: “[The Commission] will also contribute to improving equity for Māori, Pacific peoples, disabled people, rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes.” <http://disclosure.legislation.govt.nz/assets/disclosures/bill-government-2019-188.pdf>

8 From the Hansard transcripts: https://www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansDeb_20191119_20191119_20

Hon Dr David Clark, Minister of Health, Labour: “The commission will assess how the system improves equity for Māori, Pacific peoples, disabled persons, rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes.”

Louisa Wall, Labour: “the rainbow community, which I also want to specifically address—because we know, through youth health surveys and data, that if you're a young rainbow person, you're four times more likely to self-harm. If you're trans, you're five times more likely to self-harm and to attempt suicide.” / [Speaking of a rainbow leader’s inclusion on the initial Mental Health and Wellbeing Commission]: “It is a signal—can I also say, to the rainbow community—that we matter.”

Jenny Marcroft, NZ First: “So I'm really pleased that the commission will have particular oversight into the Māori community and the needs there, the Pasifika community, the rainbow community, the disabled community, and any other organisations or communities that need extra oversight. “

Chlöe Swarbrick, Greens: “That's where I think it's important to highlight the communities that are actually noted explicitly in the Mental Health and Wellbeing Commission Bill. There are noted: Māori, Pacific peoples, disabled people, Rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes.”

Erica Stanford, National: “Obviously, the aim of that is to improve the mental health and wellbeing of New Zealanders and, in particular, those who are most marginalised when it comes to mental health wellbeing: so

Māori and Pasifika, our disability sector, our rainbow community, and others who experience poor mental health outcomes.”

⁹ Clunie et. al., 2018. As above.

¹⁰ McDermott, E. & Roen, K. (2016). *Queer Youth, Suicide and Self-Harm. Troubled Subjects, Troubling Norms*. Palgrave Macmillan UK.

¹¹ Haas et al. (2011), as above.

¹² Heck, N. C., Flentje, A., & Cochran, B. N. (2011). Offsetting Risks: High School Gay-Straight Alliances and Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *School Psychology Quarterly* 26(2), p161-174.

¹³ Haas et. al. (2011), as above.

¹⁴ Fenaughty, J., Braun, V., Gavey, N., Aspin, C., Reynolds, P., & Schmidt, J. (2006). *Sexual Coercion among Gay Men, Bisexual Men and Takatāpui Tāne in Aotearoa/New Zealand*. Auckland, New Zealand: Department of Psychology, The University of Auckland.

¹⁵ Veale et. al., 2019. As above.

¹⁶ Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide*. Revised 2nd Edition. Sydney, Australia: National LGBTI Health Alliance

¹⁷ Schulman, S. (2009). *Ties that bind: Familial homophobia and its consequences*. The New Press.

¹⁸ Kerekere, E. (2017). *Part of The Whānau: The Emergence of Takatāpui Identity: He Whāriki Takatāpui* (Doctoral thesis, Victoria University of Wellington, Wellington, New Zealand. Retrieved from: <http://researcharchive.vuw.ac.nz/xmlui/handle/10063/6369>

¹⁹ Darlington Statement signatories. (2017). Darlington Statement. Retrieved from Intersex Human Rights Australia: <https://ihra.org.au/darlington-statement/>

²⁰ Human Rights Watch & InterACT. (2017). “I Want to Be Like Nature Made Me” Medically Unnecessary Surgeries on Intersex Children in the US. Retrieved from HRW: https://www.hrw.org/sites/default/files/report_pdf/lgbtintersex0717_web_0.pdf

²¹ Veale et. al., 2019. As above.

²² McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. (2012). *Trans Mental Health Study 2012*. Scottish Transgender Alliance, Trans Resource and Empowerment Centre, TransBareAll, Traverse Research and Sheffield Hallam University: Scotland.

²³ Delahunt, J. W., Denison, H. J., Kennedy, J., Hilton, J., Young, H., Chaudhri, O. B., & Elston, M. S. (2016). Specialist services for management of individuals identifying as transgender in New Zealand. *Endocrinology*, 33(10), 19.

²⁴ Research exploring this type of discrimination includes Neville, S. & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.; Henrickson, M., Neville, S., Jordan, C., & Donaghey, S. (2007): Lavender Islands: The New Zealand study. *Journal of Homosexuality*, 53 (4), 223-248.; and Birkenhead & Rands, 2012. (as above).

²⁵ Human Rights Commission (2008) *To Be Who I Am: Kia noho au ki tōku anō ao, Report of the Inquiry into discrimination experienced by transgender people*. Retrieved from HRC: https://www.hrc.co.nz/files/5714/2378/7661/15-Jan-2008_14-56-48_HRC_Transgender_FINAL.pdf

²⁶ Lucassen et al, 2014. (as above)

²⁷ Clark et al, 2014. (as above)

²⁸ Birkenhead, A. & Rands, D. (2012) *Let's talk about sex... (sexuality and gender): Improving mental health and addiction services for Rainbow Communities*. Auckland, New Zealand: Auckland District Health Board, OUTline and Affinity Services.

²⁹ Veale et. al., 2019. As above.

³⁰ RainbowYOUTH & We Are Beneficiaries, 2018. As above.

³¹ Clunie, M. (2019). Discrimination, compounded. Retrieved from Like Minds, Like Mine: <https://www.likeminds.org.nz/home/story/112/discrimination-compounded>

³² Recommendations from the UN Committee on the Rights of the Child to New Zealand in 2016 were:

- (25)(b) Develop and implement a child rights-based health-care protocol for intersex children, setting the procedures and steps to be followed by health teams, ensuring that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guaranteeing the rights of children to bodily integrity, autonomy and self-determination and provide families with intersex children with adequate counselling and support;
- (25)(c) Promptly investigate incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions to provide redress to victims of such treatment, including adequate compensation;

(25)(d) Educate and train medical and psychological professionals on the range of biological and physical sexual diversity and on the consequences of unnecessary surgical and other medical interventions on intersex children;

(25)(e) Extend free access to surgical interventions and medical treatment related to their intersex condition to intersex children between the age of 16 and 18.

³³ Human Rights Commission, Te Kāhui Tika Tangata. (2016). *Intersex Roundtable Report 2016: The practice of genital normalisation on intersex children in Aotearoa New Zealand*. Wellington: Human Rights Commission. Retrieved from: https://www.hrc.co.nz/files/5914/8124/9497/HRC_Intersex_Roundtable.pdf

³⁴ Human Rights Commission – Te Kāhui Tika Tangata. (2018). *Intersex Roundtable Report 2017: Ending the practice of genital normalisation on intersex children in Aotearoa New Zealand*. Retrieved from HRC: https://www.hrc.co.nz/files/9615/2270/4142/HRC_Intersex_Roundtable_2017.pdf

³⁵ Robertson, S. (2017). *All of Us: Minority Identities & Inclusion in Aotearoa New Zealand*. Retrieved from: <https://theallofusproject.net/>

³⁶ “As takatāpui, we experience a unique combination of discrimination, based on being Māori and having diverse gender identities and sexualities. As Māori, we share the legacy of colonisation, where systemic racism has resulted in poor outcomes in education, health, employment, social services and justice. In these contexts, takatāpui often find that our gender and sexuality is ignored, minimised or considered shameful. Even within Rainbow communities, the importance of being Māori to takatāpui and the appropriate use of tikanga or Māori protocols is not well understood.” From Kerekere, E. (2015) *Takatāpui: Part of the whānau*. Auckland: Tīwhanawhana Trust and Mental Health Foundation.