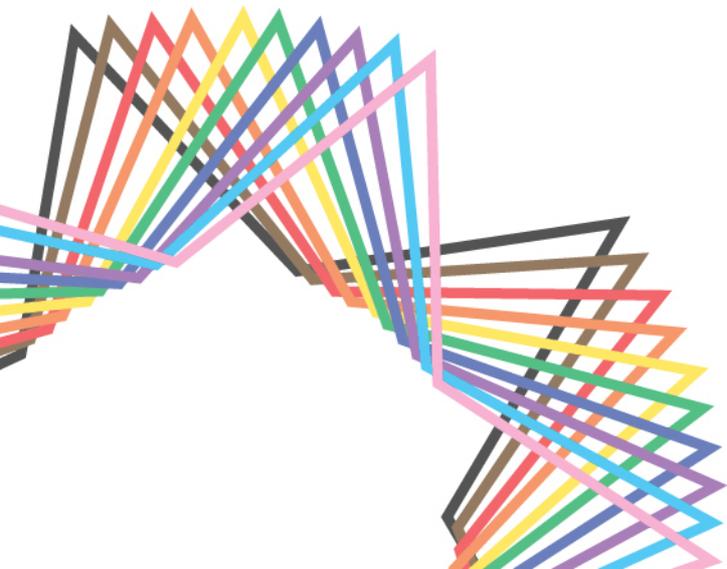


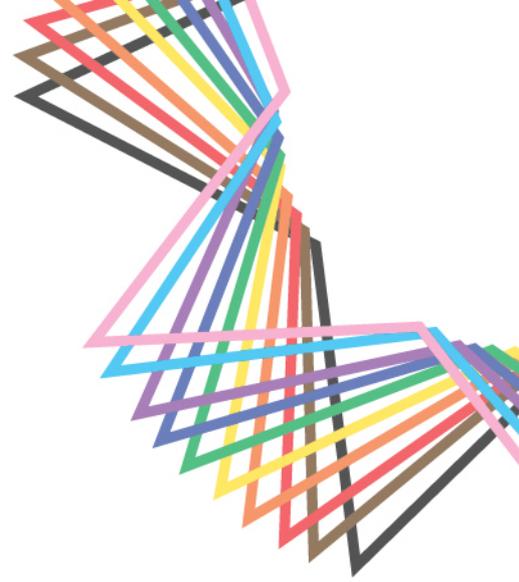
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SUBMISSION FOR THE  
2021/22 FEDERAL BUDGET

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29 January 2021





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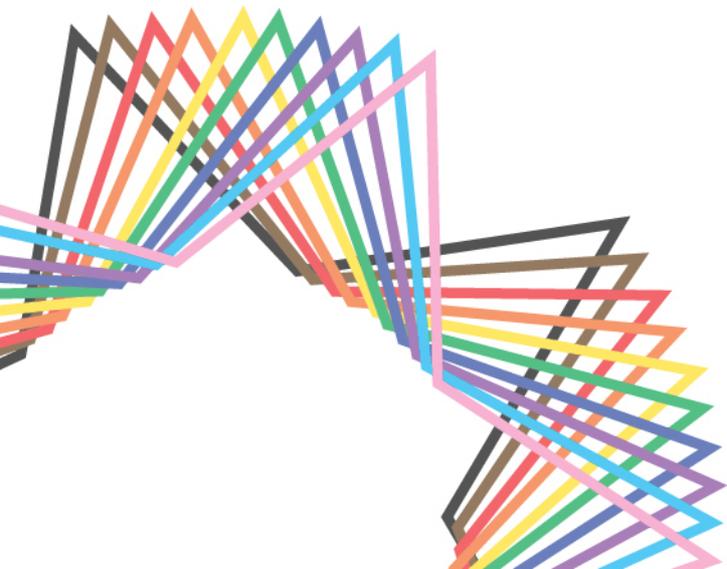
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## Executive Summary

Despite recent legislative changes and advances in the human rights of LGBTIQ+ people, the health disparities that LGBTIQ+ people experience remain the same or are getting worse.

This submission has been informed by consultations that included LGBTIQ+ Health Australia's (LHA) member organisations, and other relevant stakeholders such as service providers and research centres.

Currently, there is a lack of national coordination and investment in LGBTIQ+ health and wellbeing, despite being identified as a priority population in a number of national strategies. This submission recommends that **LHA is funded to better execute its peak role and engage at the national level to improve the health outcomes for LGBTIQ+ communities.**

Significant data and knowledge gaps on the health and wellbeing of LGBTIQ+ people remain. **LHA calls for investing in a further interrogation of existing data sets, and embedding the ABS 2020 Standard for Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables into data sets across the health system.**

There is currently no national coordination of goals and targets and evidence of worsening health outcomes for LGBTIQ+ people. LHA recommends creating a **10-year National LGBTIQ+ Health and Wellbeing Action Plan**. The Action Plan will draw on existing work to set specific priorities for effective resource allocation and achieving better outcomes against identified priorities.

LGBTIQ+ community-controlled health organisations are under resourced and ill equipped to respond to increasing demand. Increased investment to build the sustainability and capacity of these organisations is urgently needed. **The strength of LGBTIQ+ health can be measured by the strength and resilience of LGBTIQ+ community-controlled health organisations.**

LGBTIQ+ people continue to experience disproportionately **higher rates of mental health disorders and suicidal behaviours, compared to the general population**. Targeted investment in LGBTIQ+ mental health and suicide prevention initiatives is needed. The submission recommends the establishment of a **National Suicide Prevention Office**, with a funded portfolio to address LGBTIQ+ suicide prevention.

The Royal Commission into Aged Care Quality and Safety has placed a much-needed spotlight on the experiences of older Australians accessing aged care systems. **LHA recommends investment to ensure LGBTI-specific recommendations in the Royal Commission into Aged Care's final report are funded appropriately**. Establishing and supporting **LGBTI CVS schemes** in areas where they currently do not exist, delivered by LGBTIQ+ health organisations is also recommended.

There are higher rates of discrimination and reduced service access among LGBTIQ+ people with disability (LGBTIQPWD) compared with people with disability and LGBTIQ+ people without disability. It is recommended that investment is needed **to increase the economic participation of LGBTIQPWD and increase the capacity of the disability sector to work with LGBTIQPWD.**

Trans and gender diverse people experience significant mental health disparities and access barriers to gender affirming care. LGBTIQ+ people also have unique experiences and needs with regards to cancer and cancer care, intimate partner and family violence, and alcohol and other drug use. **This submission recommends greater investment in reducing other health and wellbeing disparities among LGBTIQ+ people.**

## Summary of Recommendations

### Priority Area 1: National coordination and investment in LGBTIQ+ health and wellbeing

- 1.1 LGBTIQ+ Health Australia is funded to better execute its peak role and engage at the national level to improve the health outcomes for LGBTIQ+ communities.  
Cost: \$1.42 million (2021-24)

### Priority Area 2: Data and Research

- 2.1 Investment in greater coordination or research and an in-depth analysis of existing data sets and research nationally and jurisdictionally.
- 2.2 Investment in embedding the ABS 2020 Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables across health and wellbeing sector data sets.

### Priority Area 3: National LGBTIQ+ Health and Wellbeing Action Plan

- 3.1 Funding to develop and implement a 10-year National LGBTIQ+ Health and Wellbeing Action Plan to address ongoing health disparities. This should include a national forum of stakeholders to review existing research evidence and government policy commitments to develop recommendations on priority actions.

### Priority Area 4: Increased investment in LGBTIQ+ community-controlled health organisations

- 4.1 Increased investment in LGBTIQ+ community-controlled health organisations to enhance capacity, meet demand and expand geographical reach.
- 4.2 Increased investment in PHNs to be directed into LGBTIQ+ community-controlled health organisations to increase their capacity to deliver targeted health programs and build the capacity of the primary care sector to work in a culturally competent way.

- 4.3 Funding support for Intersex Human Rights Australia to facilitate systemic advocacy on intersex issues.
- 4.4 Funding support for Intersex Peer Support Australia to facilitate independent access to counselling and peer support for intersex individuals and their families.
- 4.5 Funding to explore the establishment of an independent, human rights-based oversight mechanism to determine individual cases involving people born with intersex variations who are unable to consent to treatment.
- 4.6 Funding for Rainbow Families to better enable them to operate at the national level and work with relevant federal government agencies, to reduce the disadvantage of LGBTIQ+ families across Australia.

#### **Priority Area 5: Targeted investment in LGBTIQ+ mental health and suicide prevention**

- 5.1 Invest in education campaigns that promote the inclusion of LGBTIQ+ people in society more broadly.
- 5.2 Invest in evidence-based promotion, prevention and early intervention initiatives and primary mental health care supporting the prevention, early detection and treatment of mental health problems experienced by LGBTIQ+ people and communities.
- 5.3 Increased investment in tailored mental health and suicide prevention initiatives, including both clinical and community-based support, to build the capacity and resilience of LGBTIQ+ communities.
- 5.4 Increase investment to QLife to ensure appropriate coverage across all jurisdictions.
- 5.5 Investment in establishing a National Suicide Prevention Office with a funded portfolio to address LGBTIQ+ suicide prevention.

#### **Priority Area 6: Culturally safe and inclusive Ageing and Aged Care System for older LGBTI people**

- 6.1 Investment to ensure LGBTI-specific recommendations in the Royal Commission into Aged Care's final report are funded appropriately.
- 6.2 Establish and support LGBTI CVS schemes in areas where they currently do not exist, delivered by LGBTIQ+ health organisations, who have the most expertise in providing culturally competent programs.

#### **Priority Area 7: LGBTIQ+ disability inclusion**

- 7.1 Investment to enable projects like Employable Q to be able to increase the economic participation of LGBTIQ+ people with disability.
- 7.2 Investment in a 3–5-year commitment to increase capacity of the disability sector to work with LGBTIQ+ people with disability. Cost: \$5.5 million.

#### **Priority Area 8: Greater investment in reducing other health and wellbeing disparities**

- 8.1 Investment in the development of national standards of care, for the care and treatment of trans and gender diverse people across the lifespan, that are founded on evidence, human rights and community perspectives.
- 8.2 Investment for specific services to provide cancer screening services to LGBTIQ+ people.
- 8.3 Funding to develop nationally consistent, regular and targeted education and training within mainstream services and police, including in relation to the nature, features and dynamics of intimate partner violence and its particular impact on those from LGBTIQ+ communities.
- 8.4 Fund a national forum to undertake a review of best practice models for intimate partner and family violence among LGBTIQ+ communities to inform a whole system and government response.
- 8.5 Designated funding for LGBTIQ+ community-controlled health organisations to provide direct service provision, harm reduction and health promotion programs.
- 8.6 Designated funding to train existing alcohol and other drugs services to work with LGBTIQ+ communities to ensure “no wrong door” approach to service access.
- 8.7 Fund a national targeted alcohol and other drug use awareness and education campaign.

## Introduction

LGBTIQ+ Health Australia (formerly the National LGBTI Health Alliance) welcomes the opportunity to provide a pre-budget submission for the 2021-22 Federal Budget.

LGBTIQ+ Health Australia (LHA) is the largest national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals. LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all of the health portfolios that are of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

It is widely recognised that at the national and jurisdictional level, LGBTIQ+ health has been and continues to be underfunded and under resourced. Despite evidence of best practice showing that many health interventions and programs are best delivered by people and communities with lived experience, investment in LGBTIQ+ people's health is often funnelled into larger mainstream organisations at the cost of community-controlled health organisations who are best placed to deliver inclusive and culturally safe care to LGBTIQ+ people.

LHA's budget recommendations address these funding and resourcing disparities to ensure a strong diversity lens and investment that reflects the health and wellbeing needs of LGBTIQ+ people. Investment in LGBTIQ+ community-controlled health organisations enables them to adequately fulfil their role to reduce the significant health disparities that LGBTIQ+ communities currently experience. This submission was informed by consultations that included LHA's member organisations, and other relevant stakeholders such as service providers and research centres.

Together we can achieve healthy LGBTIQ+ and other sexuality, gender, and bodily diverse people and communities throughout Australia and the world, free from stigma and discrimination.

## Health and wellbeing of LGBTIQ+ people and communities

LGBTIQ+ Australians have demonstrated considerable resilience in looking after themselves and their communities despite adversity. Many live healthy and happy lives,

contributing to their families, local communities, workplaces and society as a whole. Nevertheless, an overwhelming amount of research evidence has consistently demonstrated that LGBTIQ+ people experience significant health disparities compared to the general population. These poorer health outcomes can be attributed to the impact of Minority Stress - the chronic stressors that LGBTIQ+ people are uniquely exposed because of sexuality, gender and bodily diversity being socially stigmatised. This includes discrimination, social exclusion, harassment and physical violence.

Private Lives 3 (PL3), the largest national study undertaken in Australia on the health and wellbeing of LGBTIQ people, found that in the past 12 months 39.5% of LGBTIQ people reported experiencing social exclusion, 34.6% verbal abuse, 23.6% harassment such as being spat at or offensive gestures, 11.8% sexual assault and 3.9% physically attacked or assaulted with a weapon due to their sexual orientation or gender identity.<sup>1</sup> 31.2% rated their health as very good or excellent compared to 56.4% of the general Australian population aged over 15 years.<sup>2</sup>

Specifically, compared to the general population, LGBTI people are in their lifetime more likely to attempt suicide, have thoughts of suicide and engage in self harm. Younger people are at particular risk with LGBTI young people aged 16-27 being five times more likely to attempt suicide than their peers. 41.9% of LGBTIQ people aged 18 and over reported that they had considered attempting suicide in the previous 12 months and 74.8% had considered attempting suicide at some point during their lives.<sup>3</sup>

It is unknown how many LGBTIQ+ people die by suicide due to the lack of standardised questions regarding sexual orientation, gender identity, and sex characteristics in suicide death data records. However, the increased rates of poor mental health, and related suicidal ideation and behaviours leads to the conclusion that LGBTIQ+ people would undoubtedly be at a heightened risk of death by suicide.<sup>4</sup>

LGBTI people are also at higher risk of a range of mental diagnoses and are more likely to be diagnosed with anxiety and depression, and psychological distress. Specifically, LGBTI people are two and a half times more likely to have been diagnosed or treated for a mental health condition in the last 12 months, with 60.5% of LGBTIQ people aged 18 and over reported having ever been diagnosed with depression.<sup>5</sup>

There is a clear and demonstrable relationship between abuse and harassment, and psychological distress. LGBT people aged 16 and over score an average K10 score of 19.6, indicating moderate psychological distress<sup>6</sup>, which is higher than the general population average score of 14.5 indicating low psychological distress. However, LGBT people aged

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<sup>1</sup> Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

<sup>2</sup> Hill, A. O. et al. (2020).

<sup>3</sup> Hill, A. O. et al. (2020).

<sup>4</sup> National LGBTI Health Alliance, (2020). "National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy: A New Strategy for Inclusion and Action." Available from: [https://lgbtiqhealth.org.au/wp-content/uploads/2016/12/LGBTI\\_Report\\_MentalHealthandSuicidePrevention\\_Final\\_Low-Res-WEB.pdf](https://lgbtiqhealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf)

<sup>5</sup> Hill, A. O. et al. (2020).

<sup>6</sup> Leonard et al. (2015).

16 and over who reported having experienced one or more incidents of heterosexist harassment or abuse in the past 12 months reported higher mean K10 scores than those who reported no such incidents in the same period.<sup>7</sup>

Rather than being isolated incidences, 39.5% of LGBT people reported experiences of harassment and abuse, 66% of people with intersex variations had experienced discrimination from strangers ranging from indirect to direct verbal, physical or other discriminatory abuse<sup>8</sup>. 61% of same-gender attracted and gender diverse young people have experienced verbal abuse, and 18% physical abuse.<sup>9</sup>

It is vital to note that LGBTIQ+ Aboriginal and Torres Strait Islander people, Sistergirls or Brotherboys experience a number of significant and intersecting points of discrimination and marginalisation. These include structural, institutional, and interpersonal forms of discrimination based on race, gender, colonialism, and LGBTI status. As a result, LGBTIQ+ Aboriginal and Torres Strait Islander people, Sistergirls and Brotherboys face further challenges in relation to their overall mental health and social and emotional wellbeing.<sup>10</sup>

There is currently limited data available on the use of alcohol and other drugs by LGBTIQ+ people. However, members of LGBTIQ+ communities use alcohol, tobacco and other illicit drugs at elevated rates compared to the broader population and are significantly more likely to experience drug dependence. The 2019 National Drug Strategy Household Survey<sup>11</sup> found that illicit drug use in the last 12 months was more common among people who identified as homosexual or bisexual (36%) than among heterosexual people (16.1%). Daily smoking rates were also higher among homosexual and bisexual people (16.7%), compared to heterosexual people (10.8%). Furthermore, people who identify as homosexual or bisexual were more likely to exceed lifetime and single occasion risky drinking guidelines than heterosexual people in 2019.<sup>12</sup> PL3 found that 16.9% of LGBTQ participants reported experiencing a time in the past 12 months when they had struggled to manage their alcohol use or a time where it negatively impacted their everyday life.

It has been suggested that many LGBTIQ+ people use these substances as part of a coping strategy to deal with discrimination and difficulties that LGBTIQ+ people regularly experience, that there may be a normalisation of substance use in some LGBTIQ+ social

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<sup>7</sup> Leonard et al. (2015).

<sup>8</sup> Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J. (2016). "Intersex: Stories and Statistics from Australia." Available from: <https://interactadvocates.org/wp-content/uploads/2016/01/Intersex-Stories-Statistics-Australia.pdf>

<sup>9</sup> La Trobe University, (2010). "Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people." Available from: [https://www.glhv.org.au/sites/default/files/wti3\\_web\\_sml.pdf](https://www.glhv.org.au/sites/default/files/wti3_web_sml.pdf)

<sup>10</sup> Australian Human Rights Commission, (2015). "Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights." Available from: [https://www.humanrights.gov.au/sites/default/files/document/publication/SOGII%20Rights%20Report%202015\\_Web\\_Version.pdf](https://www.humanrights.gov.au/sites/default/files/document/publication/SOGII%20Rights%20Report%202015_Web_Version.pdf)

<sup>11</sup> The National Drug Strategy Household Survey is the only national data source that provides comprehensive estimates by sexual identity, but does not include estimate for trans and gender diverse, intersex people or queer people.

<sup>12</sup> AIHW (Australian Institute of Health and Welfare) 2020. National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW

settings, and that people who identify as being gay or bisexual are generally more accepting of regular adult use of drugs than people who are heterosexual<sup>13</sup>.

There is still a significant knowledge and evidence gap about intimate partner and family violence within LGBTIQ+ communities. However, available Australian research indicates that intimate partner violence in LGBTIQ+ communities is as prevalent as it is in the general population.<sup>14</sup> However, trans and gender diverse and intersex people experience a higher prevalence of intimate partner violence compared to lesbian, gay and bisexual people who are not trans and gender diverse and/or intersex. Furthermore, trans women experience higher rates of sexual violence.<sup>15</sup> PL3 found that 41.7% of LGBTIQ reported having ever been in an intimate relationship where they felt they were abused in some way by their partner/s. 38.5% reported ever feeling abused by a family member.<sup>16</sup>

## Priority Area 1: National coordination and investment in LGBTIQ+ health and wellbeing

A coherent national voice that contributes engaged, robust and constructive participation and provides impartial advice to government on LGBTIQ+ health and wellbeing, is critical to addressing the ongoing health disparities among LGBTIQ+ people.

LGBTIQ+ Health Australia, as the only national peak organisation focusing on LGBTIQ+ health and wellbeing, is regularly called upon to advocate for the health needs of LGBTIQ+ people at the national level, to lead and coordinate approaches from state and territory partners, and to develop a suite of policy recommendations representative of the views of LGBTIQ+ communities and organisations. LHA is relied upon by governments and non-government organisations to provide trusted advice, participate in public inquiries and to collaborate with other national organisations to develop and improve the policy landscape and the health outcomes for LGBTIQ+ communities across Australia. We also work closely with our members to keep them up to date and in some circumstances act as a reliable conduit between the jurisdictions and the Commonwealth through consultation and the sharing of information.

LGBTIQ+ Health Australia understands that funding through the Health Peak Advisory Bodies Programme is currently not available as it is fully committed through to 30 June 2022. Omission from this Programme leaves LHA significantly under-resourced to meet its peak obligations.

We ask that a review is conducted on the Programme before 2022 to allow other organisations to access much needed peak funding to support consultations with their

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<sup>13</sup> Leonard, W., Lyons, A., and Bariola, E. (2015). "A closer look at private lives 2: addressing the mental health and wellbeing of lesbian, gay, bisexual and transgender (LGBT) Australians." Monograph series no. 103. Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.

<sup>14</sup> State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol V, Parl Paper No 132 (2014–16)

<sup>15</sup> Ibid

<sup>16</sup> Hill, A. O. et al. (2020).

members on policy issues, share information on health policy and provide the Australian Government with informed and impartial advice.

Strong and sustained investment in LGBTIQ+ Health Australia will increase our capacity to provide timely and cost-effective research and development for the sector, national coordination in policy and research related to LGBTIQ+ health and wellbeing, and LGBTIQ+ membership and sector development. It will also provide a formalised mechanism for the commonwealth commissioning of funding to support LGBTIQ+ communities.

Overall, a nationally coordinated approach to LGBTIQ+ health will ensure that money is better invested into our communities to effectively respond to the significant and ongoing health disparities. It is important that LGBTIQ+ health research is included in this national approach, as we currently have a siloed approach.

**Recommendation:** LGBTIQ+ Health Australia is funded to better execute its peak role and engage at the national level to improve the health outcomes for LGBTIQ+ communities. Cost: \$1.42 million (2021-24)

## Priority Area 2: Data and Research

Currently the data on the health and wellbeing of our communities has significant gaps, which is hindering Government responses to reducing the health disparities LGBTIQ+ people experience. The exclusion of appropriate LGBTI indicators in a range of health and wellbeing sector data sets, for example Minimum Data sets and suicide death data records, are also contributing to a limited evidence base.

LHA recommends conducting a scoping and mapping exercise to understand current investment activities with regards to LGBTIQ+ health and wellbeing, as well as an evaluation of the outcomes of programs and interventions targeted at LGBTIQ+ people. This will strengthen the evidence of what works where and why and help inform and drive further improvements. Additionally, a further interrogation of existing data sets and research, including *Private Lives 3*, *Writing Themselves in 4*, *Sydney Women and Sexual Health (SWASH) survey*, and the *Following Lives Undergoing Change (FLUX) project* will help inform the development of the Action Plan, proposed below in **Priority Area 3**.

The Australian Bureau of Statistics (ABS) recently published the Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables (“2020 Standard”), which to standardises the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation. The four variables presented in the 2020 standard, when cross-classified with other variables, will provide comprehensive data on a particular topic, issue or population group. The resulting information can be used for a range of purposes, including informed decision making and planning; policy formulation and monitoring; social, population and economic research and analysis; and program provision and evaluation (e.g. health services). LHA urges directing investment towards embedding the Standard in data sets across the health system to ensure national

consistency around the collection, production and analysis of data for LGBTIQ+ populations.

**Recommendation:** Investment in greater coordination or research and an in-depth analysis of existing data sets and research nationally and jurisdictionally.

**Recommendation:** Investment in embedding the ABS Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables across health and wellbeing sector data sets.

### Priority Area 3: A National LGBTIQ+ Health and Wellbeing Action Plan

LGBTIQ+ people have been identified as a priority population in a range of existing national strategies. However, there is currently a lack of national coordination of goals and targets, and evidence of worsening health outcomes in many areas. A 10-year National LGBTIQ+ Health and Wellbeing Action Plan (the Action Plan), which draws upon priority actions from existing national strategies and identifies key gaps, is needed to provide the strategic framework for Australia's response to improve LGBTIQ+ health and wellbeing.

The Action Plan would build the foundation for the implementation of a series of policies, interventions and approaches that aim to achieve optimal and equitable health and wellbeing outcomes for LGBTIQ+ people and communities, improve access to health and social services free from discrimination and stigma, and foster social inclusion. These aim to drive action at the national and jurisdictional level in order that priority health needs and inequalities in healthcare are addressed for all LGBTIQ+ people.

The key priority areas and corresponding actions would be informed by a robust, consultative process and a review of best practice and evidence, to guide government investment in activities to drive change and improve health outcomes.

It is imperative that throughout the life of the Action Plan, LGBTIQ+ people feature at its very core. This includes actively engaging, collaborating, and reflecting with LGBTIQ+ people and communities so that they are central in determining and shaping the services, strategies and approaches that affect them, and ultimately, are empowered to be healthy, safe and thriving.

**Recommendation:** Funding to develop and implement a 10-year National LGBTIQ+ Health and Wellbeing Action Plan to address ongoing health disparities. This should include a national forum of stakeholders to review existing research evidence and government policy commitments to develop recommendations on priority actions.

### Priority Area 4: Increased investment in LGBTIQ+ community-controlled health organisations

#### *LGBTIQ+ community-controlled health organisations*

Community-controlled organisations that are governed and operated by and for affected communities are often best placed to provide trusted, safe and affirmative services in potentially sensitive areas of service provision for example, sexual health, drug and alcohol and mental health. The strength of LGBTIQ+ health can be measured by the strength and resilience of LGBTIQ+ community-controlled health organisations.

Currently, Australia has a strong network of LGBTIQ+ community-controlled health organisations, all of which are under resourced and ill equipped to respond to increasing demand. LGBTIQ+ people report accessing health services that were known to be LGBTIQ+-inclusive or that catered only to LGBTIQ+ people. However, many of these organisations rely on one off project funding that lasts anywhere between 12 months to 3 years. These funding arrangements are not sufficient to develop strong, resilient organisations.

LGBTIQ+ community-controlled health are essential for addressing health disparities and need to be funded equitably to build their stability, sustainability and internal capacity to meet the health and wellbeing needs of LGBTIQ+ communities. Increased investment of LGBTIQ+ community-controlled health organisations is needed to support LGBTIQ+-inclusive services and service development, including the establishment and recourses of communities of practice and other capacity building initiatives.

**Recommendation:** Increased investment in LGBTIQ+ community-controlled health organisations to enhance capacity, meet demand and expand geographical reach.

### *Primary Health Networks*

Primary Health Networks (PHNs) play a critical role in improving population-level outcomes. However, PHNs can experience challenges in identifying and responding to the needs of LGBTIQ+ communities, as they concentrate on geographic populations and LGBTIQ+ people are dispersed across multiple PHN catchment areas in each state/territory. LGBTIQ+ Health Australia recommends increased investment in PHNs to enable them to work in partnership with LGBTIQ+ community-controlled health organisations to:

- Ensure PHNs needs assessments are inclusive of the LGBTIQ+ communities in each jurisdiction
- Provide much needed health policy advice
- Provide training to all PHN staff on cultural competency
- Develop guidelines for all PHNs to work with those organisations to promote and disseminate across primary care to ensure the sector works in a culturally competent framework.

Increased investment will also enable PHNs to identify opportunities to use funds to address high prevalence issues, for example mental health and suicide, within LGBTIQ+ communities.

**Recommendation:** Increased investment in PHNs to be directed into LGBTIQ+ community-controlled health organisations to increase their capacity to deliver targeted health programs and build the capacity of the primary care sector to work in a culturally competent way.

### *Intersex organisations*

Intersex people are born with physical sex characteristics that do not neatly fit medical norms for female or male bodies. They continue to be routinely subject to forced and coercive medical interventions without personal informed consent typically in infancy, childhood or adolescence, designed to make their bodies more typically female or male. These practices are a violation of their rights to bodily integrity, physical autonomy and self-determination, and often have long-term physical and psychological implications.

Intersex Human Rights Australia a national body by and for people with intersex variations. They promote the human rights, self-determination and bodily autonomy of intersex people in Australia. They engage in systemic advocacy, policy development and community development, and provide information and education. In addition, Intersex Peer Support Australia is an intersex peer support, information and advocacy group for people born with variations in sex characteristics and their families. They tackle stigma and misconception surrounding intersex through education, and advocate on issues affecting the wider intersex community.

Intersex peer support largely remains unfunded, and intersex-led organisations rely on volunteers to provide peer support and advocate for the human rights of people with variations in sex characteristics.

Intersex people are the experts on their own lives and lived experiences and in understanding the health implications of being subjected to medicalisation and/or medical interventions. Therefore, it is fundamental that affirmative peer support is made available to parents, caregivers, and families of people born with variations of sex characteristics. Peer support should be integrated into human rights-based multi-disciplinary medical approaches, teams and services, and include access to funded and independent counselling. Access to this support increases intersex minors' capacity to consent, and also parents, to make informed decisions and help them overcome the weight of stigma and social pressure.

**Recommendation:** Funding support for Intersex Human Rights Australia to facilitate systemic advocacy on intersex issues.

**Recommendation:** Funding support for Intersex Peer Support Australia to facilitate independent access to counselling and peer support for intersex individuals and their families.

**Recommendation:** Funding to explore the establishment of an independent, human rights-based oversight mechanism to determine individual cases involving people born with intersex variations who are unable to consent to treatment.

Rainbow Families Inc (RF) is the peak organisation supporting LGBTQ+ parents and their children. As a community organisation run by LGBTQ+ families, RF acts as a support network for parents and carers, their children as well as future parents and carers. RF's purpose is to build a strong community where LGBTQ+ families feel confident, secure and resilient. They do this by providing resources and support for LGBTQ+ families and education to the wider community about the value of LGBTQ+ families within our communities. Funding is required for RF to operate at the national level and work with relevant federal government agencies to foster resiliency by connecting, supporting, and empowering LGBTQ+ families, and reduce discrimination and stigma.

**Recommendation:** Funding for Rainbow Families to better enable them to operate at the national level and work with relevant federal government agencies, to reduce the disadvantage of LGBTIQ+ families across Australia.

## Priority Area 5: Targeted investment in LGBTIQ+ mental health and suicide prevention

Despite recent legislative changes and advances in the human rights of LGBTIQ+ people, for many of them their mental health is in a state of crisis. Urgent action is required to address the impact of Minority Stress - the chronic stressors that LGBTIQ+ people are uniquely exposed to as a result of sexuality, gender and bodily diversity being socially stigmatised. This includes experiences of discrimination, social exclusion, harassment and physical violence.

LHA reasserts its call for a strategic and coordinated approach, which considers meaningful change at the legislative, community and social level to address the mental health disparities that exist between LGBTIQ+ populations and the general community. This will require an effort across multiple sectors beyond health, including education, employment, social services, housing and justice.

A paradigm shift that decentres heteronormativity and embraces sexuality, gender and bodily diversity, coupled with the collection of quality and robust data and evidence will help increase social inclusion and reduce stigma and discrimination in the lives of LGBTIQ+ people. These measures will result in a more supporting and accepting societal environment that will act as a protective factor for the mental health and wellbeing of LGBTIQ+ people.

LHA supports the establishment of a well-funded and resourced National Suicide Prevention Office, located within the Department of the Prime Minister and Cabinet. The Office would enable a whole-of-government approach including suicide prevention policy, planning and program delivery. LHA calls for the Office to include a focus on specialised interventions for LGBTIQ+ populations, as they are an identified priority population group in the *Fifth National Mental Health and Suicide Prevention Plan*.

For more information on LGBTIQ+ Health Australia’s submission to the Productivity Commission’s Mental Health Inquiry, visit:

[https://www.lgbtiqhealth.org.au/submission\\_productivity\\_commissions\\_draft\\_report\\_on\\_mental\\_health](https://www.lgbtiqhealth.org.au/submission_productivity_commissions_draft_report_on_mental_health)

To read our official response to the National Suicide Prevention Adviser’s Interim Advice Report and Final Report of the Productivity Commission’s Mental Health Inquiry, visit:

[https://www.lgbtiqhealth.org.au/productivity\\_commission\\_final\\_report\\_on\\_mental\\_health](https://www.lgbtiqhealth.org.au/productivity_commission_final_report_on_mental_health)

**Recommendation:** Invest in education campaigns that promote the inclusion of LGBTIQ+ people in society more broadly.

**Recommendation:** Invest in evidence-based promotion, prevention and early intervention initiatives and primary mental health care supporting the prevention, early detection and treatment of mental health problems experienced by LGBTIQ+ people and communities.

**Recommendation:** Increased investment in tailored mental health and suicide prevention initiatives, including both clinical and community-based support, to build the capacity and resilience of LGBTIQ+ communities.

**Recommendation:** Increase investment to QLife to ensure appropriate coverage across all jurisdictions.

**Recommendation:** Investment in establishing a National Suicide Prevention Office with a funded portfolio to address LGBTIQ+ suicide prevention.

## Priority Area 6: A culturally safe and inclusive Ageing and Aged Care System for older LGBTI people

The Royal Commission into Aged Care Quality and Safety has placed a much-needed spotlight on the experiences of older Australians accessing aged care systems. Our national community consultation work to date has identified the specific needs of older LGBTI people. Despite some instances of excellent practice, overall aged care services are still to reach a standard where LGBTI older people feel culturally safe and free from discrimination and stigma when accessing aged care services.<sup>17</sup> Social isolation is a reality for many LGBTI older people. The Royal Commission acknowledges ageism as being at the root of attitudes to older people, which also applies to the LGBTI community.<sup>18</sup>

<sup>17</sup> National LGBTI Health Alliance, (2019). “Submission: Royal Commission into Aged Care Quality and Safety” Available from <https://lgbtihealth.org.au/resources/submission-royal-commission-into-aged-care-quality-and-safety/>

<sup>18</sup> Royal Commission into Aged Care Quality and Safety, (2019). “Interim Report: Neglect.” Available from: <https://agedcare.royalcommission.gov.au/publications/Pages/interim-report.aspx>

The LGBTI Community Visitor Scheme is important as it is a peer-to-peer service, matching people from LGBTI communities with older LGBTI people who are in residential aged care or accessing home care support packages. However, it is not available in all jurisdictions. The Australian Government funds four organisations to auspice the program. Currently it is delivered in Victoria (Switchboard), NSW (ACON), South Australia (COTA SA), Queensland (Queensland Aids Council Inc) and Western Australia (Umbrella Multicultural Community Care Services Inc). In the most recent CVS funding round LGBTI CVS services received no additional funding, or faced cuts to existing funding, with a large portion of the funding going to a mainstream provider to deliver LGBTI CVS services. LHA would like to take this opportunity to reassert its support for the LGBTI CVS to be delivered by LGBTIQ+ community organisations. Maintaining and expanding specialised LGBTI Community Visitor Schemes in regional areas is essential in addressing social isolation and community connection for older LGBTI people.

For more information on LGBTIQ+ Health Australia's submissions to the Royal Commission into Aged Care Quality and Safety, visit:

[https://www.lgbtiqhealth.org.au/submissions\\_aged\\_care\\_rc](https://www.lgbtiqhealth.org.au/submissions_aged_care_rc)

**Recommendation:** Investment to ensure LGBTI-specific recommendations in the Royal Commission into Aged Care's final report are funded appropriately.

**Recommendation:** Establish and support LGBTI CVS schemes in areas where they currently do not exist, delivered by LGBTIQ+ health organisations, who have the most expertise in providing culturally competent programs.

## Priority Area 7: LGBTIQ+ disability inclusion

Ableism is an issue that affects all people living with a disability. However, LGBTIQ+ people living with a disability (LGBTIQPWD) also experience multiple and intersecting forms of stigma and discrimination because of their sexuality, gender and/or bodily diversity, and consequently are further marginalised. This also results in them facing greater structural barriers in accessing disability services.

The limited research that is available shows that the health and wellbeing of LGBTIQPWD is fragmented and under-resourced, and that there are higher rates of discrimination and reduced service access among LGBTIQPWD compared with PWD and LGBTIQ+ people without disability. Reduced social connection, including family, services and support groups, across mainstream, disability and LGBTIQ+ communities, correlates to significantly reduced health and wellbeing for LGBTIPWD. Conversely, positive and increased social connection is associated with improved health and wellbeing for LGBTIPWD.

Currently, there are a range of disability support services to support people with disability to gain employment. However, tailored programs to support LGBTIQ+ people with disability seeking employment are essential. The establishment of Employable Q program at LHA aimed to provide LGBTIQ+ organisations with a range of resources and tools to assist them in becoming more inclusive workplaces for LGBTIQPWD. With the challenges of time-limited program funding, small things can be achieved. Therefore, to continue the

momentum of this vital work, Employable Q project needs funding to train organisations on the effective implementation of the toolkit resources to promote the hiring LGBTIQPWD, for it to be evaluated and refined, and then expanded to mainstream organisations.

Furthermore, LHA sees enormous value in developing a second phase of the program to support LGBTIQPWD to write job applications, develop their interview skills, explore training opportunities for them, and empower them to be their authentic selves in the workplace in relation to their sexuality, gender and/or bodily diversity.

**Recommendation:** Investment to enable projects like Employable Q to be able to increase the economic participation of LGBTIQ+ people with disability.

**Recommendation:** Investment in a 3–5-year commitment to increase capacity of the disability sector to work with LGBTIQ+ people with disability. Cost: \$5.5 million.

## Priority Area 8: Greater investment in reducing other health and wellbeing disparities among LGBTIQ+ people

### *Trans and gender diverse health and wellbeing*

Trans and gender diverse experience significant mental health disparities and access barriers to gender affirming care. 35% of transgender people aged 18 and over have attempted suicide in their lifetime<sup>19</sup>, 41% of transgender people and non-binary people aged 18 years and over reported thoughts of suicide or self-harm in the last two weeks.<sup>20</sup>

The Trans Pathways study found that 42.1% of trans young people encountered mental health and other medical services who “did not understand, respect or have previous experience with gender diverse people.” Further, 60.1% of study participants experienced feelings of isolation from these services, which was found to be linked to higher rates of self-harm, suicidal thoughts, suicide attempts, and diagnoses of PTSD and anxiety.<sup>21</sup>

In 2014, the From Blues to Rainbows report asked 188 trans and gender diverse young people their reasons for not seeing a health care professional. Among the reasons were fears that they wouldn’t be understood (33%), the language used by health professionals made them feel uncomfortable or angry (23%), and negative past experiences (30%).<sup>22</sup>

LHA believes strong investment is needed to develop and coordinate a national approach towards all gender affirming, puberty suppression, hormone regimens, surgical interventions, and post-surgical care to be included within the Pharmaceutical Benefits

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<sup>19</sup> McNeil et al. (2012).

<sup>20</sup> Hyde et al. (2014).

<sup>21</sup> Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., et al. (2017). “Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.” Perth: Telethon Kids Institute.

<sup>22</sup> Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., and Hiller, L. (2014). “From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia”, Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.

Scheme (PBS) and Medicare Benefits Schedule (MBS). This will enable improved access to gender affirming care for trans and gender diverse people.

**Recommendation:** Investment in the development of national standards of care, for the care and treatment of trans and gender diverse people across the lifespan, that are founded on evidence, human rights and community perspectives.

### *Cancer and cancer care*

Research has demonstrated that LGBTIQ+ people experience a disproportionate cancer burden, and face unique psychosocial challenges, such as higher rates of cancer related distress and sexual concerns, lower levels of family support, difficulties in accessing general health care or cancer services, gaps in patient provider communication and lower satisfaction with cancer care. Currently, there is insufficient knowledge around the health care needs, outcomes, lived experiences and effective interventions to improve outcomes in this area. Furthermore, many policy makers and healthcare services are ill equipped to provide quality and culturally safe advice and assistance to LGBTIQ+ survivors of cancer and their families.

**Recommendation:** Investment for specific services to provide cancer screening services to LGBTIQ+ people.

### *Intimate partner and family violence*

Policy responses to intimate partner and family violence have predominantly been informed by heteronormative and cisnormative assumptions, which have rendered LGBTIQ+ people relatively invisible in intimate partner and family violence service planning and delivery. Our relationships continue to be heavily scrutinised by government, media, and the broader community, contributing to an additional layer of shame and stigma when disclosing instances of intimate partner and family violence.

There is still a significant knowledge and evidence gap about intimate partner and family violence within LGBTIQ+ communities, meaning that it is a relatively uncommon area of expertise within health and social service settings, including for many agencies that specialise in non-LGBTIQ+ intimate partner and family violence.

LHA recommends investment in the exploration and implementation of innovative service models that bring together the intimate partner and family violence sector with LGBTIQ+ specialists organisations to look at ways in which culturally safe services can be provided to LGBTIQ+ people.

To ensure services are culturally safe and appropriate for both victims and perpetrators of intimate partner and family violence within LGBTIQ+ communities, LGBTIQ+ community-controlled organisations must be involved in the planning and delivery of training to mainstream services.

**Recommendation:** Funding to develop nationally consistent, regular and targeted education and training within mainstream services and police, including in relation to

the nature, features and dynamics of intimate partner violence and its particular impact on those from LGBTIQ+ communities.

**Recommendation:** Fund a national forum to undertake a review of best practice models for intimate partner and family violence among LGBTIQ+ communities to inform a whole system and government response.

### *Alcohol and other drugs*

The National Drug Strategy 2017 – 2026 recognises that while whole of population strategies can be very effective at reducing total harm and social impact of alcohol and drug use, there are specific priority population groups who have higher risk of experiencing disproportionate harms (direct and indirect) associated with alcohol, tobacco and other drugs. The Strategy states that policy responses designed to prevent and minimise the harms of alcohol, tobacco and other drugs should have particular reference to these priority populations. This is to ensure that new efforts will benefit those most at risk of harm, marginalisation, and disadvantage. The Strategy identifies LGBTI people as a priority population.

The rationale for prioritising the LGBTI communities within the strategy is supported by evidence that shows that there are higher rates of alcohol and other drug use among LGBTI communities when compared to the general population.

**Recommendation:** Designated funding for LGBTIQ+ community-controlled health organisations to provide direct service provision, harm reduction and health promotion programs.

**Recommendation:** Designated funding to train existing alcohol and other drugs services to work with LGBTIQ+ communities to ensure “no wrong door” approach to service access.

**Recommendation:** Fund a national targeted alcohol and other drug use awareness and education campaign.