



Beyond Urgent

# **National LGBTIQ+ Mental Health and Suicide Prevention Strategy**

2021-2026





# Acknowledgements



LGBTIQ+ Health Australia (LHA) is located on the lands of the Gadigal people of the Eora Nation. LHA acknowledges the traditional owners of country throughout Australia, their diversity, histories and knowledge and their continuing connections to land and community. LHA pays its respects to all Australian Indigenous peoples and their cultures, and to Elders of past, present and future generations.

The development of this Strategy has been informed by the lived experience of LGBTIQ+ community members. LHA wishes to thank:

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- The 160 LGBTIQ+ community members, many of whom have lived experience of poor mental health or suicidality, who contributed to the development of this Strategy.

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# Foreword

Development of this Second National LGBTIQ+ Mental Health and Suicide Prevention Plan comes at a critical juncture for LGBTIQ+ people in Australia.

The Covid-19 pandemic brought broader public focus on the need for mental health support and further exposed the inadequacy of mental health care for LGBTIQ+ communities.

The report of the Productivity Commission inquiry on mental health was released November 2020, with the first National Suicide Prevention Adviser providing her final advice to the Prime Minister in December 2020. In response, the Australian Government released its National Mental Health and Suicide Prevention Plan in May 2021 committing to reform the system and continue work toward zero suicides.

Building on these reports, the Government’s new national plan acknowledges LGBTIQ+ communities as a particularly vulnerable with high rates of poor mental health, suicide and suicidal distress.

LGBTIQ+ people demonstrate considerable resilience despite adversity, but our communities continue to experience concerning levels of discrimination, harassment and violence, compared to the general population. Mental health outcomes remain poor or are getting worse.

An urgent, whole-of-government response is needed nationally, coordinated with the states and territories, in partnership with well-resourced LGBTIQ+ community-controlled health organisations.

LGBTIQ+ communities are an essential part of the solution and community-controlled health organisations need resourcing and investment to meet our community’s needs. The strength of the mental health and wellbeing of LGBTIQ+ communities will be judged by the strength and resilience of our LGBTIQ+ community-controlled health organisations.

On behalf of LGBTIQ+ Health Australia, I am proud to present the Second National LGBTIQ+ Mental Health and Suicide Prevention Strategy.

It aims to support government to deliver its commitment to improve mental health and work toward zero suicides. It provides guidance on effective implantation of policy and plans nationally, and for the Prime Minister, Premiers and Chief Ministers in developing a new National Agreement that ensures all jurisdictions work together to build a better mental health and suicide prevention system.

**It’s beyond urgent.**

There is no time to waste on political and ideological differences—we need strategic national leadership to create close collaboration across all jurisdictions to address the ongoing and unacceptable health disparities, which cause harm every day.

I thank the hundreds of people who contributed to the development of this Strategy. It is essential this collaboration is sustained as governments, the broader health system and LGBTIQ+ health sector work together to implement much needed and urgent action.

**Nicky Bath**

Chief Executive Officer  
LGBTIQ+ Health Australia



## About LGBTIQ+ Health Australia



LGBTIQ+ Health Australia 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, which includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers and individuals.

LHA leads key national initiatives that work directly to improve mental health and reduce psychological distress and suicidality among LGBTIQ+ people in Australia:

- **QLife** provides anonymous and free LGBTIQ+ peer support and referral for people in Australia wanting to talk about sexuality, identity, gender, bodies, feelings or relationships. QLife includes telephone and web-based peer support and referral service for LGBTIQ+ people and is staffed by highly experienced LGBTIQ+ staff and volunteers Australia-wide.
- **MindOut** develops and delivers national suicide prevention initiatives for the mental health and suicide prevention sectors to assist those sectors to better meet the needs of LGBTIQ+ populations. MindOut achieves this through developing resources for and providing capacity building initiatives to the mental health and suicide prevention sectors; and providing mental health and suicide prevention education for LGBTIQ+ people.

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 health portfolios of significance to LGBTIQ+ communities.

<https://www.lgbtiqhealth.org.au>





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Executive Summary

Although many lesbian, gay, bisexual, transgender, intersex, queer people and other sexuality and gender diverse (LGBTIQ+) people live healthy and happy lives, a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours compared with the broader population.

These adverse health outcomes are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities.

LGBTIQ+ people are identified as a priority population in national strategies, including the National Mental Health and Suicide Prevention Plan. These acknowledge the disproportionate rates of illness, the limited impact of existing approaches and the need for targeted responses to the specific vulnerabilities of LGBTIQ+ people.

LGBTIQ+ Health Australia (LHA) has developed this National LGBTIQ+ Mental Health and Suicide Prevention Strategy in response to the need for urgent action on mental health and suicide prevention for LGBTIQ+ communities. The work has been undertaken in the context of significant national policy development for mental health and suicide prevention, including the Productivity Commission inquiry and the work of the Prime Minister’s National Suicide Prevention Adviser.

Based on consultation, available research and existing policy, this strategy sets out four central goals with actions to achieve those goal:

- 1. Preventive action and early intervention** to reducing the rate of psychological distress and suicidality among LGBTIQ+ communities caused by stigma, discrimination and other body, gender and sexuality shaming.
- 2. Increased access to safe and inclusive mental health care** through investment in LGBTIQ+ specialist and inclusive care, including peer support, while strengthening systems to deliver safe and effective mainstream services.
- 3. Empowerment to improve wellbeing for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys**, with an onus on all mental health services to be culturally safe and support initiatives that strengthen healing among Aboriginal and Torres Strait Islander peoples.
- 4. Reform to deliver effective responses to LGBTIQ+ mental health and suicidality** through improved governance in collaboration with LGBTIQ+ communities, sustainable resourcing, accurate and timely data, and development of more evidence-based strategies.

This Strategy recognises that meaningful improvements require action by all governments across Australia, partnerships between all parts of the health sector, and effort across multiple other sectors including education, employment, social services, housing and justice.

This strategy provides a roadmap over the next five years to deliver a mental health and suicide prevention system that delivers equality of outcomes for LGBTIQ+ communities.

## About this Strategy

The Strategy articulates a national agenda for improving mental health, strengthening social and emotional wellbeing and reducing suicidality among LGBTIQ+ community members. It translates relevant national policies and goals into the specific context of LGBTIQ+ communities, and sets priorities for coordinated action among diverse stakeholders, including:

- **governments** seeking to improve the mental health and wellbeing of LGBTIQ+ people
- **mainstream mental** health organisations and clinicians seeking to provide more accessible and appropriate services to LGBTIQ+ people, including Aboriginal and Torres Strait Islander peoples.
- **primary health care networks and others** charged with improving the wellbeing of local communities
- **other human services organisations and sectors**, such as sexual health, drug and alcohol, and domestic and family violence services, including LGBTIQ+ community-controlled organisations.
- **research and data collection bodies**, such as the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW), coroners, universities and other research institutions.

The Strategy also articulates the activities that LHA will undertake over the coming five years to contribute towards the goals. This Strategy has been informed by:

- Consultations with community members and leaders, LHA member organisations, LGBTIQ+ clinicians, and LHA staff members.
- A review of research and policy, including the work of the Prime Minister’s Suicide Prevention Adviser and Productivity Commission, Private Lives 3, Writing Themselves In 4, the Darlington Statement and other literature on mental health and suicidality among LGBTIQ+ people.

## The Strategy in context

**Through a strategic and coordinated approach, we can reduce the mental health disparities between LGBTIQ+ populations and the general community. This requires an effort across multiple sectors beyond health, including education, employment, social services, housing and justice.**

Governments across Australia are committed to improving mental health and reducing rates of suicide. These goals require action on the mental health and wellbeing of LGBTIQ+ Australians.

LGBTIQ+ populations experience a higher burden of poor mental health and higher rates of suicidality than the general population. Within these communities is enormous diversity and some carry an even greater burden, including Aboriginal and Torres Strait Islander peoples, trans and gender diverse people (especially young trans people), and people with an intersex variation.

The rates reflect stressors that LGBTIQ+ populations are uniquely exposed to because of sexuality, gender and bodily diversity being socially stigmatised.

Despite the higher prevalence of poor mental health and suicidality, LGBTIQ+ people experience sub-optimal access to mental health assessment, treatment and support, and consequently are at higher risk of presenting in crisis. LGBTIQ+ people seek access to LGBTIQ+ specialist and LGBTIQ+ inclusive mental health care. Community-controlled LGBTIQ+ organisations have substantial expertise in providing that care but are not currently funded to provide those services at scale.

Most LGBTIQ+ people receive access through the mainstream mental health system (including via primary care). Despite pockets of excellence, few mainstream providers have substantially invested in ensuring that their models of care are truly LGBTIQ+ inclusive, and there is significant variability in the capacity and willingness of mainstream workforces to provide LGBTIQ+ inclusive care.





## The mental health of LGBTIQ+ people in Australia

### A STATISTICAL SNAPSHOT



#### Mental Health

- LGBTIQ+ people are nearly **six times more likely** to experience and be diagnosed with depression
- Transgender and gender diverse people aged 18 and over are **five and a half times more likely** to experience and be diagnosed with depression
- People with an intersex variation are **over twice as likely** to experience and be diagnosed with depression
- LGBTIQ+ people are **two and a half times more likely** to have been diagnosed or treated for a mental health condition in the past year.



#### Suicide

- LGBTIQ+ young people aged 16 to 27 are **five times more likely** to have attempted suicide
- Transgender people aged 14-25 are **fifteen times more likely** to have attempted suicide
- People with an intersex variation aged 16 and over are **nearly six times more likely** to have attempted suicide
- Rates of psychosocial distress and suicidal ideation are **higher among those who identify as bisexual, pansexual, queer or asexual.**



#### Self-Harm

- LGBTIQ+ young people are **over four times as likely** to engage in self-injury
- Transgender people aged 18 and **over are six and a half times more likely** to engage in self-injury
- People with an intersex variation aged 16 and over are **over three times more likely** to engage in self-injury
- LGBTIQ+ young people who experience **abuse and harassment** are even more likely to have self-harmed.

#### Private Lives 3<sup>1</sup>

- Some **57% of participants** in Private Lives 3 reported **high or very high psychosocial distress** in the previous four weeks, compared to 13% of the general community.
- **22% of participants** in Private Lives 3 had experienced homelessness, compared to 13.4% of the general population.
- Private Lives 3 found the percentage of LGBTIQ+ people who were unemployed or unable to work was **more than double the national rate.**

Note: Available research uses a range of terms and groupings. This snapshot reflects the framing and terminology of the source research. For further information, see LGBTIQ+ Health Australia's Snapshot of Mental Health and Suicide Prevention, April 2021. <https://www.lgbtiqhealth.org.au/statistics>

<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 number 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University



## National policy framework

### A priority population in national strategies

LGBTIQ+ people are identified as a priority population in a range of national strategies, including the National Drug and Alcohol Strategy, National Men's Health Strategy, National Women's Health Strategy and National Mental Health and Suicide Prevention Plan.

These Strategies acknowledge:

- the disproportionate rates of illness and disadvantage experienced by LGBTIQ+ people
- the limited impact of existing approaches on reducing those rates
- the need for targeted responses to the specific vulnerabilities of LGBTIQ+ people.

In recent years, several state and territory governments have developed LGBTIQ+ health strategies and the Australian Bureau of Statistics (ABS) developed standards for data collection about LGBTIQ+ communities. However, a coordinated and consistent approach is needed for equality of outcomes.

Progress has been variable due to limited coordination and investment. While recognising specific needs and significant health disparities, existing strategies routinely lack specific goals, targeted actions and dedicated funding for LGBTIQ+ organisations, services and programs.

### A “Prevention Compassion Care”—National Mental Health and Suicide Prevention Plan

The Australian Government's 2021 National Mental Health and Suicide Prevention Plan aims to deliver structural reform to build a mental health and suicide prevention system that is joined up, resourced and assures all Australians that they matter.

The response is based on five pillars—prevention and early intervention, suicide prevention, treatment, supporting the vulnerable, and workforce and governance.

The plan acknowledges that LGBTIQ+ Australians have disproportionately high rates of poor mental health, suicidal distress and suicide. It identifies the need for targeted interventions and new services with expertise to care for vulnerable groups including LGBTIQ+ people.

The plan specifically references the need for suicide prevention initiatives, sector skills development provided by MindOut, and telephone counselling and support services provided by QLife.

Through the National Cabinet, the Prime Minister, Premiers and Chief Ministers have committed to a new National Agreement on Mental Health and Suicide Prevention by November 2021 that ensures all jurisdictions work together to build a better mental health and suicide prevention system.

### Prime Minister's National Suicide Prevention Adviser—Final Advice

In July 2019, the Prime Minister announced that the Australian Government would work towards zero suicides and appointed Ms Christine Morgan as the first National Suicide Prevention Adviser.

The Final Advice, released 19 April 2021, identified LGBTIQ+ communities as a priority and recommended that the Australian Government prioritise action and funding for evidence-based initiatives that would reduce rates of suicide among LGBTIQ+ communities.

The Report also identifies:

- the need for early intervention, including investment in outreach support
- the need for population-level interventions that address key social determinants of health
- the central role of people with lived experience in design and delivery of future service models
- the need for improved data and evidence to inform decision making.

### Productivity Commission inquiry on mental health

The Productivity Commission inquiry on mental health comprehensively reviewed the mental health system based on extensive consultation with the public and key stakeholders. The final report was handed to the Australian Government on 30 June 2020 and released publicly on 16 November 2020.

The final report discusses key influences on people's mental health, examines the effect of mental health on people's ability to participate and prosper in the community and workplace, and implications for our economy and productivity.

It provides 21 recommendations with 103 associated actions spanning five key themes:

- prevention and early help for people
- improve people's experiences with mental healthcare
- improve people's experiences with services beyond the health system
- equip workplaces to be mentally healthy
- instil incentives and accountability for improved outcomes.

The Final Report recognises LGBTIQ+ people:

- are more likely than the general population to face stigma and discrimination
- are a population group at higher risk of poor mental health and suicidal behaviours
- need improved access to appropriate services, with a well-trained workforce that can provide high quality and culturally safe services for all Australians.

Emergence of jurisdictional LGBTIQ+ health strategies

State and territory governments are developing LGBTIQ+ strategies reflecting the need for coordination, inclusive and specialised services, research and data collection, and targeted action.

Existing strategies include:

- Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019–2024 Diverse communities, diverse care
- NT Health Inclusion Strategy: Plan of actions 2019–2022: Respecting people with diverse sexualities and gender identities (being reviewed)
- Capital of Equality: An ACT Government strategy to deliver equitable outcomes for Lesbian, Gay, Bisexual, Trans, Intersex & Queer (LGBTIQ+) people 2019–2023.

Strategies are also under consideration and development by the Victorian, Tasmanian and New South Wales governments.

ABS Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables

The Australian Bureau of Statistics (ABS) published the Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables (2020 Standard) in January 2021.<sup>1</sup> This provides four variables that can provide comprehensive demographic data on LGBTIQ+ population groups.

The 2020 Standard is being implemented across major health datasets to help inform decision making, planning, policy development, research, and program implementation and evaluation.

<sup>1</sup><https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

A continuum of care

LGBTIQ+ people need access to the full continuum of care, including:

- **Health promotion** to strengthen individual and population level protective factors and address risk factors across Indigenous and non-Indigenous society.
- **Early intervention**, including access to diagnosis, treatment and support at the point that psychological distress and/or suicidality first becomes apparent. This can be provided by appropriately trained, culturally safe, primary care providers as well as specialist mental health care staff.
- **Crisis support**, including access to community-based and inpatient care facilities when an individual is at crisis point.
- **Recovery-oriented, post-vention support** in community settings.

For trans and gender diverse people, this includes access to gender-affirming care.

For Aboriginal and Torres Strait Islander peoples, this includes access to LGBTIQ+ wellbeing services in Aboriginal community-controlled health services.

At present, there is an urgent need for increased investment across the entire continuum.



## What contributes to worse outcomes?

Published literature and consultation highlights the following key causes:

### Individual discrimination

Experiences of violence and personal rejection, such as by family, at school and in workplaces can undermine self-esteem and contribute to social isolation.

### Structural discrimination

Macro-level conditions limit opportunities, resources and well-being, including the impacts of political and media narratives that stigmatise gender and sexual identity and perpetuate heteronormativity, cis-genderism, homophobia, transphobia and biphobia.

### Intersecting discrimination, including racism

Many LGBTIQ+ community members experience prejudice in relation to other factors such as being Aboriginal and/or Torres Strait Islander, disability, age, ethnicity, gender, HIV status, disability, drug use, as well as the stigma of living with poor mental health. Discrimination and lateral violence also occur within LGBTIQ+ communities.

### Minority stress

Stigma, prejudice and discrimination create an environment that causes or exacerbates mental health problems and can lead to internalised stigma and pressure to conceal sexuality or gender identity.

### Intergenerational trauma

Decades of discrimination and stigma result in a legacy of trauma affecting a person's feelings, thoughts and behaviour. Aboriginal and Torres Strait Islander people experience high rates of intergenerational trauma due to the ongoing impacts of colonisation.

### Involuntary medical intervention

Forced medical interventions, particularly affecting people with intersex variations, can affect an individual's sense of bodily autonomy and integrity, and undermine their self-esteem, their self-efficacy and their trust in others.

### Lack of gender affirmation

Lack of access to gender affirming care for trans and gender diverse people can undermine an individual's sense of autonomy and self-determination.

### Pathologisation

Treatment of gender identity, sexuality or intersex characteristics as pathological, including religious conversion practices, can result in chronic, complex trauma.

### Social isolation

Lack of connectedness with others can undermine self-esteem and create a feeling of 'not belonging' or not being valued.

### Sexual, domestic and family violence

LGBTIQ+ people face equal or higher rates of intimate and family violence, including unique forms such as the threat of being outed or pressure to conform.

### Clinical mental health conditions

Depression, anxiety and other clinical conditions can create psychological distress and undermine protective factors (such as the ability to form and sustain relationships with others).

### Lack of access

Cost, lack of inclusive services, location and Medicare ineligibility can result in lack of access to suitable care or avoidance of services, a risk factor for poorer health outcomes.

### Homelessness, poverty, unemployment and disrupted education

Members of LGBTIQ+ communities have significantly higher rates of homelessness, poverty, unemployment and disrupted education due to the compounding impact of discrimination and minority stress. These social determinants of health affect identity, sense of purpose and community participation.

### LGBTIQ+ communities share many commonalities, particularly in relation to the experience and impact of minority stress.

At the same time, LGBTIQ+ communities are diverse: lesbian, gay, bisexual, transgender, intersex, queer people and other sexuality and gender diverse communities have distinct needs and distinct histories in relation to accessing and receiving health care. Many LGBTIQ+ people have intersecting identities across expose them to overlapping forms of discrimination and marginalisation, which may compound the risk of poor mental health outcomes and suicidality. This can be a significant problem for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds or people of faith, who can face rejection from each of their communities.

Trans and gender diverse people (especially trans and gender diverse young people) including Brotherboys and Sistergirls carry a disproportionate burden when it comes to mental health outcomes.

Intersections with other identities and experiences may also impact on an individual's wellbeing and access to health care—such as being Aboriginal and/or Torres Strait Islander; ethnic, cultural and religious background; age; having a disability; neurodiversity; socio-economic status; and geographic location.



## Improving outcomes

### Prevention: promoting mental health and wellbeing

There are many protective factors that enable LGBTIQ+ people to flourish and enjoy good mental health and a good quality of life, including:

- **Healthy self-esteem** and resilience are key protective factors for psychological wellbeing.
- **A sense of purpose** is linked to psychological strength and a sense of belonging.
- **Feeling included and safe in one's family and in all communities** is a pre-requisite for psychological health.
- **Positive relationships, including relationships with family, friends and intimate partners** create a sense of belonging, and can affirm identity and value.
- **Community connectedness, including connectedness to LGBTIQ+ communities and culturally diverse communities**, creates a sense of belonging and can affirm identity and value.
- **Self-determination and human rights**, especially for Aboriginal and Torres Strait Islander peoples and people with disability, play a critical role in supporting social and emotional wellbeing.
- **The right to practice culture and apply cultural protocols**, especially for Aboriginal and Torres Strait Islander peoples, is linked to psychological strength, belonging, identity and value.
- **Gender affirmation and gender affirming health care** promotes autonomy and self-determination for trans and gender diverse people.

## Roles and Responsibilities

For individuals, access to clinical care and peer support can play a vital role in recovery and building resilience. Providing safe, accessible, quality health care is a shared responsibility between State/Territory and Australian Governments.

At a national level, the Australian Government is responsible for funding for primary health care (which is both a key site of mental health support and a key pathway into specialist mental health services), the Medicare Benefits Scheme (which includes item numbers for publicly subsidised psychological services) and the Pharmaceutical Benefits Scheme (which covers approved medications for treatment and management of mental health).

State and territory governments hold the bulk of responsibility for management of inpatient and outpatient services, including community-based mental health care.



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**Intervention: access to services**

Access to safe and high-quality care plays an important role in individual and collective wellbeing.

Concern about the safety or quality of care can lead LGBTIQ+ community members to avoid or defer accessing health services until they face a crisis, rather than for prevention or early intervention, or to withhold information about their sexuality, gender identity or bodily diversity. These factors also contribute to poor retention in care and higher risk of late diagnosis.

Most LGBTIQ+ people access some form of health care each year. The bulk of this occurs in mainstream clinical settings such as medical clinics, mental health services. Only a minority access LGBTIQ+ specialist care or LGBTIQ+ inclusive care.

However, a majority of LGBTIQ+ people say that they would prefer to access an LGBTIQ+ specialist or LGBTIQ+ inclusive service. Central reasons that many LGBTIQ+ people actively prefer LGBTIQ specialist and LGBTIQ+ inclusive services include:

- **Peer support** is a unique attraction of community-controlled organisations, and a deeply valued form of support, especially when provided by specific peer groups, such as people with lived experience as trans and gender diverse or with and intersex variation. Through understanding enabled by shared lived experience, peer support can aid recovery and engage people that mainstream services have not reached. It can reduce the marginalisation and stigma that triggers much of the poor mental health experienced by LGBTIQ+ communities. LGBTIQ+ community organisations are often staffed by community members and have grown out of the community.

- **Cultural safety** is anticipated in LGBTIQ+ organisations by people who have previously experienced homophobia, transphobia, biphobia and other discrimination against bodily diversity in mainstream medical and mental health services. For many, this has been compounded by other forms of discrimination, in particular racism.

There is a substantial and growing gap between the demand and supply of LGBTIQ+ specialist and LGBTIQ+ inclusive services.

These services receive negligible ongoing funding to provide mental health care and suicide prevention initiatives and LGBTIQ+ inclusive services have considerable discretion about the extent to which they actively provide inclusive care. Many LGBTIQ+ specialist and some LGBTIQ+ inclusive services report long wait lists and severe constraints on capacity. For many people, LGBTI+ inclusive services are not accessible due to the remoteness, lack of cultural safety, or cost of services.

Telehealth services have bridged some access gaps, especially due to distance. Expanding the availability and affordability of these services can allow greater access to LGBTIQ+ inclusive services.





# Strategic Principles

## Self-determination for Aboriginal and Torres Strait Islander peoples

- Aboriginal and Torres Strait Islander peoples, including people with lived experience of poor mental health and suicidality, control the factors that shape their social and emotional wellbeing.
- Responses to Aboriginal and Torres Strait Islander social and emotional wellbeing are co-designed and co-delivered with the community and built on Aboriginal and Torres Strait Islander ways of knowing, being and doing.
- Aboriginal and Torres Strait Islander peoples have access to a full range of culturally safe and inclusive health services, including LGBTIQ+ inclusive Aboriginal community-controlled services, LGBTIQ+ specialist services and mainstream services.

## Data and evidence

- Accurate, reliable and timely data on LGBTIQ+ demographics, mental health and suicidality informs policy development, delivery and evaluation.
- Data and evidence collected on and about LGBTIQ+ people include LGBTIQ+ people in all processes of data collection.
- The evidence base is continuously developed about the needs of LGBTIQ+ communities, particularly evidence about effective practice in improving mental health and reducing suicidality.

## Intersectionality

- Stigma and discrimination are addressed through an intersectional lens with consideration of social structures of exclusion, as discrimination is shaped by many factors, including a person's age, sex, class, cultural background, where they live, abilities and medical conditions.
- Effective policies, services and programs recognise and respond to the diversity of LGBTIQ+ people and communities, including the uniqueness of lesbian, gay, bisexual, transgender, intersex and queer communities, as well as recognising that the identity and experience of each person.
- Person-centred care allows each person's unique identity to be expressed and taken into consideration in the provision of care.
- Some communities, groups and individuals have specific needs that require greater prioritisation and urgency to achieve equity of health outcomes, including Aboriginal and Torres Strait Islander peoples, young LGBTIQ+ people, trans and gender diverse people, and people with an intersex variation.

## Access

- LGBTIQ Australians receive universal healthcare to access health services they need, when and where they need them, without financial hardship.
- LGBTIQ+ people receive welcoming, equitable and inclusive care from community-controlled and mainstream services.
- Services employ a 'No Wrong Door' policy so that the service a person accesses connects them to the care they need.

## Lived experience

- LGBTIQ+ Indigenous and non-Indigenous people and communities are acknowledged as the experts in their own lives.
- Co-design and co-delivery with specific lesbian, gay, bisexual, trans/ transgender, intersex, queer and/ or other sexuality, gender and bodily diverse communities are embedded in all program and service design and funding arrangements.

## Social inclusion

- LGBTIQ+ people are fully included in all aspects of Australian society and discriminatory attitudes, legislation and policy are addressed.
- Services and programs actively prioritise LGBTIQ+ inclusion to overcome obstacles to access.

## Human rights

- Efforts to improve psychological, and social and emotional wellbeing of LGBTIQ+ people, and to reduce suicidality, are underpinned by human rights. For Aboriginal and Torres Strait Islander people this includes the United Nations Declaration on the Rights of Indigenous People (UNDRIP).
- Current practices that contradict human rights are eliminated, including non-consensual medical treatment of people with intersex variations.

## Across the lifespan

- LGBTIQ+ people's needs change over the course of their lives.
- Programs and services respond to the distinct needs of each phase of life and the unique strengths and vulnerabilities associated with each.
- Aboriginal and Torres Strait Islander LGBTIQ+ people have the added trauma from colonial policies and legislations which is passed on across generations.



## Strategic Goals and Actions

### Goal 1:

#### Reduce the rates of psychological distress and suicidality among LGBTIQ+ communities

At a population level, the underlying drivers of the disproportionately high rates of psychological distress and suicidality among LGBTIQ+ people are discrimination, and minority stress.

Discrimination has a range of impacts, including reducing self-esteem and resilience, reducing connection to family, friends and community, preventing access to gender-affirming care and enabling non-consensual medical interventions on people with intersex variations. Experiences of discrimination also play a key role in disrupting LGBTIQ+ people's engagement in education and employment, thus creating the disproportionate rates of homelessness and poverty among our community.

The centrality of discrimination in shaping LGBTIQ+ mental health and suicidality is recognised in the Australian Government's Fifth National Mental Health and Suicide Prevention Strategy (2017), which identifies reducing discrimination as a priority for improving LGBTIQ+ mental health and suicidality. This will require immediate and long-term interventions, co-designed with Indigenous and non-Indigenous LGBTIQ+ communities.

Priority	Actions	Who
Coordinated national and state response	Provide sustainable resourcing for state and national peak bodies to effectively engage with government the sector and deliver on their research, policy, consultation, coordination, capacity building and advocacy functions.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li></ul>
	Increase funding to state and territory LGBTIQ+ Indigenous and non-Indigenous community-led organisations to deliver LGBTIQ+ inclusive services and to provide local leadership, coordination and training on culturally safe responses to poor mental health outcomes and suicidality.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>LGBTIQ+ community organisations</li></ul>
Intersecting stigma about sexuality, gender and bodily diversity	Provide visible, active leadership on issues relating to LGBTIQ+ psychosocial wellbeing, through policy development and advocacy.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li><li>LHA</li><li>Community organisations</li></ul>
	Deliver evidence-based campaigns and programs targeting LGBTIQ+ communities that strengthen psychosocial wellbeing and self-esteem.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Community organisations</li></ul>
	Deliver campaigns and programs targeting the broader community that reduce discrimination and promote understanding.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>Community organisations</li><li>Broader community</li></ul>
	Deliver campaigns and programs that address diversity and inclusion within the LGBTIQ+ community, including for Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people with a disability, neurodiverse people, people of faith, people from and culturally and linguistically diverse backgrounds, migrants, older people, and people living with HIV.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>Community organisations</li></ul>



Priority	Actions	Who
	Expand funding for QLife telephone counselling and support services to meet the growing need for peer support, early intervention and crisis intervention	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li></ul>
	Scale up access to education, counselling and peer support for parents, caregivers and families of trans and gender diverse young people and people with intersex variations.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Trans and gender diverse and Intersex organisations and communities</li></ul>
Legislative and regulatory protection	Prohibit as a criminal act deferable medical interventions that alter sex characteristics of infants and children without personal consent.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Intersex organisations</li></ul>
	Incorporate gender-affirming healthcare as medically necessary services under Medicare and the Pharmaceutical Benefits Scheme.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Trans and gender diverse organisations</li></ul>
	Exempt trans men and nonbinary people assigned female at birth from the 2015 Pharmaceutical Benefits Advisory Committee (PBAC) restrictions on how testosterone is prescribed under the PBS.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Trans and gender diverse organisations</li></ul>
	Remove gendered categories in health services and programs, such as Medicare billing codes, where there is no clinical need for them.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Trans and gender diverse organisations</li></ul>

Priority	Actions	Who
	Expand Medicare eligibility for migrants on temporary visas to provide access to affordable health care.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LGBTIQ+ community organisations</li><li>Migrant organisations</li></ul>
	Extend legislative and other measure to protect all LGBTIQ+ Australians from conversion practices that seek to change or suppress a person's sexual orientation or gender identity.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LGBTIQ+ community organisations</li></ul>
	Prohibit publicly funded religious organisations from discriminating against clients and staff, based on sexuality, gender or variation in sex characteristics.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Community organisations</li></ul>



## Strategic Goals and Actions

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### Goal 2

#### Increase access to safe and inclusive mental health care and support

Despite high rates of psychological distress and suicidality, LGBTQ+ communities do not have equal access to safe, high quality mental health care. A whole-of-community, whole-of-government approach is needed that recognises that half of those people who take their lives are not accessing mental health services at the time.

Limited capacity constrains access to community-controlled health services. These organisations have the clinical expertise and community knowledge to provide specialist mental health care but are not funded to meet that need. Lack of access to peer support is acute, with early intervention and post-crisis support almost entirely reliant on the unpaid efforts of LGBTQ+ community members.

Access to publicly funded mainstream health and mental health services is hampered by the lack of safety in many of those services, resulting in discrimination and a lack of knowledge and skill to provide respectful, effective and culturally safe care.

While committed clinicians provide exceptional care, infrastructure is inadequate to deliver safe and inclusive care for all LGBTQ+. A system-wide response requires publicly funded organisations to have diversity action plans and governance, service operations, workforce development, data collection and reporting in place to continuously improve the provision of care to LGBTQ+ people.

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Priority	Actions	Who
LGBTIQ+ specific support	Expand the number and range of services specifically catering to the needs of Indigenous and non-indigenous lesbian, gay, bisexual, trans, gender diverse and/or intersex people, including peer-led organisations for specific communities, and especially outside inner suburban areas.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LGBTIQ+ community organisations</li></ul>
	Invest in piloting, evaluating and scaling up models of care that may be more effective for LGBTQ+ people, such as digital health (including digital literacy and inclusion), holistic aftercare, safe rehab, alternatives to suicide support groups, and models that incorporate creativity.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research institutions</li><li>LGBTIQ+ community organisations</li><li>Primary Health Networks</li></ul>
	Increase funding for paid and voluntary Indigenous and non-Indigenous LGBTQ+ peer support, especially young people; people with a disability; neurodiverse people; trans and gender diverse people; people with intersex variations; Sistergirls and Brotherboys; and people from culturally and linguistically diverse backgrounds.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LGBTIQ+ community organisations</li></ul>
	Expand and evaluate trials of 'Peer Navigator' positions that assist at-risk members of LGBTQ+ communities, especially trans and gender diverse people, to access and navigate services that support their health and wellbeing.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LGBTIQ+ community organisations</li></ul>
	Increase funding for safe and affordable counselling and peer support for people with an intersex variation and their families.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Intersex organisations</li></ul>

Priority	Actions	Who
	Increase funding for safe and affordable counselling and peer support for trans and gender diverse people, including Sistergirls and Brotherboys.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous and non-indigenous trans and gender diverse community organisations</li></ul>
	Expand the Medicare Benefits Schedule (MBS) Better Access program to permanently include rebates for telehealth items to allow LGBTIQ+ people greater choice and flexibility to access specific services.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul>
	Build the knowledge and capacity around mental health and suicidality within the non-clinical workforce and LGBTIQ+ communities to provide gateways to services for those at risk of suicide.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LGBTIQ+ organisations</li></ul>
Mainstream services	Fund capacity-building to strengthen knowledge and skills of mental health practitioners, primary care providers and health practitioners regarding the needs of LGBTIQ+ people, particularly young, trans and gender diverse and intersex people.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Community organisations</li><li>Health practitioners</li></ul>
	Expand access to affordable (bulk billed) public health services for trans and gender diverse people, including psychosocial assessments, hormone therapy and surgery.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul>
	Provide dedicated funding to build the capacity of Aboriginal and Torres Strait Islander organisations to provide safe and inclusive services to LGBTIQ+ people.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Aboriginal and Torres Strait Islander organisations</li></ul>
	Invest in the development and implementation of LGBTIQ+ accreditation programs to support mainstream mental health services to strengthen access for LGBTIQ+ communities.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>Community organisations</li></ul>

Priority	Actions	Who
Collaboration	Coordinate peer learning and practice exchange among LGBTIQ+ community organisations working on mental health.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Community organisations</li></ul>
	Strengthen collaboration across and within the specialist LGBTIQ+ and mainstream mental health and other health services.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Services</li></ul>
	Establish and facilitate communities of practice, including with LGBTIQ+ clinicians working in private practice and in mainstream mental health services.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Services and practitioners</li></ul>
	Expand collaboration with non-LGBTIQ+ community specialist organisations such as Aboriginal community controlled, disability and multicultural health organisations.	<b>Lead</b> <ul style="list-style-type: none"><li>LGBTIQ+ community organisations</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Diverse community organisations</li></ul>
Education and training	Extend MindOut funding to continue and increase development of awareness, skills and resources for the mental health sector to support LGBTIQ+ communities, in collaboration with LGBTIQ+ people with lived experience.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Services and practitioners</li></ul>
	Develop guidelines for the inclusion of core competencies in relevant tertiary courses, including psychiatry, obstetrics, nursing, primary care and allied health care.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>Research and tertiary education institutions</li></ul>
	Develop and implement targeted capacity building for staff working in domestic and family violence, drug and alcohol services, housing, employment, education and training on the needs of Indigenous and non-Indigenous LGBTIQ+ people.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research and tertiary education institutions</li></ul>



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Priority	Actions	Who
	Government to provide additional support for school counsellors and school leaders on providing safe and inclusive support for LGBTIQ+ young people.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Education sector</li></ul>
	Government to expand school-based supports for young people, by redirecting funding from the current school chaplaincy program to the provision of qualified youth counsellors who are culturally competent on LGBTIQ+ issues.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Education sector</li></ul>
	Support development of LGBTIQ+ specific content, including co-designed and co-delivered modules in training for the lived experience (peer) workforce across vocational and higher education sectors.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Education sector</li><li>LHA</li></ul>





## Strategic Goals and Actions

### Goal 3:

#### Increased empowerment leads to improved wellbeing for LGBTIQ+ Aboriginal and Torres Strait Islander Peoples

Improving wellbeing and enhancing empowerment among Aboriginal and Torres Strait Islander LGBTIQ+ people, including Brotherboys and Sistergirls, is an urgent priority for Australia. Aboriginal and Torres Strait Islander people have distinctly diverse and different cultures.

The suicide rates for Indigenous people are twice that to non-Indigenous people and Indigenous young people are taking their lives at five times to that of non-Indigenous young people.<sup>2</sup> Anecdotally, Indigenous LGBTIQ+ people are taking their lives by suicide at a higher rate.

Empowerment is usually seen as agency contributing to competency and autonomy and overall wellbeing. Indigenous society has LGBTIQ+ sub-cultures; however, despite some recent research, there is still insufficient data on this sub-population, which results in the lack of services to address these high suicide rates. Relevant actions to support prevention and intervention for LGBTIQ+ Aboriginal and Torres Strait Islanders must be led by Aboriginal and Torres Strait Islander people and must be shaped by Indigenous ways of knowing, doing and being, as well as be responsive to the local context.

These actions focus on organisations delivering support and services for Aboriginal and Torres Strait Islander LGBTIQ+ people, including Brotherboys and Sistergirls.

<sup>2</sup> <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians>.

Priority	Actions	Who
Self-determination for Australia's First Nations	Endorse the Uluru Statement from the Heart and its invitation from First Nations to “walk with us in a movement of the Australian people for a better future”.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li></ul>
	Develop separate Indigenous LGBTIQ+ data from LGBTIQ+ data and Indigenous data to include Indigenous LGBTIQ+ population in national data sets.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>National Aboriginal Community Controlled Health Organisation (NACCHO)</li><li>Indigenous data sovereignty network – Maiam Nayri Wingara</li></ul>
	Support the establishment of dedicated Aboriginal and Torres Strait Islander LGBTIQ+ organisations.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>Indigenous and non-Indigenous community organisations</li></ul>
Improve access to culturally safe services	Expand the Aboriginal and Torres Strait Islander workforce within LGBTIQ+ community-controlled organisations.	<b>Lead</b> <ul style="list-style-type: none"><li>LHA</li><li>NACCHO</li><li>Indigenous and non-Indigenous community organisations</li></ul>
	Identify and address barriers to access for Aboriginal and Torres Strait Islander people, including Sistergirls and Brotherboys, and ensuring that programs and services are culturally safe for Aboriginal and Torres Strait Islander people.	<b>Lead</b> <ul style="list-style-type: none"><li>LHA</li><li>Indigenous and non-Indigenous community organisations</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>NACCHO</li></ul>



Priority	Actions	Who
	Consult with local Elders and local community to expand culturally appropriate ways of working.	<b>Lead</b> <ul style="list-style-type: none"><li>LHA</li><li>Indigenous community organisations</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous LGBTIQ+ organisations</li></ul>
	Strengthen referral pathways between Aboriginal community-controlled health services, LGBTIQ+ and mainstream mental health services.	<b>Lead</b> <ul style="list-style-type: none"><li>LHA</li><li>NACCHO</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous and non-Indigenous Community organisations</li></ul>
	Develop collaborative relationships with the peak body of Aboriginal community-controlled health services NACCHO to support its members to deliver safe and inclusive LGBTIQ+ social and emotional wellbeing services.	<b>Lead</b> <ul style="list-style-type: none"><li>LHA</li><li>NACCHO</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous LGBTIQ+ organisations</li></ul>





## Strategic Goals and Actions

### Goal 4:

#### Reform to data, research, funding and governance to deliver effective, community-led responses to LGBTQ+ mental health and suicidality

It will be necessary to establish national governance and resourcing to drive and monitor implementation of this Strategy and deliver sustainable and effective responses to LGBTQ+ mental health and suicidality. LHA plays a vital role in leadership, representation and coordination without dedicated government investment to deliver these functions.

There is insufficient funding to meet the needs of LGBTQ+ people. Most recent investment in mental health has exclusively flowed to mainstream organisations, with capacity to deliver on national mental health and suicide prevention priorities for LGBTQ+ people. An equity approach, as recommended by the Prime Minister's National Suicide Prevention Adviser, requires priority for funding approaches that work for LGBTQ+ communities.

There are significant gaps in the evidence base on LGBTQ+ health and wellbeing in Australia due to significant gaps in data availability, and there is no separation of Indigenous LGBTQ+ data from broader LGBTQ+ data. LGBTQ+ data has not been captured in the Census and the recent the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 (2020 Standard) is yet to be effectively implemented. Larger population studies and routinely collected data sets do not include adequate questions about sexual orientation, gender identity and sex characteristics.

Priority	Actions	Who
Governance and funding	Provide sustainable LGBTQ+ health peak funding to ensure reform is shaped by engagement with LGBTQ+ community-controlled organisations and communities, and to increase capacity for research and development, strengthen national coordination of policy and research, and increase sector capacity.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li><li>LGBTQ+ community organisations</li></ul>
	Provide coordinated, targeted investment that delivers on national priorities for LGBTQ+ mental health and suicide prevention through implementation of actions in this strategy.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li></ul>
	Reform funding and tendering, including use of selective tendering, to increase priority for LGBTQ+ community-controlled organisations to provide LGBTQ+ specific services.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous and non-Indigenous LGBTQ+ organisations</li></ul>
	Modify funding and performance contracts to require publicly funded mental health, alcohol and other drugs, homelessness, domestic and family violence, and other services to integrate LGBTQ+ inclusive models of care, practices and systems.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Health services including NACCHO</li></ul>
	Develop funding models that recognise LGBTQ+ people as a priority and support collaboration, particularly between Indigenous and non-Indigenous LGBTQ+ community-controlled organisations and the mental health sector, at the local, state and national level.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Primary Health Networks</li><li>LHA</li><li>Community organisations</li></ul>
Data collection	Include a full range of questions in the national Census to capture data on sexual orientation, gender identity and intersex status.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous data sovereignty network—MaiaM Nayri Wingara</li></ul>



Priority	Actions	Who
	Embed the ABS 2020 Standard in all national minimum datasets and other relevant data sets across the health system to ensure national consistency around the collection, production and analysis of data for LGBTQ+ populations.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Public health institutions</li><li>LHA</li><li>Indigenous data sovereignty network – Maïam Nayri Wingara</li></ul>
	Review national and state-based health and coronial data reporting to include questions that adequately capture sexual orientation, gender identity and intersex variations.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul>
Research and evaluation	Provide ongoing funding for surveys that track LGBTQ+ health and wellbeing over time, including 'Private Lives' and 'Writing Themselves In'.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul>
	Develop standards for inclusive research through the meaningful participation of people with lived and diverse experiences in research, from design and implementation to feedback to community.	<b>Lead</b> <ul style="list-style-type: none"><li>Research institutions</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>LHA</li></ul>
	Commission new community participatory research addressing specific needs of priority populations, such as trans and gender diverse people, people with intersex variations, LGBTQ+ Aboriginal and Torres Strait Islander peoples, LGBTQ+ people with disabilities, neurodiversity, and LGBTQ+ people from migrant, culturally and linguistically diverse backgrounds.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research institutions</li><li>LHA</li></ul>
	Develop mechanisms to capture baseline and periodic data on the extent and impact of intersecting stigma and discrimination in LGBTQ+ communities.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research institutions</li><li>LHA</li></ul>

Priority	Actions	Who
	Evaluate suicide prevention interventions, including development of standardised measures, to strengthen the evidence base of suicide prevention activities for LGBTQ+ communities.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research institutions</li><li>LHA</li></ul>
	Develop mechanisms to evaluate the outcomes of LGBTQ+ inclusive care for LGBTQ+ people to help inform and drive further improvements.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research institutions</li><li>LHA</li></ul>
Standards and models of care	Develop national standards of care for the care and treatment of trans and gender diverse people across the lifespan.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Research institutions</li><li>Trans and gender diverse organisations</li></ul>
	Develop models of care, clinical guidelines, clinical pathways and referral protocols to address the needs of people with variations in sex characteristics that are informed by a human rights approach, including bodily integrity, physical autonomy and self-determination.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous and non-Indigenous research institutions</li><li>Intersex organisations</li></ul>
	Expand residential models of care, such as residential rehabilitation for drug and alcohol, to be inclusive of trans and gender diverse people.	<b>Lead</b> <ul style="list-style-type: none"><li>Australian Government</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous and non-Indigenous research institutions</li><li>Trans and gender diverse organisations</li></ul>
	Expand access to care and support aligned with Aboriginal and Torres Strait Islander social and emotional wellbeing, and cultural healing.	<b>Lead</b> <ul style="list-style-type: none"><li>All jurisdiction governments</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>Indigenous research institutions</li><li>Aboriginal and Torres Strait Islander organisations</li></ul>





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**Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People**  
<https://www.lgbtiqhealth.org.au/statistics>

**Prime Minister’s National Suicide Prevention Adviser (2020: Canberra, Australia)**  
**Summary of Interim Advice**  
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-national-suicide-prevention-adviser>

**Prime Minister’s National Suicide Prevention Adviser (2020: Canberra, Australia)**  
**Compassion First, Connected and Compassionate & Shifting the Focus (Final Advice)**  
<https://www.mentalhealthcommission.gov.au/Mental-health-Reform/National-Suicide-Prevention-Adviser-Final-Advice>



**LGBTIQ+ Health Australia**

Gadigal land of the Eora Nation.  
100 Harris St, WeWork Pyrmont 2009

(02) 7209 6301  
[info@lgbtiqhealth.org.au](mailto:info@lgbtiqhealth.org.au)

[www.lgbtiqhealth.org.au](http://www.lgbtiqhealth.org.au)

