



Health and wellbeing for lesbian, gay, bisexual, trans, intersex, queer [LGBTIQ+] people and sexuality, genders, and bodily diverse people and communities throughout Australia.

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## Submission for the 2022/23 Federal Budget

### About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the 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 health portfolios 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.

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## EXECUTIVE SUMMARY

**As the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities, LGBTIQ+ Health Australia (LHA) welcomes the opportunity to provide a pre-budget submission for the 2022-23 Federal Budget.**

**LGBTIQ+ health has been and continues to be underfunded and under-resourced at both national and jurisdictional levels.** Despite recent legislative changes and advances in human rights for LGBTIQ+ people, the health disparities that LGBTIQ+ people experience remain the same or are getting worse.

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, and the need for targeted responses to the specific vulnerabilities of LGBTIQ+ people.

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.

Best practice evidence shows that many health interventions and programs are best delivered by people and communities with lived experience. Despite this, investment in LGBTIQ+ people's health is often funnelled into larger mainstream organisations rather than community-controlled health organisations that are best placed to deliver inclusive and culturally safe care to LGBTIQ+ people.

This pre-budget submission recommends strategies to address these issues in a strategic and targeted manner to reduce the significant health disparities that LGBTIQ+ communities experience.

LGBTIQ+ Health Australia recommends that the 2022-2023 Australian Budget invest in:

- **a National LGBTIQ+ health and wellbeing coordination office** to drive whole-of-government delivery of national priorities and strategies, in consultation with LGBTIQ+ communities.
- **accelerated implementation of the Australian Bureau of Statistics Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables** in datasets across the health system by 2025 to provide consistency around the collections, and production and analysis of data for LGBTIQ+ populations.
- **Private Lives and Writing Themselves** for ongoing data collection, analysis and translation.
- **The LGBTIQ+ community-controlled health sector** to increase sustainability, enhance capacity to meet demand and expand geographical reach, in line with the delivery of a 10-year National LGBTIQ+ Health and Wellbeing Action Plan.
- **intersex organisations** to work with government to implement the 2021 Australian Human Rights Commission's report and to deliver a national support service to improve access to information, counselling and peer support.



- **a targeted program with Primary Health Networks** to undertake a needs assessment on the health needs of LGBTIQ+ people and communities in each region to better invest in LGBTIQ+ community-controlled health organisations for targeted health programs and build the capacity of the primary care sector to work in a culturally competent way.
- providing LGBTIQ+ Health Australia with **capacity to engage with the National Suicide Prevention Office** and support its work for LGBTIQ+ people as an identified priority population.
- **specific LGBTIQ+ mental health funding** to build the capacity of LGBTIQ+ community-controlled organisations to scale up targeted mental health services, especially peer-based supports, and to work with mainstream services to expand LGBTIQ+ inclusive care.
- **extending aged care community volunteer visitors schemes** to all jurisdictions and areas, delivered by LGBTIQ+ health organisations, including a digital component as an effective and low-cost way to link LGBTI visitors with rural and remote consumers.
- **reviewing feasibility and strategies to effectively deliver gender affirming care** through the public health system including adequate coverage by the Medical Benefits Schedule and the Pharmaceutical Benefits Scheme.

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.



## BACKGROUND AND CONTEXT:

### The health and wellbeing disparities for LGBTIQ+ people and communities

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 health outcomes 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. Intersections with other identities and experiences also impact on wellbeing and access to health care, including but not limited to, being Aboriginal and/or Torres Strait Islander; racial and cultural background; age; having a disability; socioeconomic status; and geographic location.

*Privates Lives 3*, Australia's largest national survey of LGBTIQ+ people to date, found that in the past 12 months 39.5% of LGBTQ people reported experiencing social exclusion, 34.6% verbal abuse, 23.6% harassment such as being spat at or offensive gestures, 11.8% reported experiencing 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% of participants rated their health as very good or excellent compared to 56.4% of the general Australian population aged over 15 years.<sup>2</sup>

More than half (57.2%) of participants in the Private Lives 3 study reported high or very high levels of psychological distress.<sup>3</sup> This is four times higher than the proportion of people reporting high or very high levels of psychological distress among the general population (13.0%). When analysed by sexual orientation, 75.9% of participants who identified as pansexual, 66.7% as bisexual, 71.7% as asexual and 67.8% as queer reported experiencing high or very high levels of psychological distress. When analysed by gender, almost 75.8% of trans men, 65.6% of trans women and 74.9% of non-binary participants reported experiencing high or very high levels of psychological distress. This is compared to 59.4% of cisgender women and 43.7% of cisgender men.<sup>4</sup>

In *Writing Themselves in 4*, Australia's largest national survey of LGBTIQ+ people aged between 14 and 21 years living in Australia, a greater proportion of trans and gender diverse participants reported very high levels of psychological distress than cisgender men or cisgender women.<sup>5</sup> Nine-tenths (90.4%) of non-binary participants and trans men (89.9%) reported experiencing high or very high levels of psychological distress, followed by 88.0% of trans women, 82.0% of cisgender women, and 66.9% of cisgender men.<sup>6</sup>

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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> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Hill, A.O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., Bourne, A. (2021). Writing Themselves In 4: The health and wellbeing of LGBTQ+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University

<sup>6</sup> Hill, A.O. et al. (2021).

Aboriginal and Torres Strait Islander people who are also LGBTIQ+, Sistergirls or Brotherboys experience significant and intersecting points of discrimination and marginalisation. This includes structural, institutional, and interpersonal forms of discrimination based on race, gender, colonialism, and sexuality, gender, and/or intersex status. As a result, Indigenous LGBTIQ+ people face further challenges in relation to their overall mental health and social and emotional wellbeing. Research has shown that Aboriginal LGBTQA+ adults face specific health burdens including increased isolation, rejection from community, and increased risk for suicide, homelessness, and poor mental health.<sup>7</sup>

## PRIORITY ACTION 1:

### Invest in national coordination and LGBTIQ+ health and wellbeing

LGBTIQ+ people are 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.

The 2021-2030 National Preventative Health Strategy (NPHS) highlighted the health disparities between LGBTIQ+ communities and the wider community, particularly in cancer detection, tobacco and alcohol use, and mental health and suicide prevention. The NPHS sets important goals to improve the physical and mental health of all Australians and has acknowledged that to improve health outcomes across the board that different strategies and responses are needed for those that have specific health needs.

LHA proposes the establishment of a **National LGBTIQ+ health and wellbeing coordination office** to work across portfolios and jurisdictions to embed a focus on delivering results from national strategies and actions designed to improve health and wellbeing outcomes for LGBTIQ+ people.

The National LGBTIQ+ coordination office would involve:

- Establishment within the Australian Government of a **dedicated function with focus on LGBTIQ+ health and wellbeing**, potentially within the Department of Health, with authority to **coordinate** across the range of relevant federal portfolios and across jurisdictions nationally.
- Consolidation of existing national policies, strategies and action plans to develop a **10-year whole-of-government National LGBTIQ+ Health and Wellbeing Action Plan** (the Action Plan), that draws upon priorities and actions in national strategies and identifies key gaps.
- Engagement, at a minimum, of a dedicated **Senior Principal Policy Analyst** (or similar) to resource and drive the processes. Consideration needs to be given to the appropriate level of resourcing and structures to ensure development of the action plan and implementation.

**LGBTIQ+ people need to be engaged centrally** in the development and implementation of the Action Plan. This includes actively engaging, collaborating, and reflecting with LGBTIQ+ people and

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<sup>7</sup> Dudgeon, P., Bonson, D., Cox, A., Georgatos, G., Rouhani, L. (2015) Sexuality and gender diverse populations (lesbian, gay, bisexual, transsexual, queer and intersex – LGBTQI). Roundtable report. Canberra: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, 2015. Available at: [https://www.atsispep.sis.uwa.edu.au/\\_\\_data/assets/pdf\\_file/0005/2939189/ATSISPEP-LGBTQI-Roundtable-Report.pdf](https://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0005/2939189/ATSISPEP-LGBTQI-Roundtable-Report.pdf)



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

Appropriate governance, reporting and evaluation mechanisms are needed to ensure efficient and cost-effective outcomes, particularly coordination to deliver improved results from existing resource allocations. An inter-governmental committee could be developed to ensure actions are progressed across all portfolios with involvement and engagement from relevant stakeholders.

**Recommendation:**

That the 2022-2023 Australian Budget invest funding of \$250,000 annually to establish a National LGBTIQ+ health and wellbeing coordination office to drive whole-of-government delivery of national priorities and strategies, in consultation with LGBTIQ+ communities.

## **PRIORITY AREA 2:**

### **Data and research to drive more efficient and effective targeting of health resources**

Data on the health and wellbeing of our LGBTIQ+ communities have significant gaps, which impedes Government responses to reducing the health disparities that LGBTIQ+ people experience. Where data collection does occur, it routinely fails to ask questions that accurately and consistently record sexual orientation, gender diversity or variations of sex characteristics.

Census data underpins government funding and investment and informs government decisions in a range of areas, including healthcare and social services planning. However, questions were not included in the 2021 National Census to collect usable demographic data on sexual orientation, gender diversity and variations of sex characteristics.

This highlights an urgent need for alternative data in the short and medium term. If relevant questions are added in 2026, it will be after 2031 before initial time series data is available from the Census to plan targeted health interventions and assesses their effectiveness.

The lack of data undermines targeting resources to greatest need and capacity to measure outcomes. The lack of data means that LGBTIQ+ communities are not adequately considered in policy and program development, contributing to poorer outcomes.

#### **Implementation of the ABS 2020 Standard**

The Australian Bureau of Statistics (ABS) published the Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables ("2020 Standard"), which 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, provide comprehensive data on a particular topic, issue or population group. The result can support



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).

While some agencies have begun adoption of the 2020 Standard, it is not implemented across national minimum health datasets for mandatory collection and reporting at a national level, all relevant national population health studies and surveys, or other relevant datasets such as coroner's data that would support suicide prevention strategies.

LHA recommends conducting a scoping and mapping exercise to understand current action to implement the 2020 Standard with an additional investment to assist agencies in the infrastructure and technological improvements needed to implement the standard.

**Recommendation:**

That the 2022-2023 Australian Budget invest funding over three years to accelerated implementation of the 2020 Standard in datasets across the health system by 2025 to provide consistency around the collections, and production and analysis of data for LGBTIQ+ populations.

**Private Lives and Writing Themselves In**

The Australian Research Centre in Sex, Health and Society at LaTrobe University is the leading Australian research centre on sex and sexuality. The Centre has two flagship research projects: Private Lives and Writing Themselves In. These projects are Australia's largest national studies on the health and wellbeing of LGBTIQ+ people and are essential sources of data for our communities.

**Private Lives** is a series of national surveys of the health and wellbeing of lesbian, gay, bisexual, transgender and queer Australians. **Writing Themselves In** is the largest national study series exploring the health and wellbeing of LGBTIQ young people in Australia.

There have been three publications under the Private Lives project since 2006 and four publications under the Writing Themselves In project. Funding has been a mix of Commonwealth and state and territory investment. Funding for these research projects is not ongoing and without these vital projects there would be no longitudinal national data collected on LGBTIQ+ populations.

Continuing the work of the Private Lives and Writing Themselves project will help inform the development of the Action Plan, proposed above in Priority Area 1.

To ensure that the essential data continues to be collected through these projects, investment is needed to establish a three-year survey cycle for both projects. A three-year cycle would allow for year one to focus on Private Lives, year two on Writing Themselves In and year three on data analysis and reporting.

Sustainable investment in these projects would enable that these two large-scale surveys to secure representation from across all intersections, including a special focus on culturally and linguistic communities, people with disability and Aboriginal and Torres Strait Islanders peoples. Both surveys would include considerable community consultation across intersectional communities and health and wellbeing areas (e.g., across mental health sectors, alcohol and other drugs, homelessness, educational contexts) to ensure utility of data to inform service and intervention design and delivery.



The proposed three-year cycle increases analysis of the datasets to provide greater research translation, particularly to develop primary prevention and interventions.

**Recommendation:**

That the 2022-2023 Australian Budget invest funding of \$600,000 per year over at least six years in Private Lives and Writing Themselves for the ongoing data collection, analysis and translation.

## **PRIORITY AREA 3:**

### **Capacity building for LGBTIQ+ community-controlled health organisations**

#### LGBTIQ+ community-controlled organisations

Many LGBTIQ+ people want to be cared for and supported by services that understand their lived experiences. 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.

Australia has a network of LGBTIQ+ community-controlled health organisations, all of which are under resourced to respond to increasing demand. Many of these organisations rely on one off project funding that lasts between 12 months to 3 years. These funding arrangements are not sufficient to develop strong, resilient organisations.

LGBTIQ+ community-controlled health organisations 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 is needed to support LGBTIQ+ inclusive services and service development, including communities of practice and other capacity building initiatives.

A strategy that focuses on building capacity of the sector must include recognising the expertise of the LGBTIQ+ community-controlled health services is essential. Strengthening the current procurement and tendering processes to ensure LGBTIQ+ Community controlled health services are prioritised when funding that is allocated to address health inequalities of LGBTIQ+ communities.

**Recommendation:**

That the 2022-2023 Australian Budget invest dedicated funding for the LGBTIQ+ community-controlled health sector to increase sustainability, enhance capacity to meet demand and expand geographical reach, in line with the delivery of a 10-year National LGBTIQ+ Health and Wellbeing Action Plan (as proposed above).





## 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.

On 18 October 2022, the Australian Human Rights Commission released its report *Ensuring health and bodily integrity: towards a human rights approach for people born with variations in sex characteristics*. The report seeks to provide a pathway to address human rights issues for people with intersex variation and deliver adequate protections, despite the significance of the issues.

Effectively implementing the recommendations of this report requires the active involvement of people with lived experience and Intersex organisations, which remain substantially unfunded and rely on volunteers. 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.

Intersex Human Rights Australia (IHRA) is a national organisation by and for people with intersex variations. It promotes the human rights, self-determination and bodily autonomy of intersex people in Australia. It engages in systemic advocacy, policy development and community development, and provides information and education. Intersex Peer Support Australia (IPSA) 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.

Affirmative peer support is essential for parents, caregivers and families of people born with variations of sex characteristics. Access to this support and to specialised health information increases individuals and parents' capacity to work through complex issues, to make informed decisions and to overcome stigma and social pressure.

### **Recommendation:**

That the 2022-2023 Australian Budget invest in:

- funding for **Intersex Human Rights Australia** to facilitate systemic advocacy, particularly to build its capacity to work with governments to implement the findings of the 2021 Australian Human Rights Commission's report.
- a **national support service or phone line** to improve access to information, counselling and peer support for intersex individuals, their families and supporters.



## Role of Primary Health Networks

Primary Health Networks (PHNs) play a critical role improving population-level outcomes. Some PHNs have supported and developed targeted resources and services for LGBTIQ+ people and communities, although this is limited.

Since PHNs concentrate on geographic populations, they can experience challenges identifying and responding to the needs of LGBTIQ+ communities dispersed across multiple PHN catchment areas in each state/territory. To determine population health priorities, PHNs also rely strongly on Australian Bureau of Statistics Census data, where the needs of LGBTIQ+ populations remain invisible.

New and targeted investment for PHNs would enable stronger partnerships with LGBTIQ+ community-controlled health organisations to:

- ensure PHNs are inclusive of the LGBTIQ+ communities in each jurisdiction
- provide health policy advice
- provide training to PHN staff on cultural competency and inclusive practices
- develop guidelines for PHNs to work with those organisations to promote and disseminate information across primary care to ensure the sector works in a culturally competent framework.

A specific and targeted program could enable PHNs to identify opportunities to use existing resources more effectively and efficiently to address high prevalence issues, such as mental health and suicidality, within LGBTIQ+ populations and to address specific needs of high priorities populations, such as trans and gender diverse people and people with intersex variation.

### **Recommendation:**

That the 2022-2023 Australian Budget invest in a targeted program for Primary Health Networks to undertake a needs assessment on the health needs of LGBTIQ+ people and communities in each region to better invest in LGBTIQ+ community-controlled health organisations for targeted health programs and build the capacity of the primary care sector to work in a culturally competent way.

## **PRIORITY AREA 4:**

### **Targeted investment in LGBTIQ+ mental health and suicide prevention**

On 29 October 2021, LHA launched *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy*. The Strategy has been developed in response to the need for urgent action on mental health and suicide prevention for LGBTIQ communities. It 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.

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 disproportionately high rates of mental ill health and suicidality reflect stressors that LGBTIQ+ populations are uniquely exposed to because of sexuality, gender and bodily diversity being socially stigmatised. *Beyond Urgent* identified the need for education campaigns that promote the inclusion of LGBTIQ+ people in society more broadly and greater investment in evidence-based promotion, prevention and early intervention initiatives for LGBTIQ+ people and communities.

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.

*Beyond Urgent* identifies the need for greater investment in LGBTIQ+ specialist and LGBTIQ+ inclusive mental health care. Investment in LGBTIQ+ people's health is often funnelled into larger mainstream organisations, rather than community-controlled health organisations that are best placed to deliver inclusive and culturally safe care to LGBTIQ+ people. Despite pockets of excellence, few mainstream providers have invested in models of care that are truly LGBTIQ+ inclusive. LGBTIQ+ community-controlled organisations are well placed to work with the mainstream mental health system to expand LGBTIQ+ inclusive approaches.

Work on *Beyond Urgent* 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. In response to recommendations from this work, the Federal Government established a National Suicide Prevention Office in May 2021 to be a critical national driver of the work towards zero suicides by ensuring a whole-of-government approach informed by lived experience.

A strategic and coordinated approach is needed across multiple sectors beyond health, including education, employment, social services, housing and justice.

**Recommendation:**

That the 2022-2023 Australian Budget invest:

- \$250,000 in LGBTIQ+ Health Australia to build its capacity to engage with the National Suicide Prevention Office and support its work for LGBTIQ+ people as an identified priority population.
- Dedicate specific LGBTIQ+ mental health funding to build the capacity of LGBTIQ+ community-controlled organisations to scale up targeted mental health services, especially peer-based supports, and to work with mainstream services to expand LGBTIQ+ inclusive care.

**PRIORITY AREA 5:**

**A culturally safe and inclusive aged care system for older LGBTI people**

The Royal Commission into Aged Care Quality and Safety placed a spotlight on the experiences of older Australians accessing aged care systems. LHA's national community consultation to develop submission for the Royal Commission identified the specific needs of older LGBTI people.



The current *Aged Care Act 1997* identifies lesbian, gay, bisexual, transgender, and intersex (LGBTI) people as one of nine special needs groups. This is due to historic and continuing experiences of discrimination, criminalization, stigma, poorer health and wellbeing outcomes, and invisibility within the aged care system.

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.

Social isolation is a reality for many LGBTI older people. In our Royal Commission consultations, the LGBTI Community Visitor Scheme (CVS) emerged as an important protective factor against loneliness for older LGBTI people. It helped maintain connection to LGBTI identity, culture and community. The CVS visitor was often the only contact an older LGBTI person has with the outside world. This is most often the case with trans and gender diverse consumers, who face a high risk of elder abuse and neglect in care without visitors who can advocate on their behalf.

Impacts of loneliness and isolation can also be exacerbated by geographical location. Maintaining and expanding specialised LGBTI CVS, including the LGBTI Virtual Visitor Scheme, in rural and regional areas is essential for older LGBTI people who are particularly vulnerable to social isolation and loneliness.

Participants in our consultations expressed that they were able to relax and be their authentic selves without fearing what 'reaction' they might receive from their visitor. They believed that their CVS volunteer understood their life experiences and felt relieved that they did not have to again explain past experiences of discrimination, abuse and exclusion related to their sexual orientation, gender identity and/or sex characteristics.

Although the LGBTI Community Visitor Scheme is important for matching people from LGBTI communities with older LGBTI people in residential aged care or accessing home care support packages, it is **not available in all jurisdictions**.

**Recommendation:**

That the 2022-2023 Australian Budget invest additional funding to expand the LGBTIQ+ National Aged Care Volunteer Visitors Scheme to all jurisdictions and areas, delivered by LGBTIQ+ health organisations, including a digital component as an effective and low-cost way to deliver the LGBTI CVS to rural and remote consumers.



## PRIORITY AREA 6:

### Deliver gender affirming care in the public health system

Trans and gender diverse people experience significant mental health disparities and access barriers to gender affirming care. The majority (90.2%) of transgender and gender diverse people aged 14 to 21 experience high or very high levels of psychological distress.<sup>8</sup>

The Trans Pathways study, the largest study ever conducted of the mental health and care pathways of trans and gender diverse young people in Australia 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.” 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>9</sup>

Research has demonstrated that access to gender affirming care has reduced mental health risks and improved quality of life for trans and gender diverse people. People who had undergone some transition-related surgery were much less likely to have clinically relevant depressive symptoms.<sup>10</sup>

Whilst some aspects of gender-affirming healthcare in Australia are covered through the public health system, there are several key aspects which are not, resulting in significant out-of-pocket expenses for those seeking to affirm their gender medically and/or surgically. In practice, inequities within the public health system prohibit trans and gender diverse people from accessing the necessary services for them to affirm their gender.

Investment is needed to develop and coordinate a national approach towards gender affirming care. LHA supports the call from ACON that the Medical Services Advisory Committee, the body responsible for advising the Health Minister on medical services and procedures to be included in the MBS, be tasked with reviewing the feasibility of including gender-affirming surgeries and gender-affirming speech therapy as services covered under the MBS.

#### **Recommendation:**

That the 2022-2023 Australian Budget invest in a review of the feasibility and strategies to effectively deliver gender affirming care through the public health system, including adequate coverage by the Medical Benefits Schedule and the Pharmaceutical Benefits Scheme.

<sup>8</sup> Hill, A. O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., & Bourne, A. (2021). Writing themselves in 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne, Australia: Australian Research Centre in Sex, Health, and Society, La Trobe University

<sup>9</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>10</sup> Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancey J (2014) The First Australian National Trans Mental Health Study: Summary of Results. School of Public Health, Curtin University, Perth, Australia.