

Legislative Council Inquiry

Rural Health Services in Tasmania

June 2022



Tasmania's gender, sexuality and intersex
status support and education service

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About Working It Out

Working It Out (WIO) is Tasmania's only dedicated support, advocacy and education service for Tasmania's lesbian, gay, bisexual, transgender and intersex (LGBTIQ+) population. Our mission is to create a more just society for LGBTIQ+ individuals and their families.

WIO has been supporting LGBTIQ+ Tasmanians for over 23 years, providing services state-wide, including 1:1 counselling, peer group sessions, education and professional learning, and events, awards and activities. WIO's core funding has been via the Department of Health since 2001.

In addition, we are currently partnering with the Department of Education (DoE) to provide direct support into schools, are the Tasmanian partner for the national 'Silver Rainbow' program, delivering consultation and training to the Aged Care sector across the state; and the Tasmanian LGBTIQ+ provider for the Aged Care Know How program.

We are a nationally accredited Quality Improvement Performance (QIP) Rainbow Tick organisation and are registered to deliver the Rainbow Tick How2 Training. We promote and honour excellence in LGBTIQ+ inclusive service provision in Tasmania via our annual 'Dorothies Award', the only such award program in the state.

WIO is an important advisor to the State Government on LGBTIQ+ issues and needs, holding the co-chair position on the Whole-of-Government LGBTIQ+ Reference Group, and being a member of the Departments of Health, Education, Justice and Police, Fire and Emergency Services LGBTIQ+ reference groups.

In all our work we engage regularly with a wide cross-section of the LGBTIQ+ population. Our deep history and connection to communities means we are uniquely placed to work with and for LGBTIQ+ Tasmanians from all backgrounds.

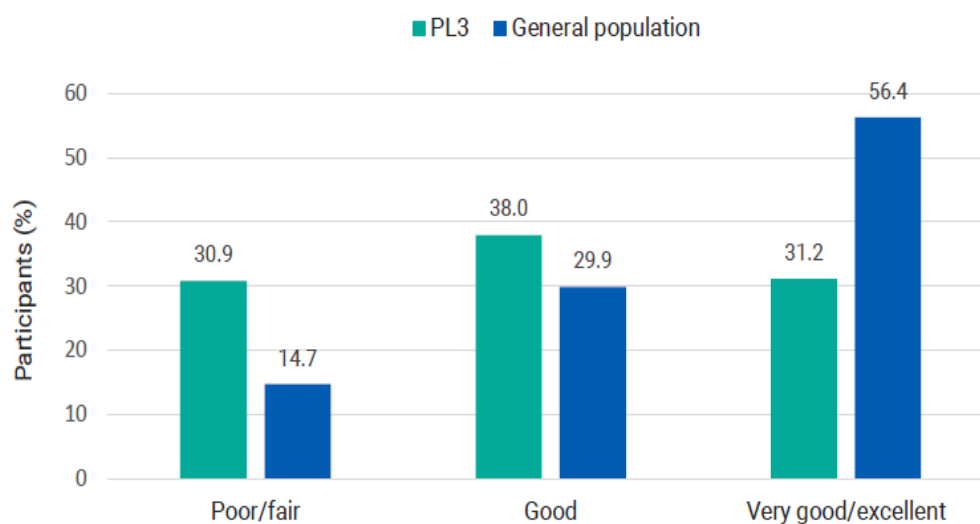
Following is our response to three topics from this inquiries terms of reference which relate directly to the experiences of LGBTIQ+ Tasmanians in rural locations.

1. Health outcomes, including comparative health outcomes

Two recent, large national studies - **Private Lives 3** (Hill et al., 2020) for over 18's and **Writing Themselves in 4** (Hill et al., 2021) 15-21 y.o – have found that LGBTIQ+ people experienced much poorer health outcomes than the general population.

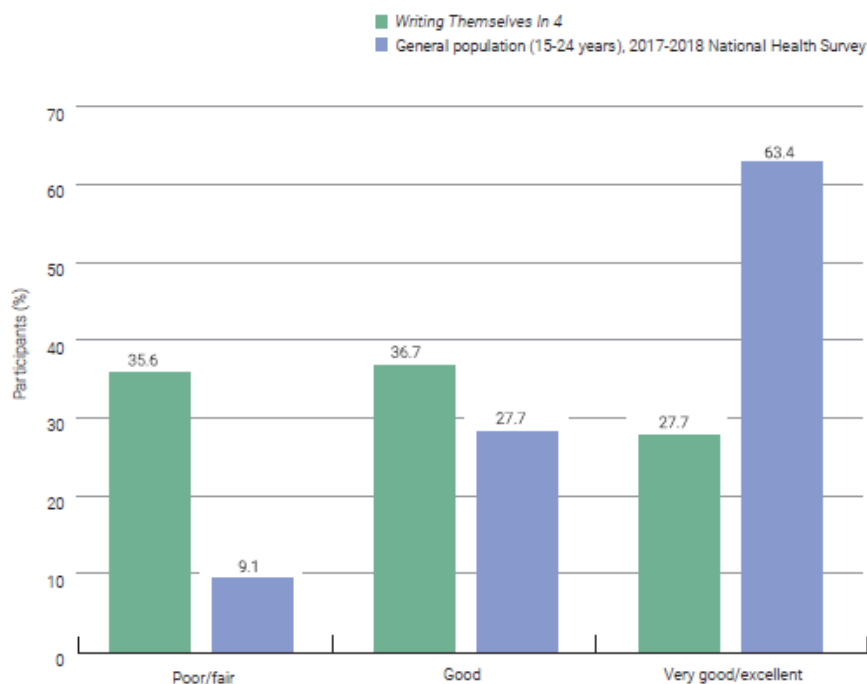
Privates Lives 3 – PL3 (Hill et al., 2020): Self-rated assessment of overall health

Figure 8: General health (n = 6,792)



Writing Themselves in 4 WT14 (Hill et al., 2021): : Self-rated assessment of overall health

Figure 28 Self-rated health of *Writing Themselves In 4* participants aged 15-21 years compared to general population aged 15-24 years, National Health Survey (2017-2018)



Outcomes for people living in rural and remote locations, were poorer than the average, with as few as 24% of LGBTIQ+ adults in rural areas reporting very good or excellent health and 36.7% reporting poor or fair health (Hill et al., 2020).

Mental health (levels of psychological distress, self-harm and suicide ideation) outcomes are ***some of the worst of any*** population group in the country.

Tasmanian specific data from the above two studies (see appendix 1 for full data) show that:

PL3

- 62.2% of LGBTIQ+ Tasmanian *adults* reported high or very high levels of psychological distress in the past 12 months, compared to 13% nationally.
- 79% had experienced suicide ideation at some time in their lives (13.3% nationally)
- 8% of people had attempted suicide in the past 12 months (0.4% nationally), 36.7% ever in their lives (13.3% nationally).

WT14

- 83% of LGBTIQ+ Tasmanian *young people* reported high or very high levels of psychological distress in the past 12 months, compared to 27% nationally.
- 89% had experienced suicide ideation at some time in their lives.
- 11.6% of people had attempted suicide in the past 12 months (3.8% nationally), 32.7% ever in their lives (5.3% nationally).

These outcomes are related to ongoing experiences of discrimination, abuse or harassment, with those impacted 1.6 times more likely to experience suicide ideation and psychological distress than those who had not experienced these abuses (Hill et al., 2020).

2. Availability and timeliness of health services

There are currently no dedicated services that meet the specific health needs of LGBTIQ+ Tasmanians.

Working It Out is funded by the division of Public Health, within the Department of Health, to provide generalist prevention and wellbeing services (1:1 support, peer groups, advocacy, education etc). Core funding supports approximately 3 staff, though this is typically supplemented with short-term grants and funding for other programs, including those in schools and aged care.

3 days a week of direct support is provided from Hobart, and under 2 days a week (13.5 hours a week) are provided in both Burnie/Devonport (combined) and Launceston. Support is also provided online, and via the phone, helping to meet the needs of people living outside urban areas. However, with such limited services, meeting the needs of people living in rural communities is difficult.

While LGBTIQ+ people can and do access mainstream health services, experiences can vary. Poor experiences, or fear of a poor experience, can lead to very low levels of service access.

Nationally, the Private Lives 3 study showed that although mainstream medical clinics were the most frequently accessed health service by LGBTIQ+ people in the past 12 months, they had the lowest proportion of participants who felt that their sexual orientation or gender identity was very/extremely respected (58.6% and 37.7% respectively) (Hills et al., 2020).

Of particular note is that only one third of trans and gender diverse participants reported feeling that their gender identity was very/extremely respected at a mainstream medical clinic (37.7%) or hospital (35.4%) in the past 12 month.

The proportion of participants who felt very/extremely respected was higher for those who attended a health service that caters only to LGBTIQ+ people or a mainstream medical clinic that is known to be LGBTIQ+ inclusive.

3. Barriers to access

A lack of access to either dedicated LGBTIQ+ health services, or LGBTIQ+ inclusive mainstream health services remains a significant barrier to accessing health services for LGBTIQ+ Tasmanians in rural and remote areas.

Not only is there a lack of dedicated LGBTIQ+ services, or a lack of surety about the inclusiveness of mainstreams services, there can be additional barriers such as the fear of outing oneself in communities with low and well-connected populations.

People in rural communities can also experience higher levels of minority stress, associated with internalised homophobia (feelings of self-loathing, fear and shame) and concealment (a fear of being discovered) compared with their metropolitan counterparts (Bowerman, 2020).

Accessing mental health services is a key area of concerns for LGBTIQ+ Tasmanians. The 2021 state government survey into the needs of LGBTIQ+ people (Dwyer et al., 2021) found that a properly funded mental health and suicide prevention strategy and services, including LGBTIQ+ specific services, and measures to ensure safety and inclusivity in mainstream service provision, was a key priority.

Other issues of concern noted in the literature include the provision of adequate services to meet the needs of gay men in relation to HIV prevention and support (Lea et al., 2017); and the lack of awareness of and support for the health needs of trans and gender diverse and intersex populations in Tasmania (Grant et al., 2021).

While online services might appear to be a ready answer in relation to mental health service provision in rural and remote locations, not all people can or want to access services online, and they may not meet the specific needs of rural communities. Bowman et al., (2020), for example, found that LGBTQ youth in rural areas are likely to have sensitive, customised needs that are not easily addressed by an en masse approach to internet-based

mental health care. Developers and providers of online supports need to take account of the challenges of negotiating availability, anonymity, privacy and connectedness.

4. Staffing of community health and hospital services

WIO was first funded by the State Government in 2001. While it has received continuous funding since then, a positive, it has had no funding increase in real terms since that time. Core funding (ie ongoing via a triennial contract) for 2022-23 is predicted to be \$414,000.

Given the plethora of national and local data highlighting the serious and ongoing health needs of LGBTIQ+ people in Tasmania, Working It Out requested a significant increase in funding (see Appendix 2) in the 2022-23 budget process. This was to ensure ongoing funding for temporarily funded programs, and to address clear gaps in our capacity to properly address the health needs of LGBTIQ+ Tasmanians across the state, particularly in the north and northwest. Our LGBTIQ+ Community Workers there - one in the north and one in the northwest - work only 13.5 hours a week each, which is inadequate.

Working It Out's 2022-23 budget bid was unsuccessful. As were our previous two submissions.

In addition to Working It Out's request, recent data has indicated the need for a dedicated LGBTIQ+ mental health and suicide prevention strategy, and a dedicated mental health service. Working It Out has been exploring models that could support the community (see Appendix 3) and is looking at ways to deliver therapeutic mental health services in addition to our current preventative measures.

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- Bowman S, Nic Giolla Easpaig B, Fox R. 2020. Virtually caring: a qualitative study of internet-based mental health services for LGBT young adults in rural Australia. *Rural and Remote Health*; 20: 5448.
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- Lea, T., Wagner, S., Anning, M., & Holt, M. 2017. *Barriers to HIV prevention and care among gay men in Tasmania: Final report*. Sydney: Centre for Social Research in Health, UNSW Sydney and Tasmanian Council on AIDS, Hepatitis & Related Diseases.

Appendix 1

Tasmanian specific data from PL3 and WT14 - attached

Appendix 2

WIO's 2022-23 Community Budget Submission – attached

Appendix 3

Proposed Therapeutic Mental Health Service Tasmania - attached

Tasmanian Data:

Private Lives 3 & Writing Themselves in 4

Courtesy Australian Research Centre in Sex, Health and Society (ARCSHS) La Trobe University

Private Lives 3 (18+)

Sample details

A total of 185 *Private Lives 3* participants were living in Tasmania at the time of the survey. Table 1 below provides an overview of the characteristics of the sample.

Table 1: Sample characteristics ($n = 185$)

SAMPLE CHARACTERISTICS	FREQUENCY (N)	%
Gender		
Cisgender man	53	28.8
Cisgender woman	71	38.6
Trans man	11	6.0
Trans woman	13	7.1
Non-binary	36	19.6
Sexual orientation		
Lesbian	35	19.1
Gay	40	21.9
Bisexual	49	26.8
Pansexual	17	9.3
Queer	21	11.5
Asexual	8	4.4
Something else	13	7.1
Age		
18-24	70	37.8
25-34	40	21.6
35-44	21	11.4
45-54	24	13.0
55+	30	16.2

Outcomes

Private Lives 3 participants were asked to respond to a number of items regarding their mental health.

Psychological distress in the past 4 weeks was assessed using the Kessler Psychological Distress scale (K10). Responses to the K10 were scored as low/moderate or high/very high psychological distress. In addition, participants were asked if they had ever attempted to end their life with the option to choose from 'no', 'yes, in the past 12 months', 'yes, more than 12 months ago' and 'prefer not to answer'. Responses were computed into variables indicating recent suicide attempt (in the past 12 months) and lifetime suicide attempt. Similarly, participants were asked if they had ever had thoughts about suicide, wanting to die or ending their life, with the same response options. These responses were computed into variables indicating recent suicidal ideation (in the past 12 months) and lifetime suicidal ideation.

Table 2 below presents the frequencies of psychological distress and suicidality among LGBTQ+ adults living in Tasmania. Further details regarding how these variables were assessed are contained within the *Private Lives 3* National report.

Table 2: Mental health outcomes among LGBTQ+ adults living in Tasmania

MENTAL HEALTH	FREQUENCY (N)	LGBTQ+ Tasmanians %	LGBTQ+ Australians %	General population %
Psychological distress				
Low or moderate	68	37.8		
High or very high	112	62.2	57.2	13
Recent suicidal ideation				
No	94	51.9		
Yes	87	48.1	41.9	2.3
Recent suicide attempt				
No	135	91.8		
Yes	12	8.2	5.2	0.4
Lifetime suicidal ideation				
No	38	21.0		
Yes	143	79.0	74.8	13.3
Lifetime suicide attempt				
No	93	63.3		
Yes	54	36.7	30.3	3.2

Writing Themselves in 4 (14-21 y.o)

Sample details

A total of 226 *Writing Themselves In 4* participants aged 14-21 years old were living in Tasmania at the time of completing the survey. Table 1 provides an overview of their demographic characteristics.

Table 1: Sample characteristics ($n = 226$)

SAMPLE CHARACTERISTICS	FREQUENCY (N)	%
Sexual identity		
Lesbian	25	11.1
Gay	30	13.3
Bisexual	75	33.3
Pansexual	37	16.4
Queer	15	6.7
Asexual	10	4.4
Something else	33	14.7
Gender		
Cisgender woman	124	56.4
Cisgender man	38	17.3
Trans woman	4	1.8
Trans man	10	4.5
Non-binary	44	20
Age		
14-17	143	63.3
18-21	83	36.7

Outcomes

Writing Themselves In 4 participants were asked to respond to a number of items regarding their mental health. Psychological distress in the past 4 weeks was assessed using the Kessler Psychological Distress scale (K10). Responses to the K10 were scored as low/moderate or high/very high psychological distress. In addition, participants were asked if they had ever attempted to end their life with the option to choose from 'no', 'yes, in the past 12 months', 'yes, more than 12 months ago' and 'prefer not to answer'. Responses were computed into variables indicating recent suicide attempt (in the past 12 months) and lifetime suicide attempt. Similarly, participants were asked if they had ever had thoughts about suicide, wanting to die or ending their life, with the same response options. These responses were computed into variables indicating recent suicidal ideation (in the past 12 months) and lifetime suicidal ideation.

Table 2 below presents the frequencies of psychological distress and suicidality among LGBTQA+ young people living in Tasmania. Further details regarding how these variables were assessed are contained within the *Writing Themselves In 4* National report.

Table 2: Mental health outcomes LGBTQA+ young people aged 14-21 years living in Tasmania

MENTAL HEALTH	FREQUENCY (N)	LGBTQ+ Tasmanians %	LGBTQ+ Australians %	General population %
Psychological distress				
Low or moderate	38	16.9		
High or very high	187	83.1	83.4	27.2
Recent suicidal ideation				
No	79	36.9		
Yes	135	63.1	59.1	11.2
Recent suicide attempt				
No	176	88.4		
Yes	23	11.6	11	3.8
Lifetime suicidal ideation				
No	24	11.2		
Yes	190	88.8	NA	NA
Lifetime suicide attempt				
No	134	67.3		
Yes	65	32.7	25.6	5.3

2022

Community Budget Submission



working it out

Tasmania's gender, sexuality and intersex
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In all our work we engage regularly with a wide cross-section of the LGBTIQ+ population. Our deep history and connection to communities means we are uniquely placed to work with and for LGBTIQ+ Tasmanians from all backgrounds.

Budget Request Summary

Recent large-scale national research projects Private Lives 3 (Hill et al., 2020) and Writing Themselves in 4 (Hill et al., 2021) with over 13,000 collective responses, have highlighted the substantial health and wellbeing gaps between LGBTIQ+ Australians and the broader population. These health inequities have proven to be persistent and profound over more than two decades. The Tasmanian data from these studies shows that LGBTIQ+ Tasmanians experience psychological distress at a much higher rate than the Australian LGBTIQ+ average (including suicidality), which in itself is higher than almost any other population group in the country.

A key recommendation of the above research is that community-led LGBTIQ+ organisations be adequately funded to meet the needs identified.

WIO has received no core funding increase, beyond CPI and ERO increases, from the State Government since being first funded in 2001. Current core funding is insufficient to make substantial and ongoing change to the health and wellbeing of LGBTIQ+ Tasmanians. It is

insufficient to offer services equitably across the state, particularly into rural and remote locations where they are most needed; insufficient to fulfill the advisory role we are expected to play in Government and the community; insufficient to meet the needs of under-served population groups; and insufficient to educate the broader community on LGBTIQ+ inclusive practices.

Current funding from the Department of Health effectively supports just 3 FTE staff state-wide. While WIO has been successful in grants submissions for additional funding in the past year, including \$108K 2021-2022 for the Working It Out Together Project (Healthy Tasmania Grant), and \$450K 2021-2023 for the Valuing Diversity Framework (Child & Youth Wellbeing Strategy) this funding is short-term and will leave significant shortfalls when it expires.

To address the high level of need among LGBTIQ+ Tasmanians, and to improve the health and wellbeing outcomes of this population groups, WIO requests a significant and ongoing budget increase.

Existing funding

	2022- 2023	2023-2024	2024 - 2025
Department of Health	\$415,000	\$425,000	\$436,000
Department of Education	\$ 50,000		
Healthy Tasmanian Grant	\$ 54,000		
Department of Premier & Cabinet (Child and Youth Wellbeing Strategy)	\$275,000	\$137,500	
Total	\$794,000	\$562,500	\$436,000

Additional funding

To cover existing programs on an ongoing basis, and to fill in the gaps in existing service provision, additional funding as below is required:

	2022- 2023	2023-2024	2024 - 2025
Department of Health	\$418,000	\$476,000	\$486,000
Department of Education		\$144,000	\$295,000
Total Additional Funding	\$418,000	\$620,000	\$781,000
Overall funding	\$1,212,000	\$1,182,000	\$1,217,000

Thereafter, funding levels to be maintained with CPI increases.

Additional Budget Request

This additional funding request aligns closely with the preliminary findings of the State's LGBTIQ+ Community Survey conducted in 2021 as outlined in the LGBTIQ+ Tasmanians: Telling Us the Story, Interim Progress Report (Dwyer, Grant, Mason & Barnes, 2021) which strongly prioritised increase funding for health and education. Findings indicate a need for:

- Ongoing and significant resourcing for specific LGBTIQ+ support services.
- A targeted action plan to address LGBTIQ+ mental health, including suicidality in Tasmania.
- More resources dedicated to supporting LGBTIQ+ inclusive school practices.
- More comprehensive LGBTIQ+ inclusive practice training, particularly for GPs, nurses and primary health providers.
- Specific training for healthcare providers around intersex issues and needs.

The additional funding requested by WIO would deliver:

- A properly resourced LGBTIQ+ peer-led community organisation that can address the needs of this highly at-risk population group, and improve health and wellbeing outcomes across the state.
- Ongoing support for schools to create inclusive and supportive learning environments for all young LGBTIQ+ Tasmanians.
- Dedicated services and support for people with variations of sex characteristics (intersex).
- Preventative mental health supports for LGBTIQ+ individuals and their families across the whole state, including a peer-based volunteer buddy program.
- Consultation and engagement with LGBTIQ+ Tasmanians and research to feed accurate information into Government and community policy and service provision reforms.
- Capacity to educate and support mainstream service providers to ensure they offer LGBTIQ+ appropriate services.

Additional funding would support the programs below (including staff and associated operational overheads):

Focus/program	Additional resources required
State-wide service and preventative mental health support	1.25 FTE LGBTIQ+ Community Workers across N & NW
The Valuing Diversity Framework for LGBTIQ+ inclusion in Tasmanian Schools	2 FTE LGBTIQ+ Schools Inclusion Officers

Dedicated support for people with innate variations of sex characteristics (intersex)	0.6 Intersex Project Officer
Working It Out Together (WIOT) Volunteer Peer Support Program	0.4 WIOT Project Officer
Consultation, research and policy development with and for Tasmania's LGBTIQ+ community	0.5 Research and Policy officer
LGBTIQ+ inclusivity training to mainstream service providers	0.5 Community Education Officer
Administrative Support	0.5 Administration Officer

(see Appendix A for full details)

The state of LGBTIQ+ health and wellbeing in Tasmania

Recent large-scale national surveys, Private Lives 3 (18+) and Writing Themselves in 4 (15-25 y.o.), provides a contemporary and comprehensive snapshot of the issues currently impacting LGBTIQ+ people nationally. Extracted Tasmanian data indicates outcomes are even worse for LGBTIQ+ Tasmanians.

Following are some key statistics from these two studies. They highlight the ongoing issues facing community members, and the resulting impacts on the physical and mental health of individuals.

Private Lives 3: https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf

National survey of 18+ LGBTIQ+ Australians

Discrimination, harassment and feelings of acceptance

- 39.5% reported experiencing social exclusion, 34.6% verbal abuse, 23.6% harassment such as being spat at or offensive gestures, 11.8% sexual assault and 3.9% physically attacked or assaulted with a weapon due to their sexual orientation or gender identity in the past 12 months.

General health and wellbeing

- 31.2% rated their health as very good or excellent compared to 56.4% of the general Australian population aged over 15 years.

Mental health and wellbeing

- 41.9% had considered attempting suicide in the previous 12 months (general population 2.3%) and 74.8% had considered attempting suicide at some point during their lives (general population 13.3%).
- Approximately 60% of trans and gender diverse people had considered attempting suicide in the previous 12 months and 88% ever.

Housing and homelessness

- 22% reported having ever experienced homelessness

Alcohol, tobacco and other drug use

- Almost half (44.4%; n = 2,781) reported using one or more drugs for non-medical purposes in the past 6 months

Intimate partner and family violence

- 41.7% reported having ever been in an intimate relationship where they felt they were abused in some way by their partner/s.
- 38.5% reported ever feeling abused by a family member.

Trans and gender diverse people

- Trans and gender diverse participants reported higher rates of psychological distress, suicidal ideation and attempts, homelessness and poorer self-rated health than cisgender women and cisgender men.

Disability or long-term health condition

- 77.7% with a severe disability or long-term health condition reported being treated unfairly by others in the past 12 months as a result of their disability or long-term health condition.

Health services

- 75.3% of participants reported that they would be more likely to use a service if it has been accredited as LGBTIQ-inclusive.

Writing Themselves in 4

https://www.latrobe.edu.au/_data/assets/pdf_file/0010/1198945/Writing-Themselves-In-4-National-report.pdf

National survey of 15-25 year olds

Safety as school

- In the past year 60.2% reported having felt unsafe or uncomfortable at secondary school due to their sexuality or gender identity.

Harassment and abuse

- In the past year 40.8% had experienced verbal harassment; 22.8% sexual harassment or assault; 9.7% physical harassment or assault.

Psychological distress

- 83% reported high or very high levels of psychological distress.
- 10.1% had attempted suicide in the past year, and 25.6% had attempted suicide at some point in their lives.
- Young LGBTIQ+ people were 3-5 times more likely to attempt suicide than their non-LGBTIQ+ peers.

Homelessness

- 23.6% had experienced homelessness, and for 11.5%, it was in the past year. This was often directly related to family rejection of participants being LGBTQA+.

Most affected

- In relation to almost all findings, trans and gender diverse young people experienced disproportionately poor health outcomes, while rural youth had experienced more harassment or assault and were more likely to face mental health challenges compared to those living in cities.

Tasmanian Data

Private Lives 3 (18+):

MENTAL HEALTH	FREQUENCY (N)	LGBTQ+ Tasmanians %	LGBTQ+ Australians %	General population %
Psychological distress				
High or very high	112	62.2	57.2	13
Recent suicidal ideation				
Yes	87	48.1	41.9	2.3
Recent suicide attempt				
Yes	12	8.2	5.2	0.4
Lifetime suicidal ideation				
Yes	143	79.0	74.8	13.3
Lifetime suicide attempt				
Yes	54	36.7	30.3	3.2

Writing Themselves in 4 (14-21):

MENTAL HEALTH	FREQUENCY (N)	LGBTQ+ Tasmanians %	LGBTQ+ Australians %	General population %
Psychological distress				
High or very high	187	83.1	83.4	27.2
Recent suicidal ideation				
Yes	135	63.1	59.1	11.2
Recent suicide attempt				
Yes	23	11.6	11	3.8
Lifetime suicidal ideation				
Yes	190	88.8	NA	NA
Lifetime suicide attempt				
Yes	65	32.7	25.6	5.3

The underpinning cause of the poor physical and mental health outcomes for LGBTIQ+ people are the ongoing social stigma, isolation, discrimination and abuse associated with being LGBTIQ+.

In addition, the *Tasmania Project: What wellbeing means for LGBTIQ Tasmanians* (Grant & Pisanu, 2021) found that:

- LGBTIQ respondents are highly represented in lower income brackets and are more likely to work casual jobs or be unemployed than the general sample.

- Despite being much younger on average than non LGBTIQ respondents, LGBTIQ participants are more likely to experience life limitations due to their health.
- Compared with the broader sample, LGBTIQ respondents are less likely to own their own home and are more likely to experience housing stress.
- COVID 19 had steeper economic, social, and health impacts on LGBTIQ respondents, particularly in terms of income and mental health.

Impact of COVID-19

In 2020 WIO recorded a 100% increase in service demand during the peak COVID period, and had the highest level of service demand in its history, even greater than during the Marriage Equality debate.

As noted above LGBTIQ+ Tasmanians faced a number of challenges during the pandemic (Grant, 2020; Grant 2021) and the impacts were more severe than the general Tasmanian population.

The Qlife national phone/online crisis counselling service for LGBTIQ+ people recorded a 26% increase in the number of calls from Tasmania during 2020 (LGBTIQ+ Health Australia, 2021).

This elevated demand has continued into 2021, underlying the significant and systemic issues impacting Tasmania's LGBTIQ+ communities.

Solutions

The key recommendations emerging from these various sources is that significant action is required to provide adequate services and support to address systemic issues underlying abuse, harassment, stigmatisation and exclusion, and that this work is best done primarily via peer-led LGBTIQ+ community service organisation such as WIO.

Based on this research and our own practice-based evidence, WIO can make a significant impact on improving outcomes for LGBTIQ+ via the following programs and supports.

1. State-wide service provision

The Private Lives 3 Report (Hill et al., 2020) states that, 'LGBTIQ community-controlled organisations play a crucial role in providing essential services and are expert sources of practice-based knowledge.' In particular, it calls for the expansion of funded services specifically catering to the needs of LGBTIQ people in regions outside of major cities.

Currently WIO has only limited service provision outside of Hobart. While we do deliver online and via the phone/email/chat etc, this is not always the most effective way to engage at risk people. Digital and online media can also be problematic for older service users.

We know that local connection is important to trust, and that trust underpins the work that we do. We also know there are many other mainstream service providers outside of Hobart who need support and education in providing appropriate and safe services to LGBTIQ+ Tasmanians.

Offering a true state-wide program would also strengthen our capacity to work with other service organisations on key issues impacting LGBTIQ+ people such as alcohol and drug use, intimate partner and family violence, disability, and homeless and housing insecurity (Hill et al., 2020; Hill, et al., 2021).

We seek funding to employ full-time employees in both the north and north-west of the state to better support LGBTIQ+ community members across the state.

The difference we make:

- Sample responses from LGBTIQ+ support sessions (Department of Health Service Reports, 2020).
 - *"I felt stuck before attending, but after a few sessions I have begun developing personal networks, accessing affirming services, and working on personal goals."*
 - *"Was an amazing experience, first time speaking with another trans person. And the identity flags on our website were a deciding factor as to making an appointment."*
 - *"It's so good to know that there's an LGBTI service out there that can support people and workers. You could not have given me a more perfect set of tools to feel more confident supporting my LGBTI client."*
 - *"Thank you. I feel much less anxious about talking to my [trans] grandchild and supporting them. I feel better. I now know what to do next."*
 - *"Feeling a weight off my shoulders, and relieved regarding my sexuality after coming to WIO."*
 - *"My workplace has become supportive and improved relationships with use of workplace transition plan templates you provided."*

2. WIO's Valuing Diversity Framework

This program has received Child and Youth Wellbeing Strategy funding until June 2023.

We seek sufficient funding post June 2023 to allow us to continue to partner with the Department of Education to build capacity within schools and the Department to underpin long-term change.

Experiences of poor mental health need to be understood within a context of prevailing homophobia, biphobia and transphobia that is embedded in many parts of society and is illustrated by LGBTQA+ young people's experiences of verbal, physical, and sexual harassment or assault [of which schools are the primary site]. It is not sufficient or appropriate to expect LGBTQA+ young people to become more resilient to such experiences, or to simply offer opportunities to cope better in the face of such hostility. Rather, it is crucial that efforts are made to prevent abuse, harassment or assault being directed towards LGBTQA+ communities in the first place. (Hill et al., 2021)

Research overwhelmingly shows that poor mental health outcomes can be significantly reduced when young people are supported both by their community (i.e. school) and their parents (Olson, Durwood, McLaughlin, 2016; Veale, Peter, Travers, & Saewyc, 2017). When young people are supported and safe in these two environments, they are able to live as healthy and productive children/teenagers and they have high levels of protective factors which impact positively on mental health outcomes. (Veale et al., 2017)

LGBTIQ+ young people themselves have made it very clear that supportive families and inclusive schools are key to their success and well-being (Human Rights campaign, 2018). This is one area of mental health and wellbeing where we know clearly what can be done to improve outcomes.

The Valuing Diversity Framework (VDF) has been designed in Tasmania, for Tasmanians. It takes a long-term approach to addressing issues of bullying, harassment and discrimination in schools. We work with individual schools to embed positive narratives, representations and practices in all levels of the school and community.

Practically, we support schools by providing information and resources, tailored professional learning, policy support, assisting with the establishment of student diversity groups, delivering community education; and supporting individual students, families and school staff.



The difference we make:

"Working It Out has been an absolute lifesaver for my family as our transgender 12-year-old child began on his journey.... I really had no idea what to do, who to speak to and how I could support my son and make sure he had everything that he needed.

.... Once we had our first meeting with XR at WIO, it felt like a big relief... We had regular meetings with XR before and after our school meeting and to be able to have XR develop

the Affirmation Plan for us and to know that it covered things that I would probably not have thought about was such a relief and gave us some hope for the future.

.... The biggest measure of all the support and assistance we had and continue to have from WIO is my son. He is happy and settled at school and able to be his true self, which I honestly believe would not have happened without the amazing staff at WIO. I have my child back after a rocky and rough 2 years."

Parent, December

"If there had been a diversity group at my previous school, I wouldn't have internalised my hatred for myself. I am in year 12 and in second term and I have just come out because I just hated who I was. This group changed things. I got to a point where it was either come out or drop out. This group has meant I can show up at school".

Student, Hellyer College

I just wanted to express my gratitude on having XR working in the Department and being able to support schools, staff and students. Whoever decided to make this position available (and selected XR for this role) deserves a thorough pat on the back.

Xris has provided amazing support for our young person, who is in a home situation that includes homophobia and transphobia. A very risky situation. Xris has provided great support to me, the Senior Staff team and conducted PL for teachers. I feel very confident that we are getting this right. As this was my first time working through this with a young person, supporting school staff to understand the requirements and having the correct procedures in place.....I am sure that I would not have gone anywhere near as well without XR's guidance and advice. I probably would have made some errors along the way!

Principal

3. Intersex Project Officer

Around 1.7% of the population has innate intersex traits – comparable to the number of twins born in western societies. While included under the LGBTIQ+ acronym, the needs of intersex people are unique. The level of understanding about issues impacting the intersex community is extremely low, meaning they either receive little or no dedicated support, or worse, are subjected to inappropriate and harmful services and/or interventions.

Many intersex children undergo surgery in an effort to 'normalise' them – even though these interventions can be invasive, irreversible, and not performed for emergency reasons. Many intersex adults experience life-long impacts of these and other invasive and harmful medical interventions, a lack of visibility, and stigmatisation and discrimination due to their physical characteristics.

Body shaming and stigmatisation in education, healthcare, sport, work and other settings is rampant. Medical education is limited, and awareness of intersex people in biology and sex education at school is largely absent. A 2016 study reported that 18% of the intersex people surveyed did not go on to complete high school, compared to around 2% of the general population (Jones et al. 2016).

In 2021, with a small LGBTIQ+ Community grant WIO, in conjunction with Internet Peer Support Australia (IPSA), undertook a project to train Tasmanian midwives on supporting parents when their babies are born with variations of sex characteristics. This ground-breaking project has not only been received very positively, but has highlighted the extremely low level of understanding of intersex people and their lives, even amongst health professionals.

The project has also only just scratched the surface of need. Already we are being asked to provide additional education and professional learning to health professionals and others. Without a dedicated staff member WIO does not have the expertise or capacity to undertake this work, or to provide the specialist peer support that Intersex Tasmanians deserve.

This is a highly under-resourced area and urgent action is required to improve the lives of people with intersex variations in Tasmania.

The difference we make

Feedback from initial Midwives Professional Learning Session (Nov, 2021):

Fantastic work - such valuable information for midwives and doctors. Can't wait for the learning package to be rolled out!

Thank you for such an interesting and educative evening, it certainly opened my eyes to the challenges faced and opportunities to learn more about how we use language when working with families and children moving forward.

I hope increased awareness and education may lead to a more compassionate and understanding workplace to improve diverse people's experience

See Appendix B for Letter of Support - Intersex Peer Support Australia.

4. Working It Out Together Peer Support Program

In 2020, at the height of COVID 19's impact in Tasmania, WIO put together an innovative program to support people through the pandemic – Working It Out Together. We did this in line with existing research about the positive impact of peer engagement on mental health (Borthwick, Jaffey, Snell, 2020) and as result of what we were seeing and hearing from community members on the ground.

In a short period of time, we were able to establish relevant processes and safety guidelines, recruit and train volunteers and enlist service users wanting additional support. Over a 4 month period we attracted 60+ volunteers and 30+ service users, from which we supported 20 peer mentoring matches. We were also able to provide service users with a range of other supports and referrals including access to food, accommodation and counselling. However, we were unable to keep the program going due to insufficient funding.

In 2021, with the support of a two-year Healthy Tasmania grant, we have been able to get the program up and running again. The program allows for a low cost, community-based response to issues of isolation, loneliness and social exclusion, key underpinning drivers of poor mental health in LGBTIQ+ communities (Eres et al., 2020). It draws on the capacity of the LGBTIQ+ community to support one-another, and to create meaningful connection.

Peer-support buddy programs need to be ongoing and connect to community to be effective (Alcohol & Drug Foundation, 2021). While the initial two year funding will allow us to establish the program, the impact we can make long term is very limited unless the program can be ongoing, with secure funding.

The difference we make:

What we learnt is that there is significant need in the community to connect with each other, and a great willingness from other members of LGBTIQ+ communities to volunteer to support their peers. Some feedback on the impact includes:

“A definite positive impact. It helped me to gain a support network in my community. I feel more safe and I gained health. I feel more connected and this helps to know what to do should [my gender dysphoria] become strong again.”

“For me personally, I’ve met not only a support person that is helping me through my transition, but also a good friend.”

“A really huge impact! It has enabled the participants to feel less alone.”

“As a minority group, people in the LGBTIQ community can feel disconnected at the best of times. I think the program has had a very positive impact on the mental health of participants by letting them know other LGBTIQ members support them and care.”

5. Consultation, research and policy development

As Tasmania’s only dedicated LGBTIQ+ service provider we are constantly called upon by government agencies and other services to provide input into service improvements and policy reform. Our advice and on-the-ground knowledge also plays an important role in the various Government agency’s LGBTIQ+ reference/working groups. As a member of all of these reference groups we contribute significant time and energy both in attendance and preparation for meetings, and in the work emanating from the groups.

We highly value having this voice and do what we can to pass on the knowledge we gain from service users and our connection to community. However, we have very few resources to do this work, and no resources to do the background research and community consultation necessary to ensure we are representing community authentically and broadly.

Without peak body representation in Tasmania, the LGBTIQ+ population is significantly under-represented. Unless WIO, or another body, is funded to do this work, the community remains significantly under-represented.

The difference we make:

WIO is currently a member of the following State and National reference, advisory and advocacy groups:

- Whole of Government (WoG) LGBTIQ+ Reference group (co-chair position)
- Department of Health (DoH) LGBTIQ+ Reference group
- Department of Education (DoE) LGBTIQ+ Working group
- Emergency Services (DPFEM) LGBTIQ+ Reference group
- Department of Justice (DoJ) LGBTIQ+ Reference group
- Family and sexual violence consultative group

- Child and youth Wellbeing community consultation committee
- Whole of Government LGBTIQ+ framework and action plan sub-committee
- COVID Response Steering Committee
- Latrobe University COVID impact research Committee
- Rethink Mental Health consultations
- DoH eLearning consultation sub-committee
- DoE Policy and Guidelines for supporting students of diverse sexuality, gender and sex Sexual
- Sexual and Reproductive Health collaborative group
- Hobart City Council Community Sector Reference Group
- Mental Health Council of Tasmania
- YNOT
- Our Watch
- LGBTIQ+ Health Australia
- ACON'S National Advisory Group for Primary Prevention (intimate partner and family violence)
- National LGBTIQ+ Disability Interagency group

In addition, WIO regularly receives requests to provide the 'LGBTIQ+ voice' in a wide range of reform initiatives and forums in relation to:

- Mental health
- General health
- Youth
- Ageing
- Alcohol and other drugs
- Community services workforce
- Housing and homelessness
- Disability
- Intimate partner and family violence

We seek funding to continue to provide this valuable service to the Tasmanian government and community, and so that we can authentically represent the views and voices of LGBTIQ+ Tasmanians. In addition, such a role would allow us to develop new programs and evaluate the impact of these and existing service provision.

See Appendix C – Letter of Support from the Tasmanian Council of Social Services

6. Community Education officer

Despite LGBTIQ+ controlled organisations such as WIO being the most trusted type of service provider, the reality is we are not available everywhere and will never have all the services required by LGBTIQ+ individuals. As such mainstream services and clinics are the most common services accessed by LGBTIQ+ people. However, these services are also the least trusted by community members (Hill et al., 2020).

Ensuring mainstream services are inclusive and respectful is critical in supporting people to get help and assistance when they need it. The reality is, many LGBTIQ+ individuals avoid accessing services because they are unsure of how they will be received.

Education is an important underpinning mechanism for ensuring environments and services meet the needs of LGBTIQ+ Tasmanians. This includes not only introductory inclusivity training, but also support for organisations to embed systemic systems, processes and cultures that underpin change.

Additional resources would allow us to provide comprehensive training and support to organisations delivering services in areas where LGBTIQ+ people have particular needs and concerns.

Key priority areas include:

- Crisis phone counselling service providers
- Housing and homeless service providers
- Disability service providers
- Mental health service providers
- Alcohol and drug service providers
- GPs and allied health providers
- Youth service providers
- Intimate partner and family violence service providers
- Police and emergency services

While WIO currently works in this space, and we know the work underpins change, we are restricted by our current resources. Better resourcing would allow us to offer more services, to a wider range of organisations for free or minimal cost.

The difference we make:

In 2021 WIO offered training and professional learning to over 850 people, with 50 individual sessions and working with 30 different organisations.

Feedback from this training indicated:

- An average 40% increase in awareness and understanding (from pre and post training assessments)
- 80% of respondents reporting that they would 'definitely' or were 'highly likely' to make changes to their personal and work practices.

"This training was very strong. It was clear people were thinking about aspects they perhaps don't have to consider in their own lives. Great to put things into perspective to promote inclusivity."

"Excellent thought provoking and beautifully engaging."

"Absolutely loved the training. Was interesting, scary, engaging and very effective."

7. Administrative support

The above work and more does not happen without back-of-house support to ensure the organisation runs in a sound and efficient manner. WIO is an extremely lean organisation with less than 0.4 FTE operational support covering basic finance and compliance and no other administrative support.

This has two consequences. One is that skilled staff who may otherwise be supporting service users or undertaking activities that underpin better health and wellbeing for LGBTIQ+ Tasmanians, are diverted away from this to everyday administrative tasks.

Secondly, it means adding anything else to an already stretched system is extremely difficult. WIO is unable to take on more projects and staff without additional support, meaning we are limited in exploring ways to address the many areas of need in the community.

Small not-for-profit organisations are called on to do a lot with a little. Having sufficient funds to cover key operational functions allows us to direct our energy to where it is most needed, and most effective. A small increase in funding in this area supports better and more effective service delivery to Tasmania's LGBTIQ+ community.

Appendix A: Cost Estimates 2022-25

Additional program staff	2022-23 Staffing Costs	2022-23 Operation overheads	2022-23 TOTAL
1.25 FTE LGBTIQ+ Community Workers across N & NW	\$128,200		
0.6 Intersex Project Officer	\$ 67,200		
0.5 Research and Policy officer	\$ 56,000		
0.5 Community Education Officer	\$ 56,000		
0.5 Administrative Officer	\$ 39,100		
TOTAL	\$346,600	\$71,400	\$418,000

Additional program staff	2023-24 Staffing Costs	2023-24 Operation overheads	2023-24 TOTAL
1.25 FTE LGBTIQ+ Community Workers across N & NW	\$131,500		
2 FTE LGBTIQ+ Schools Inclusion Officers	\$120,000		
0.6 Intersex Project Officer	\$ 68,500		
0.4 WIOT Project Officer	\$ 42,100		
0.5 Research and Policy officer	\$ 57,400		
0.5 Community Education Officer	\$ 57,400		
0.5 Administration Officer	\$ 40,100		
TOTAL	\$517,000	\$103,000	\$620,000

Additional program staff	2024-25 Staffing Costs	2024-25 Operation overheads	2024-25 TOTAL
1.25 FTE LGBTIQ+ Community Workers across N & NW	\$134,800		
2 FTE LGBTIQ+ Schools Inclusion Officers	\$244,700		
0.6 Intersex Project Officer	\$ 70,500		
0.4 WIOT Project Officer	\$ 43,200		
0.5 Research and Policy officer	\$ 58,800		
0.5 Community Education Officer	\$ 58,800		
0.5 Administration Officer	\$ 41,000		
TOTAL	\$651,000	\$130,000	\$781,000

Appendix B



Intersex Peer Support Australia
(also Known as the AIS Support Group Australia Inc.)
P.O. Box 103, Coorparoo,
Queensland Australia. 4151
Website: <http://www.isupport.org.au>
Email: info@isupport.org.au
No. A0041398U
ABN: 658 650 956 80
ARBN: 624 509 182

To whom it may concern

The Intersex population in Tasmania is one that has been historically ignored, underserved, and misconstrued.

Recently, the opportunity to reverse this reality has come via the expertise of IPSA's (Intersex Peer Support Australia) Tasmanian Representative - Simone-lisa Anderson and the Better Lives Project.

Simone-lisa, IPSA and WIO (Working It Out) have worked collaboratively together to facilitate the development of knowledge and skills of midwives in issues impacting babies born with variations of sex characteristics. An Australian-first parent handbook resource as well as an anti-natal video introducing Intersex variations have been developed as part of this. The Project has been met with enthusiasm by Midwifery Practitioners, who have lamented that this program is only just being made available: one midwife in November 2021 stated, "I wish this was done earlier this month as a baby with CAH (Congenital Adrenal Hyperplasia) was born here and developed salt wasting which wasn't picked up till day 9 – this has not only caused neurological damage for that baby but misgendering as well."

This project is barely scratching the surface of need within health services. Midwife educators have already asked for this program to be rolled out to many other conjunctive services such as social workers, early childhood/paediatric nurses and other associated clinicians, to support a cohesive understanding of the needs of Intersex children and their families.

Health is not the only government department that requires support in understanding the needs of the intersex population. Education is also an area of overwhelming need with approximately 17% of intersex young people leaving school settings earlier than their peers due to the underwhelming understanding of their needs.

Building capacity of both WIO and the broader community to meet the needs of this community would go a long way to creating a more inclusive Tasmania. As such IPSA highly supports WIO's budget submission for an Intersex Project Officer.

Yours sincerely

Cody Smith

(IPSA Secretary on behalf of IPSA)

Peer support, information, and advocacy for intersex people and families

Appendix C



TasCOSS

INTEGRITY
COMPASSION
INFLUENCE

9 December 2021

Lynn Jarvis
278 Argyle Street
NORTH HOBART TAS 7000

Dear Lynn

Letter of support for Working It Out's proposal for Consultation, research and policy development

TasCOSS endorses Working it Out's (WIO) proposal for funding to conduct consultation, research and policy development on LGBTIQ+ issues in Tasmania. Over the last year several reports have demonstrated both the underlying vulnerabilities of the LGBTIQ+ population¹ – in particular, lower incomes, poorer physical and mental health, and higher levels of housing stress and homelessness – as well as the disproportionate impacts of COVID on that population partly due to their underlying vulnerabilities.

The discrepancies in outcomes for this population compared to non-LGBTIQ+ Tasmanians could be reduced and even eliminated by more informed and targeted policy and related responses. Currently, there are no resources dedicated to this work. WIO has limited capacity to conduct policy and research on the scale needed to address the issues affecting this community. TasCOSS, as the peak body for the community services industry, is stretched in its capacity to focus on particular cohorts, especially those experiencing both unique and intersecting forms of disadvantage, for example a young, gay, disabled man living in regional Tasmania.

In the absence of a peak body for the LGBTIQ+ community, a dedicated position would perform some of the functions of a peak, particularly consulting and engaging with people with lived experience to better understand their experiences and perspectives on how to address their needs, conducting research on promising policy responses, including to support the work of the various government reference groups. For example, at those reference groups WIO and LGBTIQ+ community members are regularly called on to guide agencies' internal and external policies especially with regard to inclusion. While WIO can offer expertise and perspectives relating to its service delivery in Tasmania, and community members can offer their lived experience, neither is always in a position to offer expert advice and draw on research and experience from further afield on the range of policy matters before the reference groups.

¹ See https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf, https://www.latrobe.edu.au/_data/assets/pdf_file/0010/1198945/Writing-Themselves-In-4-National-report.pdf and *Tasmania Project: What wellbeing means for LGBTIQ Tasmanians* (Grant & Pisanu, 2021)

TasCOSS believes the creation of a dedicated role in this area would greatly enhance evidence-informed policy to inform WIO's commitment to continuously improve its service delivery as well as to bolster the quality of advice it provides to government and other policy and service delivery organisations in Tasmania. We strongly endorse WIO's application for funding for this role.

Yours sincerely



Adrienne Picone
CEO

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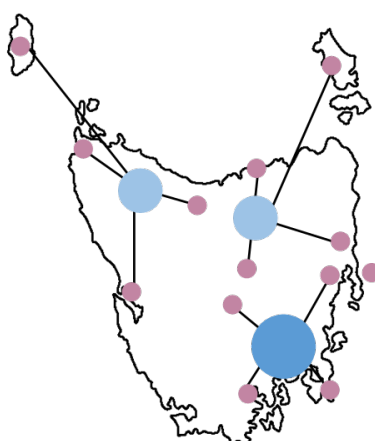
Proposed Dedicated Mental Health Service Model: Hub, spoke and outreach

Research, both national and locally, indicates the need for dedicated spaces to provide safe and affirming health care to address the significant needs of LGBTIQ+ Tasmanians.

This is not to replace inclusive mainstream service provision, but to augment it.

A 'hub, spoke and outreach' model provides the basis for accessible care across the state. Features of such a model include:

- Services provided both face-to-face and online/phone
- Hobart based primary site (hub) –
 - 4 FTE clinicians (psychologists and mental health social workers)
 - 1 FTE Clinical Manager
 - 1 FTE Service Manager
 - Outreach - Monthly outreach to surrounding areas supplemented by online/phone sessions (eg Huon, Nubeena, Triabunna, New Norfolk)
- Subsidiary sites in Launceston and Burnie (spoke) also undertaking monthly outreach visits (supplemented by online/phone sessions)
 - 2 FTE clinicians (psychologists and mental health social workers) at each site
- Total FTE: 10



Hub, spoke and outreach model

Key Service Features:

- Community led, peer service
- LGBTIQ+ informed clinical governance and affirmative care models
- Initial free intake and information/referral sessions (up to 3 sessions)
- Ongoing psychological services offered on a sliding fee basis from free (health care card/low-income earners) to full-service fees depending on income
- Medicare rebated and NDIS funded psychological/assessment services also offered
- Strong links to LGBTIQ+ services, groups and community
- Co-located associated services (eg GP, physio, speech pathologist etc) where possible

Associated Actions:

- Professional development for mainstream mental health professionals
- Public mental health campaigns to raise awareness of LGBTIQ+ mental health and the profile of the service