THE LEGISLATIVE COUNCIL SESSIONAL COMMITTEE GOVERNMENT ADMINISTRATION 'A' SUBCOMMITTEE INQUIRY INTO RURAL HEALTH SERVICES IN TASMANIA MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE ON WEDNESDAY 18 MAY 2022.

CHAIR (Ms Forrest) - Welcome, Rodney and Ruby, to our public hearing for the Rural Health Inquiry. First, I will apologise for the fact that LGBTIQ+ line items were not a separate line item in the terms of reference, as to access care and barriers. It was an oversight and we do acknowledge the very real challenges that LGBTIQ+ members of that community have in relation to accessing and being part of the health service in out state.

This is a public hearing. Everything you say is covered by parliamentary priviliege while you are speaking before the committee. If there is anything of a confidential nature you wish to share with the committee, you could make that request to the committee. The committee would then decide if that was an appropriate step - generally it is. Otherwise it is all public.

It is being transcribed by Hansard. Once that is transcribed it will be published on our website. What you say here and what is included in the submission you have provided will inform our committee report. You will note in the committee report, whilst it may not have its own separate reference in our terms of reference, depending on the evidence we receive, it will be referred to in the relevant sections.

Do you have any questions about that before we proceed? It is sworn evidence and in a moment I will ask you to take the statutory declaration.

In case you don't know our members: Sarah Lovell, I am Ruth Forrest; Nick Duigan; and Miker Gaffney. Jen is our secretary and Ali is here too.

If you would make the statutory declaration, introduce yourselves, and then speak to your submission and anything else you wanted to add.

Mr RODNEY CROOME, EQUALITY TASMANIA, **Dr RUBY GRANT**, EQUALITY TASMANIA, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

Mr CROOME - Thanks for giving us an opportunity today to speak to the inquiry. Thanks for the explanation about the absence of LGBTIQ+ community in the terms of reference. As more and more research emerges about the needs and the circumstances faced by LGBTIQ+ Tasmanians, it's important that whenever there's an inquiry into an issue that impacts our community - such as this one - that we are included in the terms of reference, and thanks for that acknowledgement.

I will just speak really briefly in general terms about the issues that LGBTIQ+ people face in terms of rural health, and then I'll ask Ruby to talk a bit about some of the research that she's been involved in that speaks to the issue.

In the submission that Equality Tasmania made, there was reference to three national pieces of research that look at the health needs of LGBTIQ+ people in rural areas. One of them was *Private Lives 3*, which was conducted by La Trobe University in Melbourne. That was a survey of LGBTIQ+ people across the nation in general; *Writing Themselves in 4*, which is a

research piece looking at the needs of young LGBTIQ+ people; and there was a trans mental health survey that was also national. The message from all three pieces of research was very clear. I should have mentioned, obviously in each case there was a Tasmanian cohort for each of those surveys, and I think Ruby's going to mention a bit about the Tasmanian cohort in the *Private Lives 3* survey.

The overall picture from those surveys when it comes to rural health is that LGBTIQ+ people who live in rural Australia tend to have greater mental distress because of an experience of greater discrimination, stigma, and prejudice and, at the same time, less access to inclusive health care, including inclusive mental health care. I won't go into each of the different metrics that the studies look at in terms of access to health care, and in terms of mental stress and feelings of lack of safety and not belonging, they're all there, they're fairly clear.

Since these surveys have been released - those three were all last year - the Tasmanian Government has released its own survey of the LGBTIQ+ community, that was released just last week - two-weeks ago - last week.

CHAIR - Recently.

Mr CROOME - Recently. That survey was the largest of its kind ever done in Tasmania. As I said, it was an initiative of the Tasmanian Government and the work was undertaken by the University of Tasmania; Ruby was one of the researchers. That has a couple of pages devoted to rural issues - page 69 it is. Again, it reflects the findings in the national research that I mentioned. The survey found, I'll quote here:

> The issue raised most often by LGBTIQ+ in rural Tasmania was that healthcare and mental health support is hard to find in rural and regional areas, that access is difficult and often supports were felt to be unsuitable for LGBTIQ+ people to access.

So for the people in rural Tasmania who responded to this survey, health care and access to health care and inclusive health care was the number one issue.

CHAIR - Is that a possible mental health care and regular health care?

Mr CROOME - Yes. With a particular concern that Ruby will touch on as I just said here is faith-based rural health services. Again, I am quoting:

> Participants emphasised the need for more support services, especially inclusive health care providers in rural and regional areas of Tasmania.

I'll quote one personal story that was printed within the report:

> My life in rural Tasmania is one of fear and sadness. I have had to give up on medically-transitioning because surgery is so inaccessible and with hormones alone I would not pass. I would merely be making myself a target for even more violence by being visibly queer.

So, there we see the personal testimony of one trans person reported in this particular survey and it seems to be reflective of the needs and concerns of Tasmanian LGBTIQ+ people generally.

I will finish up with two quick things before I pass to Ruby. Of course, the scene in rural and regional Tasmania is not entirely grim. Three years ago now, I moved from Hobart to Devonport and I have spent a bit of time in Sheffield. Having grown up there, I've got friends there and lots of relatives. I've seen the positive impact on the Sheffield community from having an inclusive service in the Kentish clinic in High Street, not just on the lives of LGBTIQ+ people who live in Kentish but on the community generally. Having a service that is known to be inclusive and is visible, has out-LGBTIQ+ staff members, I can see the positive effect that that's had on that rural community. I see not just the LGBTIQ+ people in Sheffield but the community as a whole.

It's a very respected mental health organisation and it's one that is doing some great work.

I will finish with my own personal experience on top of that, which only really occurred to me when I was re-reading these reports in the last couple of days. Like I said, I moved back to the north-west coast three years ago when my partner was given a job in Devonport. It only occurred to me last night when I was reading this that I still have the same GP as I had when I lived in Hobart, who I visit when I'm in Hobart regularly. I thought, why is that? It hadn't really crossed my mind before but I think it's because I don't know which GPs on the north-west coast and particularly in Devonport, I would received respectful and inclusive service from if I was to avail myself of their services.

I am sure there are doctors who would be really inclusive and supportive of LGBTIQ+ patients but I don't know who they are. It's already difficult enough to get onto a doctor's waiting list in Devonport. I probably wouldn't have a great number of choices. So I realised when I was reflecting on this that in fact I am one of these people who isn't sure about inclusive services and, as a result of that, I keep a GP in Hobart, which I have the luxury of doing because I'm in Hobart regularly but, of course, not everyone has that luxury.

It was only upon reflection that I realised that this actually affects me too. That was an eye-opener.

CHAIR - Before I go to Ruby, if I could follow-up a couple of things, and Ruby may be better placed to answer these and that is fine if she is.

You talk about the lack of knowledge about inclusive services. You mentioned the one in Kentish that is inclusive. If a trans person is wanting to transition, what specialist services do they actually need? We have heard a lot of evidence in this committee about the lack of an endocrinologist, or a lack of a pain specialist, in some of our rural areas. So, it may be part of a broader failure to provide a range of services in our rural community, or are there specific services that we perhaps overlook because of the different specialty needs of a LGBTIQ+ person in terms of transition, or other specific aspects of that care?

Mr CROOME - I know Ruby is doing some research right now into specialist health care for trans people in Tasmania, I might ask her to answer that question.

Dr GRANT - To my knowledge, in Tasmania, the main pathway if you want to medically transition or access gender affirming care, is through the Sexual Health Service, which has main clinics in Hobart, Launceston and I think Devonport, or a pop-up clinic that happens in Devonport or Burnie. They are the main places that you would need to go through that service. That involves having a psychological assessment. It can involve accessing endocrinologists. From my work with the Sexual Health Service, I believe that they like to liaise with someone's personal GP, as their main focus. Often people as a first point of contact might be going to their just general doctor for this. As we know from a lot of the research that I have done and just anecdotally through the community and people I have spoken to through Quality Tasmania, there is a perception that a lot of just regular family doctors are unlikely to be across a lot of the quite specific needs for trans health and for medical transition. That is a real concern among this community. That can often then translate into avoidance of care, or seeking care elsewhere such as on the mainland or even internationally.

CHAIR - Is that more of a problem as you see it in the rural parts of Tasmania than it is in Hobart or Launceston, or is it across the state?

Dr GRANT - There is across-the-board concern, particularly for people who have difficulty accessing those services that are based in major population centres. If you have to travel a long way to access this kind of care, that is a huge barrier.

Mr GAFFNEY - Please correct me if I say a wrong word or use the wrong phrase. It is through ignorance, not through wanting to do it.

I am assuming that the number people transitioning in Tasmania would be relatively small. I am not picking big numbers. Therefore, is it reasonable to expect to have a supply of doctors that are very familiar with the process? Or, is it better off to have a smaller group of doctors that are well versed in that? So, that when the person goes to see a doctor, they know that they are going to be getting up-to-date, correct information?

There are a lot of issues in rural and remote communities where people don't disclose. They may not be going down that path but they are from the gay community. I am just wondering, what is the solution or what do you see as the best option? What is the best model? From my point of view, I am happy to suggest and recommend a model that is most effective for the people who need that support. But to have everybody trained, may not be the best model.

Dr GRANT - Absolutely, and with the range of complex health conditions and needs that people in any population have, we cannot expect practitioners to be absolute experts in very single need/area/condition.

In much of the research that I've done, I've been researching LGBTIQ+ health in Tasmania for the last five years. I've conducted a number of studies, both with members of the community and with health practitioners as well, including in rural areas. The main thing that's coming through is that in an ideal world, wouldn't it be amazing if all health care providers and anyone who goes through medical school, for example, did have a lot of training around the needs of LGBTIQ+ people, particularly trans people in this case? That's probably not going to be likely that everyone is going to be able to do that or have the need to do that.

The main thing that both practitioners and community members emphasise is the need to have doctors who have those base skills in terms of being able to sensitively and affirmingly treat and engage with LGBTIQ+ patients being able to, yes, ask some questions but also having those skills to be able to do their own research. Like, 'Okay, yes, you know what? I don't know all about this but I'm going to work with you to find out the best pathway for you.'. That's really the core in terms of inter-patient, patient-doctor, that relationship, having that kind of core base of being accepting and knowledgeable but able to do their own research into more perhaps niche areas is what we need as a base level.

In terms of a model for how do we do this in rural communities, yes, as you say, it might not be feasible to have some huge bells and whistles - a LGBTIQ+ health clinic in every rural town in Tasmania. We've been talking a lot about various different approaches and what community members would like, do we need specific LGBTIQ+ services that have out clinic capacities, do we have a network of practitioners that is a bit more formalised who are experts who can then also mentor other clinicians in certain areas as well?

I do believe that the Sexual Health Service does a bit of that already, which is great. Those are the kinds of things that would be really great, to be setting up these kinds of networks of practitioner services and with strong connections to community groups as well. Excellent services that demonstrate best practice in LGBTIQ+ inclusion, and also in training for inclusive practice for practitioners like the Kentish Clinic. Those services are things would really go a long way.

Mr GAFFNEY - Ruby, one of the things I'd like to know - and, Rodney, you may be able to help here - is that if a person, and we'll use the transitioning as a model, do they have access to patient travel, to all those different things to get them to a certain point? If they do, are they treated in a sensitive and respectful manner at the place they might go to find out that service? Because of their isolation and rurality, is that making them disadvantaged in achieving what they see as a change in their life course? That's the sort of thing that I'm interested in too.

Ms LOVELL - Can I add to that? My question is in related to that, I guess. Ruby, back to your answer to Mike's question initially and the question about more specialist services, I can't imagine and I don't expect that people are looking for every specialist service to be available in every community. It's the same as people with all kinds of different health conditions that might require specialist treatment. I guess the key is, and it relates to what Mike's saying about patient travel assistance schemes and that service that is available in their local community being like a gateway, I suppose, to the specialist service.

Are members of the LGBTIQ+ community being treated with respect in an inclusive way when they're making those initial contacts and in getting them that access to the services they need that might be outside of their community in the same way that you might expect somebody who has a heart condition, or needs surgery, that they would be treated? Is that something that, in your research, you're finding people are experiencing that or are not experiencing that more typically? Is that what you mean, Mike?

Mr GAFFNEY - Yes, that's good.

Dr GRANT- It's a real mixed bag. We did see some really encouraging results coming through from the recent Government survey that I conducted along with our team, where a majority - I think it's fair to say - a majority of LGBTIQ+ Tasmanians do report having quite

positive experiences for the most part, but we do still see a concerning number of people experiencing maybe uncomfortable - it's not necessarily really, really bad and discriminatory - but just a sense of discomfort or unwelcome. We do see instances of feeling either being outwardly discriminated against - I think anticipated stigma is a real barrier. You only need to hear one friend in your community try to access one service and they were not very nice, that they were not inclusive or not knowledgeable about even basic stuff like using the correct pronouns, for example.

I think transgender people and non-binary and other gender diverse people who might be accessing care for gender affirmation services, this is probably the worst experiences in health care that we hear are from that group of the community. I think there's a sense that this is still an area of health that is not widely understood and probably not very accepted. It varies from place to place as to how much people either know about this community and who support or even just validate that these peoples' concerns are real, that they do have equal access to affirming care, and be treated like anyone else.

Ms LOVELL - Are you seeing people experiencing that type of thing more in rural and regional communities than in Hobart CBD or Launceston CBD?

Dr GRANT - I would say so, yes. It's something that especially young people - and I think on that point about travel to access care, people just say the services don't exist in a lot of these communities so they do need to travel to access care.

There are concerns about things like anonymity and confidentiality. You might be living in a small rural town but your mum or your auntie or someone's friend works in the reception, as if you're going to go into there and say, 'Hey, I want to access gender affirming care, or sexual health care, or I want to get a HIV test'. These are things that people will just avoid.

The issue of travel too, I was recently conducting some community consultation for the Department of Health as part of the Rethink initiative, and something that came up for people in the far south of Tasmania was there's one bus that comes out of one particular town, it goes to Hobart on one day, you've got to get on that bus and there's one bus back.

Ms LOVELL - And everyone else is on it that might be going anywhere.

Dr GRANT - That is right, with everyone on it. Someone said, as maybe a gender non-conforming person, I would not feel comfortable having to stand at this bus stop on the side of the highway and then get on this bus full of these people who I know to not be safe to be around, someone like me, so that's another barrier too. In lot of our research and community consultation, I've never heard anyone talk about accessing any kind of travel schemes, whether they're not aware of them or they assume that it doesn't apply to them or it's just something they are not feeling comfortable to access.

CHAIR - One of the barriers to that, in terms of the travel scheme, is that you have to be able to drive. So if these people are too young to have a licence or don't have a licence, and they're relying on someone else to make that claim on their behalf, like a parent or someone, the referring person which is generally the GP fills out their form, the specialist at the other end has to sign that, most of the time you don't need to engage with the system that sits above it, sometimes you do, but there must be barriers for younger people with that, in terms of the eligibility, because it relies on a parent or carer or someone else who drives them.

Dr GRANT - Absolutely.

CHAIR - Can I just come back to a point made a bit earlier, where you talked about the Sexual Health Services and whilst they do reach into the main areas of our state, there are still people on the west coast, Circular Head, east coast, Flinders Island, and King Island who would have more difficulty accessing them, particularly with that issue of anonymity.

A couple of questions here: does the Sexual Health Service have a role or an opportunity here to create the networks you talked about, and be somewhere where they could put these things out there on their website or something rather than people having to go in physically to the service? Are you aware of telehealth to connect people? Every young person and most older people have access to a smart device where they can interact with a service without actually having to walk in the door. Do you think these are things that need to be worked on to give greater and safer access?

Dr GRANT - I think there's definitely a place for that and telehealth and various forms of online health care and preventative measures too. I know in interstate research, they have been something that LGBTIQ+ people have reported being useful and that's something they do want to access.

Interestingly, in some of my Tasmanian research, Tasmanian LGBTIQ+ people have tended to prefer being able to access a service face-to-face with somebody. The assumption that LGBTIQ+ people are not going to want to show up to an actual service is often hard for people when they would actually prefer to be able to just speak face-to-face to someone. That's not to say that these are things that shouldn't happen. There definitively are big parts of the community who would really benefit from telehealth options and it is something I know that a lot of people do access.

CHAIR - In the network of, say, friendly services - Rodney, you spoke about not knowing who in your home area now might be welcoming and inclusive for anyone who may be of the LGBTIQ+ community, so how do we best do that? That's important. As you said, the last thing someone needs to do is to go to a GP and find that that GP or the GPs in that practice seem to have an issue with aspects of their life.

Dr GRANT - That's a great question and a lot of the work that I've been doing has pointed to that. It is important to mention that in this discussion, LGBTIQ+ people and LGBTIQ+ rural people are quite health literate. These are people who have had to do a lot of their own research to figure out, even just their identity, who they are, and what services and things are available.

If you go on any LGBTIQ+ Facebook group, page, community, community forum, it's always full of people sharing information and asking questions: Hey, I live here. Who's a good doctor to see? Can someone recommend me a psychologist who's going to be across transgender issues and also accept the understanding of neurodivergence? People are skill-sharing. People are identifying these networks.

CHAIR - It's an informal network?

Dr GRANT - Yes, informal networks are good but also that's not good enough. These need to be formalised and then also widely publicised.

In a lot of the work I have done recently, people may be aware because of these informal networks but there are a lot of people who might not have access to those kinds of informal networks. Think about someone living in a rural town. You aren't out yet. You are not open about your sexuality. You may not know any other LGBTIQ+ people and you're scared to reach out. You're not going to be able to have access to those things. That's why we need more formalised and widely publicised and visible networks and lists of services. These things sort of do exist. I know that Working It Out Inc has the SignPost app which is a list of places but a lot of people are either unaware of that resource or the resource isn't funded or supported in a way that can then be regularly updated and things like that.

CHAIR - If all GPs were aware of that, even if they had a degree of - I will say 'discomfort' but maybe it's a lack of knowledge of how to support a patient with matters that they're not overly familiar with and GPs have to deal with everything that comes through the door, whatever it is, or refer the patient to the hospital. If this is an app, I guess that was kept up to date and every GP knew about it, would that be a helpful step?

Dr GRANT - There's knowing and then taking the initiative to then engage with that. Currently, an app like SignPost, the practitioner or clinic has to register to be on it. So you have to be very clearly invested. So not only do you have to know about this thing but you have to be very clearly invested and want to be on it. If there is ever established some form of register of services and places that are inclusive, this really does need to be connected to some sort of LGBTIQ+ inclusive practice training system or initiative.

It is all very well for a doctor or a clinic to be like, 'Yes, I'm inclusive, why not?', but if they've not gone through some training around this issue that is provided by a reputable provider then you might be inclusive to certain parts of the community that you know about but not others. We find that quite often. It's been an issue that some of my research participants in rural areas have raised. They'll go to a healthcare clinic and it'll have a rainbow sticker on a window outside and they'll think, 'Yeah, this is great', but when they get in there they'll be discriminated against, or there will be uncomfortable comments made about say - I've done a lot of research on bisexual women, and while the clinic might be gay and lesbian friendly, they might come across a practitioner who is clearly not being very inclusive in terms of some of those more maybe lesser understood groups within the community too. That is why some comprehensive training does need to be connected to any kind of register.

CHAIR - On that, Ruby, is there an organisation that actually provides a professional development module or program that GPs could do? Not just GPs - GPs are often the first port of call here - but health practitioners broadly. Let's start with the GPs.

Dr GRANT - There is a range of services available, and we do want to emphasise Tasmanian operated and run services first and foremost. I know that the Department of Health has recently launched a LGBTIQ+ training package. That's an online package for healthcare providers that was developed as part of consultation with community and, to my knowledge, is quite comprehensive.

CHAIR - Do we know how many people have actually done that, the training?

Dr GRANT - I am not sure.

CHAIR - We might ask the department that, how many practitioners have actually -

Dr GRANT - Do you know, Rodney?

Mr CROOME - I think that issue came up at the last LGBTIQ+ Health department meeting, and the department didn't have figures. It would be good if you're able to ask them, maybe that will prompt them.

CHAIR - It is all well and good to have a program there, but if it's just sitting there and not many are actually using it, and engaging with it.

Mr CROOME - It's a voluntary program. I'm not sure if health practitioners get credit for doing it -

CHAIR - Towards their professional CPD requirements?

Mr CROOME - Yes.

CHAIR - We can ask that as well, because that's important.

Mr CROOME - If you could, that would be useful. It is a well-respected resource, and I've spoken to people interstate who think that, nationally it is of a very high standard. The question is, how many people are taking it.

CHAIR - Yes, and if you're not getting CPD points credited, it makes it - people have so many hours in the day they have to do to be registered under AHPRA a certain number of hours of CPD, and if it's not, it doesn't count.

Dr GRANT - In 2019 I conducted a study that looked at Tasmanian healthcare providers of all kinds of disciplines, and medical and nursing students, their understandings and approaches to LGBTIQ+ inclusion. That was a big thing that came through. We see that practitioners are likely to understand this or to be taking the initiative to look into inclusive practice if they have some sort of vested interest: maybe they're getting a few gay or lesbian patients coming in, they might have their first trans patient and they need to learn, or they are a member of the community themselves. Those are the people we see -

CHAIR - Or a family member who is, the personal connection.

Dr GRANT - Yes, a family member.

Mr GAFFNEY - It was interesting listening to the guest speaker at the Dorothies, the IDAHOBIT yesterday. It was interesting to hear men say that hopefully in 20 or 30 years this won't be an issue because it will just be part of the community inclusive. But, until we get to that point in time. It was suggested to me yesterday that there was a model where it could be a spoke and hub sort of model where there was a LGBTIQ+ friendly doctor's arrangement service based somewhere in Hobart that had outreach services, so that the training would be within that, that could go out.

Rodney, I'll take you back to 30 years ago, when there was support in Hobart and I think Launceston, nothing on the north-west as you well know, and I can remember ringing you one

night and saying, 'I don't care, I've got a young man here who's being ejected, and my wife and I are looking after him, and what can you do?' To your credit you did do something for us. But it just spoke to me about what lack of services we had on the north-west and west coast.

There are still a lot of people still on the north-west and west coast and other parts of Tasmania that would still be closeted and not comfortable. But, to have an outreach service where they could do that, whether it was by person to person or whether it was through telehealth. I am just wondering if the gay community see that there is a need for a service that could actually support all of that from a doctor/nurse/health practitioner relationship? It was put to me yesterday by a doctor at the event.

Mr CROOME - I'm glad that things worked out 30 years' ago. Can you explain a little bit more about that model, exactly how that would work?

Mr GAFFNEY - Yes. It was put to me yesterday that perhaps it would be wise if there was a special doctors service here, say in Hobart, that had all of its staff trained to deal with any issue that came through the gay community. Therefore, if the model was there and they had that, then that service could then look at doing an outreach to other parts of Tasmania as well.

Mr CROOME - Would those doctors set up a temporary clinic somewhere, or would they train other doctors?

Mr GAFFNEY - I think it was a bit of both. I think it was like having a central pool. I may get this totally wrong here, but they gave the example of when somebody transitions and had to have a certain medication and when they went to see the nurse, the nurse questioned why they were taking that medication. If it had been somebody else with another there would have been no question of that. I was concerned that that wasn't the nurse not being empathetic but that was the nurse not knowing how to deal with that situation.

Mr CROOME - For many years I was of the view that if the Government invested enough money in training with the programs that we have already just been talking about, that the Health department has developed, then that would solve the problem.

I am not sure anymore that that is the case. I remember last year getting a call from the head of the Drummond Street Clinic in Carlton in Melbourne, which is known as a special service, a very inclusive service of LGBTIQ+ people and mostly a LGBTIQ+ clientele. She called me and said, 'Look because of COVID-19 we are already overburdened, particularly in terms of people seeking mental health support. We can't take all the Tasmanians who are calling us. Do you know what to do about this?' She said, 'So many people are calling from Tasmania, but we can't deal with it. Don't you have any services there that you could recommend or the state government could publicise or whatever it is?'

I put her in touch with Working It Out to talk through some of those issues. But clearly, Working It Out isn't set up to provide health services or mental health services; it is not funded to do that. There is Life Line, of course, which does do training and is inclusive. There is the Q Life service, which is a national LGBTIQ+ mental health support line. Its statistics showed that the state with the highest increase in calls during the pandemic was from Tasmania. I think that is because there was nowhere else to go.

LGBTIQ+ people clearly want to access a service that they know for sure without any doubt, is either very inclusive or preferably a specialist service. That comes through in the research; I think in Ruby's research and the other research clearly all the time.

It is not enough that we simply train all health professionals. We do need to do that, but that is not enough. Clearly, there needs to be some kind of specialist service that provides mental health support and other health services, potentially along the line of the model that you are talking about, when people know that this service is LGBTIQ+-specific or it is extremely inclusive and that there's no doubt about that.

Yes, given the size of Tasmania, perhaps it makes sense that that's based in Hobart with outreach to other centres. Perhaps it could take over that job, as you said, Mike, of training other health care providers, particularly in rural areas.

I'll ask Ruby to talk a bit more about her research and what it shows including that need for a specialised service. Like I said, I'm now convinced, and having looked at the research, that I was wrong: that simply training existing health care providers is not enough. I've been in conversations, as you might have been, I'm not sure, with health care professionals in Hobart who want to establish such a service and are moving down the path of doing that with partly privately-funded and partly government-funded, depending on what the services are. They are working it out and other established organisations are looking at what can be done to provide a specialist mental health service.

We're already moving, as a community, in that direction of specialist services that can provide, as you've said, outreach across the state. That seems to be where we're going because the need is so great.

CHAIR - Maybe if Ruby could refer to her research next. We keep cutting you off, sorry, Ruby.

Dr GRANT- That's all right. As Rodney said, in some of the research, I've done a lot of community consultation, focus groups, interviews, surveys with LGBTIQ+ people all around Tasmania and echoing what Rodney is saying, there's very strong support for an LGBTIQ+-specific service of some kind that does have affordable and accessible health options and mental health is a real concern.

A lot of research, including some of my own, *Private Lives 3* also has some interesting Tasmanian data that shows that LGBTIQ+ Tasmanians do prefer, in the best-case scenario, to access services that they know to be LGBTIQ+-inclusive so they have an established reputation in the community and they are visibly LGBTIQ+ specialist or friendly. That is a real concern because often these services are based in urban areas. Even Tasmania, as a whole, a lot of those services when people in the community talk about them, they have places in Melbourne like the Drummond Street Clinic or Gender Centre, Pride Centre, those kinds of places. Tasmania, as a whole, even in the not rural areas of our state, there is this sense that these services or this thing is some sort of pipedream that Tasmanians would be able to access an amazing service like this.

Interestingly, people who live in Hobart who are LGBTIQ+, even though they, themselves, may not experience the issues around rural health in our community, are incredibly concerned about the health of LGBTIQ+ people in rural areas. It's something that they

emphasise time and time again that if we do have any kind of specialist services, there is a need for those to have a presence, that's very visible, in rural communities, and also connects with the existing amazing services and community efforts that are happening.

It was really heartening to see yesterday that they just announced that North-West Pride, which is a community-run organisation entirely run by our volunteers, have a full Pride month nearly every single day of June. They have community events. These are things that, even though they are not health services, are benefitting the health of this community. It's those kinds of community initiatives that could also be then further supported by our health services.

A really strong thing that's coming through from rural LGBTIQ+ Tasmanians is that they don't want a mainland service to come in and pop up out of nowhere and say, 'Here we are, we're doing this.'. We want a local service that is connected to communities, that is invested in continuing to stay in those communities too. It's something that's probably coming up across all of your inquiry around rural health, that there is a concern of keeping good practitioners in these areas too. You might have spent a long time building trust with a practitioner and you might be in a rural town and you have found a doctor, for example, who is LGBTIQ+-inclusive but then what happens if they retire, what happens if they move on and there's no one left at that one service? You then might end up going back to not accessing healthcare at all and that can lead to real issues further down the line.

Echoing Rodney's points that having some more specialist services as well as mainstream services that are well-trained and inclusive and knowledgeable in this space is important.

CHAIR - Do you have any other areas of research you want to talk about?

Dr GRANT - A final point - there is the lack of services that we have touched on and talked about. That's well-established. That's a real concern that is further exacerbated for LGBTIQ+ people in rural areas but also when you think about health in a more wholistic way too, access to preventative care and other health and community supports in rural areas can be barriers for LGBTIQ+ people, and for those around the state too when there's a perception that they may be run or affiliated with religious organisations. This is a particular concern from some of the research I have done with older lesbians around aged care. People are really invested and want to - if you are living in rural Tasmania, in many cases, we see more and more LGBTIQ+ people actively moving to Tasmania or moving from, say, Hobart to rural parts of the state because of the beautiful places that we have access to and the many health benefits as well of living in these communities. People want to contribute to these communities so we really need those services, particularlyfor people who want to age in place and they want to access those benefits.

There is concern that people can't stay in communities that they're really connected to if there aren't aged care services, whether it be home care or residential care, that are not religious affiliated. That is something that is a real concern.

CHAIR - If I can go back to, as Michael has described, the hub and spoke model with the specialist service that has well-qualified and experienced people who are members of the LGBTIQ+ community, plus specialists in it. We've done that in the state in different areas for women. We've got the Women's Legal Service, we have the Women's Health Service. The Women's Legal Service, obviously, provides a legal advice service. The Women's Health Service does a variety of things but doesn't necessarily provide health care to women across a

broad range. We've done that. What do you think the barriers are, or are there any barriers, or is it just the fact of getting on with it? I still get complaints about having a Women's Legal Service and not a men's legal service - well, that's every other legal practice around the place, and that's okay. What would the barriers be to establishing this, do you think?

Mr CROOME - That probably times ten. The perception of why do LGBTIQ+ people need a separate service? Surely, your health issues are the same as everyone else? If you have the flu then you go to the doctor, like anyone else.

Overcoming that barrier is about educating people about some of the unique health issues that we have, and also about the way that stigma and discrimination get in the way of accessing health care. We would be going through exactly what the people went through to establish the Women's Health Service. I know some of them; I know what some of the difficulties were. But we're in a much better place than we've ever been before because of the relative wealth of research that we now have. I say 'relative' because there seems to be much more research that's emerged in the last three or four years about what the barriers are and what the health needs are, much of which Ruby's been involved in. It's fantastic that we have Ruby in Tasmania to talk to the research that she's done. These national surveys and Tasmanian cohorts, the Tasmanian Government's research, the Tasmania Project that's done by the Social Inclusion Institute which asks people if they're LGBTIQ+ so it's able to look at their health indicators and their socioeconomic status compared to other Tasmanians.

CHAIR - They look at it within context. Is that what you are saying, Rodney?

Mr CROOME - Yes.

CHAIR - They look at the whole person rather than the flu you've gone in with, which you don't go to the doctor for anymore. You stay out when you've got a respiratory condition at the moment.

Say, you have abdominal pain and you go in to your GP, the stigma - I am trying to understand the lived experience of people. As a health professional from a fair few years ago now - I have been here 17 years now so it's a while - and even before that when I was working in the general medical surgical areas, there were very few people who were openly members of the LGBTIQ+ community that we saw as patients. If we did, you could tell that there were people who actually didn't want to look after them. It was really awful. I worked with a member of the community who was a lesbian, and the stigma that she experienced was just awful for her.

I am just trying to understand what it's like now, in terms of if we don't have some sort of dedicated, named-up service that can at least provide an avenue for education and service delivery, what are the problems?

Mr CROOME - Can I suggest that maybe the committee has a look at the resources that the Health department has developed? They did interviews with LGBTIQ+ people about the issues, the problems they've had accessing healthcare in Tasmania. It's very well produced and it would provide insight into just that.

CHAIR - Sure.

Mr CROOME - Just from my own experience, and I think from memory I contributed this to the training package I'm talking about, I went overseas a few years ago and I spoke at a conference in a developing country. When I returned I had abdominal pains and a lot of odd and uncomfortable symptoms. I went to my GP and my GP sent me to the exotic diseases specialist - or whatever the term was - and the specialist couldn't identify what the problem was. His response to me was, 'Homosexuals often have novel infections'.

CHAIR - What? Great. What was your response, Rodney?

Mr CROOME - My response was disbelief. Obviously, I took that as an expression of prejudice, because he was prejudging what the issue was. I think of another time when I was living in shared accommodation in Hobart. My co-tenant had a bad reaction to a drug he was taking - a prescribed drug. I took him to the outpatients at the Royal, and overheard the nurses talking about the fact that he was gay and that he was having a bad reaction to a party drug; when it wasn't. It was a prescribed drug; he never goes to parties.

They are two examples in my own personal experience of the ways in which stereotypes of LGBTIQ+ people can get in the way of accessing inclusive healthcare. You don't want to return to those services or those service providers if you've experienced prejudice. It's those kinds of barriers which I think you'll see more of if you look at those Health department resources. People describe situations much worse than what I've just described, but it happens all too often.

CHAIR - It is still happening now? We can look at those resources, Rodney, but it's really helpful to have this evidence and thank you for sharing what's been a difficult circumstance for you, because it does help inform the committee. Are you still aware of circumstances like that occurring in our health system now? I know they used to when I was back there working in it.

Mr CROOME - Yes, the research that we're talking about is -

Dr GRANT - Yes, I've conducted research. I conducted a study in 2015 on bisexual young women's sexual health and experiences accessing sexual healthcare. I conducted another study that looked at older lesbians experiences in accessing rural health services and aged care; that was 2019. Most recently, the work that I've done with the Department of Communities and Department of Health, that's 2020-21 and this year, 2022. In all those projects I have found and had examples of stories like this that have happened within the last two to five years.

These are certainly still current, still happening. Perhaps we are not seeing as many - maybe people who are gay and lesbian maybe less and less, maybe there's more awareness about those groups of the community. Stereotypes still remain - but certainly for those members of the community with identities we might think others are less understood - bisexual, pansexual, transgender, particularly, and then intersex is a whole other area too, other members of the community, particularly in the mental health stuff that I'd recently done. Asexual people is an emerging area where the needs of this group of community is not understood and the way that they are treated and how their identity intersects with other health conditions, or the perception of the intersection of those is concerning and pathologising.

We do see a lot of these micro-aggressions continuing. Bisexual women, particularly, get assumptions that you go in to get a routine sexual health check or a cervical screen and it's

assumed that, 'We'll do all these extra tests because you're clearly promiscuous if you identify as bisexual.'. That is something that came up time and time again in the work I've done.

CHAIR - If I could flip it for a minute and say from a health practitioner's perspective, if I'm not informed of the nuanced matters that need to be considered for someone who's bisexual, perhaps, or someone who's trans or wherever they fit within this group, that I may do my patient a disservice by overlooking something that may be relevant to them.

But no excuse though for the conversation behind the curtain, which I've certainly heard, and things like that. Other health professionals talking and being a bystander who hasn't stood up at times in the past and it's been pretty embarrassing when you look back on it.

If we're not well-informed, as health professionals, or the health professionals aren't well-informed, then ignorance is not good either. In fact, may be there is some health condition that is more peculiar to members of this community that we need to be aware of. Particularly intersex and people like that may have particular health conditions that would require a great degree of sensitivity and knowledge. There has to be a balance here, surely, in this.

Dr GRANT- Yes. My research shows that when I've interviewed medical professionals that there's a need to know about people's identities because of the reasons you've outlined, but it's particularly medical school and other training for healthcare providers, from my understanding there is very little skills building around how to sensitively ask these kinds of questions and to initiate this discussion with LGBTIQ+ people. Someone might not absolutely not know about that identity or that health condition, or the people's experiences and so they want to ask. They are really well-meaning, they are trying to be a good ally, they want to ask about, you know, 'Cassy, okay, you're trans, tell me about this.'. Sometimes that can come across as inappropriate questioning if it's not framed in a sensitive way. Even though the intentions were good, it can come across as quite pathologising for these people. It is important that practitioners are supported to be able to build those skills about asking these questions sensitively and when working with patients to know when these things may or may not be relevant. That's really important.

A lot of the research speaks to something that's called, 'The Trans Broken Arm'. It can almost go the other way. Say, you're a transgender person, you go into the emergency department and, yes, you've broken your arm. Then because a practitioner has identified that you're trans, they are then going to ask all these questions about your gender identity that don't have anything to do with your broken arm.

CHAIR - It's still a broken arm.

Dr GRANT- That's right so it can go either way. Yes, obviously practitioners do need to know and to be aware of the issues that face this community and be responsive to those in a sensitive and an affirming way. But then also it shouldn't go the other way that someone feels that they're under a microscope. 'This is the first trans person you've ever met and we're going to ask these weird questions because I just want to learn about trans people.'. That's not what people want.

CHAIR - There's a time and place perhaps.

Dr GRANT- Maybe for a lot of people, it might be well-meaning but in many cases, it isn't what someone wants. Someone's paying money to go to a doctor or a specialist. They don't want to be sitting there having to educate that doctor on the basic sorts of things.

CHAIR - If I went to the emergency department with a broken arm, I don't think they would ask me whether I was heterosexual or not. They would probably assume that I was, maybe, I don't know. That's the point, isn't it? This is an area, perhaps, where the training has a benefit in helping people to recognise that being trans is irrelevant to your broken arm. But it may very well be relevant to some undiagnosed infection perhaps.

Mr CROOME - It would be irrelevant to the brokenness of the arm, but it certainly wouldn't be irrelevant to treating that person -

CHAIR - Absolutely, yes.

Mr CROOME - because of the issue of just pronouns. Respecting their pronouns and not assuming that it is a he/him when it's she/her or they/them. It is a simple thing like that.

CHAIR - But also, if they had to be admitted, which bed do you put them in? Those sorts of things.

Mr CROOME - Thinking about 30 years ago, I've been thinking back further to 40 years ago, when we established a specialist health service in Tasmania called the Tasmanian AIDS Council. That was set up because of a great urgency of a deadly disease that affected particular communities - gay men, intravenous drug uses, sex workers - and at that stage, still people with haemophilia, in some circumstances.

There was no question at that time, or there were a few questions, about whether we should do that. We did it. The governments at the time had reservations and weren't always entirely happy about funding, but they did fund it. It did the work it was meant to do. It provided not just education to the community but also specialist health services; people with HIV and also has moved into provided specialist health services for gay men and other LGBTIQ+ people.

That was a particularly urgent and difficult time. But the issues are the same, in terms of stigma and discrimination, in terms of the need to ensure that people have the best healthcare despite stigma and discrimination. The health issues that we are talking about now aren't as deadly as HIV was in 1984 when the Tasmanian AIDS Council was set up. There isn't that element of deadliness and there isn't quite that same sense of urgency. But the basic issues of discrimination are the same. If we could do that 40 years ago, why can't we do that again?

CHAIR - Good question.

Mr GAFFNEY - Is there something that we haven't touched on that you think would be good for the committee to hear in our discussion, that we haven't asked you the right question or why didn't they ask us that. That sort of thing. Is there something there that you would like to be able to raise with us while you have the opportunity?

Dr GRANT - No, I think we've covered everything.

Mr DUIGAN - Given that you've done a lot of work in Tasmania and provided national surveys and studies, is there anything in particular that stands out from a health perspective for the Tasmanian cohort that you would identify?

Dr GRANT - It is difficult to do things like comparable statistics. That's not my expertise. We do say time and time again, as a more regional state overall, we know that Tasmanians have experienced poorer health compared to national averages. Higher levels of all manner of health impacting behaviours and things like that, and then broader structural issues around education, unemployment, income levels and things like that, and levels of disability also.

All of those things pertain to members of the LGBTIQ+ community. So, it is really important that this work we have been doing to get more of an understanding of LGBTIQ+ people's experiences in Tasmania. It is why I have dedicated all the work that I do because until very recently we haven't had much research on the community here and with various generalisations might be made about the community. It is really important to continue to learn more. That is why it's great that we have this most recent Government survey report that has come out as the biggest project like this in Tasmania. In the Tasmanian data, in all those national studies, we do see quite higher levels of all the bad things: poorer mental health; higher levels of things like suicidality and suicidal ideation; a lot of those real challenges.

So we do see that Tasmanian LGBTIQ+ people are really doing it tough compared to - I know, it's a stereotype - compared to perhaps people in more urban areas in the mainland. It's really important that we continue to address this and to talk about it in terms of the national context for LGBTIQ+ health.

Mr CROOME - Has there been an extensive comparison of the datasets we have from Tasmania and national?

Dr GRANT - Not yet, no.

Mr CROOME - Not really, no.

Dr GRANT - I will have to do that.

Mr CROOME - I am not sure that we're able to say definitively what the differences might be. Just having read the national reports and the state reports and the other state stuff that's come out that we've talked about already, there does seem to be a very high concern in Tasmania about access to mental health services. I am sure it's high in other states as well, but I wouldn't be surprised if it was higher in Tasmania. That reflects the data that I mentioned before about the calls to this National QLife LGBTIQ+ mental health support line: the biggest increase during the pandemic was from Tasmania by far, it outstripped all the other states.

CHAIR - That is not on a per capita basis. That's on a number of calls basis, Rodney, are you saying?

Mr CROOME - Yes, that's on a number of calls basis.

CHAIR - Which is quite extraordinary when you look at it per capita.

Mr CROOME - It is extraordinary, yes. I also mentioned the services in Victoria being worried that they were getting too many Tasmanians that they couldn't deal with, because it's beyond their funding.

Clearly there's an issue there with mental health support, the need for mental health support, and the concern that there isn't enough support, and it wasn't just during the pandemic. Obviously, it went up during the pandemic, it went up everywhere, in all the different communities we're talking about and all the states. But it's such a high concern across all of the studies that we're talking about, all the Tasmanian cohorts, that would be the thing that I would identify as particularly Tasmanian, a high concern.

Dr GRANT - I think that relates to some of the recent work I've done on mental health, people in community consultation talk a lot about a perceived - even though we've done amazing work in Tasmania for the community and the awareness and education that's been raised and increasing acceptance - there is a perception in the community of a lack of visibility, or low visibility for LGBTIQ+ people, particularly beyond major population centres.

It was only yesterday it was IDAHOBIT day, and I spoke to someone who was in the Huon Valley. In the Huon, they had a breakfast and they had some rainbow flags in the main street. This person said, 'This is amazing to see this, this is not something I would usually see in this town, and that's the first time I've really the community sees me and accepts me'. That really speaks to that, that lack of visibility or a perceived sense that this is still a community that maybe is not accepted, or is not visible, and not valued for contributions that they make to the broader community.

Mr CROOME - It has been the same in Ulverstone, where the Central Coast Council has made the decision to light the Leven Bridge in rainbow colours during the Pride Week and raise a rainbow flag, and got a little plaque in Anzac Park to talk about how far it has come. There are definitely rural communities and local authorities - like the Huon Valley Council and the Central Coast Council - that are putting an effort in and doing a great job and it's having a positive effect. Things aren't completely grim, but obviously there's only so much that a rainbow flag flying for a week can do.

CHAIR - That societal change, that takes longer than hanging a flag for a week, yes.

Mr CROOME - There is positive signs everywhere, but in terms of being able to consistently access inclusive LGBTIQ+ identifying services, like we keep saying, that's really ultimately the answer, and the sooner we get there the better.

CHAIR - Thank you for coming. I wanted to summarise and clarify that we've got everything. The network would be a valuable resource for not just members of the LBGTIQ+ community but also health practitioners and health professionals. The dedicated health service, as you said, we had the Tasmanian AIDS Council, why can't we do it now, those sorts of things.

Mr CROOME - It did both those things. It provided health services. It had doctors, it had GPs and made available the treatments for HIV including the early ones, and it also educated doctors around the state about the needs of patients with HIV. It did both those things.

CHAIR - Do you think with a specialist service, if it was to be developed now, would need to have an education arm, potentially, as well as a service delivery and potentially

networking arm? Could this one organisation, effectively, do it all? Not all of it but be the point that the network comes out of and all that.

Mr CROOME - It could do. That'd probably require the involvement of working it out because it does some work at the moment with training healthcare professionals and it does it quite well.

CHAIR - Not trying to reinvent the wheel, it's bringing together existing services and organisations to make a more comprehensive and perhaps visible service.

Mr CROOME - Yes, and being associated with working it out in some way would be a good thing because it already has a very high profile. Obviously working it out is not funded to do any kind of mental health support except some basic counselling and then we'll refer people on to services that we hope would be inclusive. I'm not saying let's start from scratch but in terms of providing community-specific health care and mental health care there's a long way to go. What I mean is that we do need a specialist service and it's going to take us a while to get there because at the moment there's nothing happening in that space.

CHAIR - Nothing that's coordinated, certainly.

Mr CROOME - The path to that involves convincing Health department officials and the Health minister, who is the Premier, that that would be the most effective outcome. There's probably more work to do in that regard. Not that he is antagonistic toward it, of course, he would be a supporter of better LGBTIQ+ health care. We just have to establishe that that model is the best model. We believe it is but we would need to convince them.

Mr GAFFNEY - If you think about how it would be streamlined because you have the expertise and knowledge there at your fingertips. From that point of view, it's a more effective flow through of people wanting to access health services.

Mr CROOME - Exactly, there are LGBTIQ+ doctors and other healthcare professionals in Tasmania, most of them in Hobart. They informally network and they refer people on to other services that they understand to be inclusive. The raw material is there. It just needs to be brought together.

CHAIR - And visible.

Thanks very much, both of you. Thanks for your great body of research you've been involved in, Ruby. It's phenomenal, the number of reports that you've been involved in and researched. It makes it very hard for people to argue against when you have some really good evidence base there.

Thank you, both of you, and particularly you, Rodney, for sharing some of those personal experiences which must always be difficult. I acknowledge that. Thank you for doing that and all the work you do.

Mr CROOME - Thank you for taking the time to listen. Thank you.

THE WITNESSES WITHDREW.