



Commissioner for Children and Young People
Western Australia

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To Department of Health,

Submission to WA LGBTI Health strategy

As Commissioner for Children and Young People in Western Australia, my role is to advocate for the best interests of all children and young people under the age of 18 in Western Australia, and to promote and monitor their wellbeing. In doing so, I must have regard for the United Nations Convention on the Rights of the Child, and prioritise the needs of Aboriginal children and young people, or children and young people who are vulnerable or disadvantaged for any reason.

Last year, my office established a portfolio area focusing on the needs and experiences of Lesbian, Gay, Bisexual, Trans, and Intersex (LGBTI) children and young people in Western Australia. All LGBTI children and young people have the right to be recognised for their gender identity, sexual orientation or intersex status, and to feel safe and respected wherever they are. Despite this, many LGBTI children and young people experience issues or challenges which impact on their health, safety, wellbeing, and other areas of their life.

This year, I established two Advisory Committees of LGBTI young people and their peers in Perth and at Bunbury Senior High School to advise our work in this space. The young people involved in these groups have discussed a range of experiences that impact on their wellbeing, including lack of support from family, lack of information and education about LGBTI diversity, difficulty accessing LGBTI inclusive services, including health, education, employment and accommodation services, social isolation, and experiences of discrimination and harassment.

My office has also released an Issues Paper outlining a broad range of issues and considerations that are required in order to improve outcomes for LGBTI children and young people in Western Australia, which I am providing alongside this submission. I recommend that you read the Issues Paper in order to give context to some of the priority areas discussed in the rest of this submission and additional measures that are required to improve outcomes for LGBTI children and young people across the state.

I am pleased that the State Government are developing the Strategy, and the impetus this gives to improving outcomes for LGBTI people across the State. I have addressed a range of the Department of Health's consultation questions as part of this submission, and these are detailed below.

Existing services for LGBTI people in WA

Existing services across the State are limited in terms of their scope, the location of their delivery, and their capacity to provide the required level of service. The State Government funds only a small number of health or wellbeing services for LGBTI people, including the Gender Diversity Service that provides support, consultation and intervention for trans or gender diverse children and young people; and programs within the WA AIDS Council, including the Freedom Centre which provides peer-support services for LGBTI young people. In addition, the Department of Education fund Inclusive Education WA to work within schools, and whilst this is not a health service, the organisation is focused on improving the wellbeing of LGBTI students, families and teachers. The Q Life Counselling Service is a federally funded program, and provides a dedicated telephone counselling service for LGBTI people.

There are a range of community organisations and groups who run specific LGBTI services or initiatives across the State. These services typically exist on little to no government funding, making it difficult to know the nature or extent of services across the State. These services usually focus on improving wellbeing for LGBTI people and their families through the provision of peer or social support, or on improving LGBTI inclusion and outcomes through workplace development or advocacy. These groups include Living Proud, PFLAG WA (and other related PFLAG groups), TransFolk of WA, the Rainbow Connection, as well as a number of initiatives run out of local LGBTI or Pride community groups, such as the Bunbury Safe Space program run by Out South West, and the Albany Gay and Lesbian networking and support groups.

There are also a range of general health and wellbeing services which have developed specific strategies or programs to promote the inclusion of LGBTI children and young people, including organisations such as Youth Link, headspace centres and Perth Inner City Youth Service.

Improvements required to existing health service delivery - Gender Diversity Service

Existing services require adequate resources in order to meet the need and demand for services, as well as additional services to meet the gaps in service delivery.

I am concerned about the capacity of the Gender Diversity Service to provide quality assessment and care to trans children and young people with the current resourcing and funding it receives. It is my understanding that the Service was provided funding until 2020 based on an initial small caseload of the service – 30 patients - however with the Service now seeing over 175 patients, this has resulted in the service being under resourced, and resulting in long wait lists for appointments and specialist care. A number of young people

involved in my Committees have described the distress that can be caused by the long wait time for appointment and treatment, as young people may be undergoing unwanted physical changes while awaiting services (e.g. the onset of puberty), or experience a deterioration in their mental health while they await support. Given the high risk of reckless behaviour, suicidal thoughts and suicide attempts for young trans people who are experiencing body dysphoria¹ (i.e. feeling that their physical body does not match their gender identity), it is vital that supports and treatments are provided to them in a timely manner.

Funding and resourcing for the Gender Diversity Service needs to be increased in order to meet the current and future demand for the service, enhance the capacity of the service to provide the timely support to trans and gender diverse children and young people that they require.

As the Service is relatively new, it is also important that there is strong evaluation to ensure that the service is a safe and inclusive space, and that it incorporates feedback from children and young people about the quality of practice and care that they receive. Feedback from some young people in my Committees is that there are improvements that could be made to the service in relation to amending the age at which they can access certain types of treatment, the nature of assessment processes (i.e. using non-invasive assessments), providing flexibility in the way that regional children and young people can access hormonal treatment (i.e. not having to travel to Perth each time it is required), and improving the wraparound support that is provided to children and young people and their families, particularly in relation to mental health support.

"I want to see change in the way medical transition is handled with under 18s."
(Advisory Committee member)

"Transitioning is hard – [it's] expensive, information is difficult to find, expensive, mental health support lacking, expensive" (Advisory Committee member)

"You're unable to access hormonal treatment until you are 16, and then once you're able to, the process can take even longer before you can actually take them due to testing, needing second opinions..." (Advisory Committee member)

"In order for a person to be able to get medical treatment to transition, they have to be diagnosed with gender dysphoria. This means you might have to answer deeply personal questions to be "diagnosed" – which might make feel like it is a problem."
(Advisory Committee member)

Gaps in service delivery

There are significant gaps in terms of service delivery for different groups of LGBTI people across the State, and these are detailed below.

¹ Strauss P et al, 2017, Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results, Telethon Kids Institute, Perth, Australia.

There are no specific services or supports for younger or pre-pubescent children or young people who are LGBTI, despite many children and young people developing an awareness about their sexuality or gender identity prior to adolescence.² Community programs or services are generally aimed at young people aged 12 and over, meaning there is a gap in terms of supports for the younger cohort. Trans or gender diverse children who are pre-pubescent can generally receive an initial assessment and monitoring by the Gender Diversity Service until they reach puberty, however little other support is available.

Strong and supportive families are an important protective factor for LGBTI children and young people's wellbeing, as they support their child to understand and navigate their identity.³ There are currently no family therapy interventions in place in Western Australia to support the parents and families of LGBTI children and young people. Whilst some information and peer-based support programs exist, these are generally run on a volunteer capacity, with minimal funding and resourcing.

The needs and experiences of intersex people are generally quite poorly understood, and there is a distinct lack of services for intersex children and young people and their families in Western Australia. There is not a specialist clinic, and there is limited capacity to access a second opinion about the best options for treatment and care for intersex children and young people. Support in this area tends to be highly medicalised, with no long-term supports, education or psychological supports available to intersex children and families as the child or young person matures.

Regional and rural support services for LGBTI people are very limited, and if services exist at all, they tend to be run as volunteer or community initiatives, with little funding, resourcing or staffing to support projects in a sustainable manner. In some regional areas, social isolation may be an issue for LGBTI people where there is no LGBTI visibility or opportunities for social connectedness, and therefore it is important that programs and supports are in place in communities where there is this need.

LGBTI people experience mental health issues at a higher rate than the general population,⁴ and should be recognised as a priority group for mental health supports and interventions. Despite this, there are no specialist mental health services or programs for LGBTI people, with existing programs focusing more on peer support, or initiatives being developed by individual services to meet client need.

"Suicide rates and rates of mental health are very high for LGBTI young people and it is important for them to get the support they need." (Advisory Committee member)

² Q Life 2016, Young People: Q Life Tip Sheet, Q Life. Retrieved from. <https://qlife.org.au/wp-content/uploads/2013/11/19-Young-People-for-web.pdf>

³ Ryan C et al, 2010, *Family Acceptance in Adolescence and the Health of LGBTI Young Adults*, Journal of Child and Adolescent Psychiatric Nursing 23(4) p 205 – 213, retrieved online from <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1744-6171.2010.00246.x>

⁴ Suicide Prevention Australia 2009, *Position Statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities*, Suicide Prevention Australia. Retrieved from [https://www.suicidepreventionaustralia.org/sites/default/files/resources/2016/SPA-GayLesbian-PositionStatement\[1\].pdf](https://www.suicidepreventionaustralia.org/sites/default/files/resources/2016/SPA-GayLesbian-PositionStatement[1].pdf)

"[Government should be] *trying to lower the rate of mental illness, specifically the suicide rate of LGBTI kids.*" (Advisory Committee member)

Broad priority areas for consideration by the Department of Health

There are a range of priority areas that require addressing to improve the health outcomes of LGBTI people across the State. The development of this strategy provides an opportunity to map the current provision of services and the demand of services for LGBTI populations across the State. This information will be important to planning and delivering the right mix of services based on need and demand.

My office has conducted previous research into best practice in youth health, as well as consulted with over 1,000 young people about their experiences of health systems. The *Position Statement on Youth Health*⁵ has identified a range of priority areas more broadly for youth health. These priority areas included:

- Strengthening the focus on children and young people in health policies and services
- Encouraging youth-friendly practices by health professionals
- Empowering young people and their families with education and information
- Developing quality evidence to guide future work

Whilst this work was not done specifically with LGBTI young people, these priority areas are relevant to the development and consideration of young people's needs in the development of this Strategy.

The WA Department of Health's recently released *WA Youth Health Policy 2018-2023*⁶ aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA. LGBTI young people are identified as a priority population within the policy as they may be at higher risk of poor health and wellbeing and of experiencing greater barriers to accessing health services.

Goal 2 of the WA Youth Health Policy is that "young people have equitable access to health services that meet their needs". The Policy presents a range of ways to build health services that are accessible, youth friendly, and recognise young people's diverse and distinct health needs, which should be considered into the development of the LGBTI Health Strategy. A core recommendation in the Policy to achieve these priorities is to ensure 'young people are meaningfully involved in the co-planning, design and evaluation of youth health services, programs and facilities.

Overwhelming, the feedback heard from young people in my Advisory Committees is that the professionals and services that support them need to be LGBTI aware and inclusive. Organisations working with children and young people need to ensure that employees have a level of baseline knowledge and understanding to provide appropriate support and care for LGBTI people, as well as working with children and young people. This is particularly

⁵ Commissioner for Children and Young People 2014, *Position Statement on Youth Health*, Office of the Commissioner for Children and Young People, WA.

⁶ Western Australian Department of Health 2018, *WA Youth Health Policy 2018-2023*, Health Networks, Western Australian Department of Health, Perth.

important for those professionals who are a first point of contact for LGBTI people seeking help and support, for example, general practitioners, psychologists, and school nurses. The development of LGBTI inclusion strategies or inclusion plans for organisations could help ensure that organisations are inclusive, or working towards the inclusion, of LGBTI people (e.g. similar to the development of Reconciliation Action Plans or Disability Access and Inclusion Plans).

"Some therapists or counsellors might not actually know how to support trans young people, or know how to properly discuss gender identity with a young person, and so they might not actually address it." (Advisory Committee member)

"[We need] better access to trans healthcare." (Advisory Committee member)

Many LGBTI people find the process of finding and accessing appropriate support and information to be complex and challenging. It is important that there are clear referral pathways and preferred service providers so that individuals and professionals are aware of available options for supports, and so that referrals can be made to service providers that are experienced in supporting LGBTI people, and are LGBTI inclusive. Coordinated transitions between child and youth health services to adult services are also required to ensure that children who are accessing specialist support under the age of 18 are appropriately supported and transitioned into adult services.

"There aren't enough LGBTI specific supports, and it is really overwhelming to try and find the information you need or to find out what is out there." (Advisory Committee member)

"[There should be] protocols (or a referral network) for trans young people and LGBTIQ young people." (Advisory Committee member)

"Other organisations also need to know what supports exist, so they can either refer young people on, or so that they know who to go to for advice or information." (Advisory Committee member)

The health and support services that LGBTI young people access must also be inclusive in their administrative, recording and reporting procedures. This includes the flexibility to be able to record and use people's preferred names, pronouns, and gender identity in official records in a manner consistent with the person's identity. Young people in our Committee have described some of the distress they've experienced when they have accessed services, and have been referred to by the wrong name, as the wrong gender, or been required to wear hospital identification which does not reflect their gender identity. This can be very uncomfortable for young people, and have a very detrimental and harmful impact on the individual's feeling of wellbeing.

The experiences of discrimination and harassment have a significant and detrimental impact on the mental health and wellbeing of LGBTI people.^{7 8} Improving community awareness,

⁷ Q Life 2016, Young People: Q Life Tip Sheet, Q Life. Retrieved from. <https://qlife.org.au/wp-content/uploads/2013/11/19-Young-People-for-web.pdf>

understanding and respect for LGBTI people is critical to improving wellbeing outcomes, and ensuring that LGBTI people receive support to understand their identity, can feel safe and free to express their identity. Universal programs can educate the general population about diverse identities, promoting acceptance and respect, and equipping the broader community with the knowledge and skills to be inclusive and informed about LGBTI diversity. My Advisory Committees have also talked about the important role that schools could play in providing education to children and young people, and promoting greater awareness and acceptance of diversity.

"Young people need support to understand their identity. There is not enough information available to young people, and it only really gets talked about in high school – if at all." (Advisory Committee member)

Additional programs are also required to support positive connections between LGBTI people and their communities, or provide family members with support, as well as specialist tertiary programs (e.g. the Gender Diversity Service, and specialised mental health supports) for those that require this level of specialist support.

The use of LGBTI inclusive data collection within service provision and population data studies would enable better understanding of the number of people across the State identifying as LGBTI, and the nature of their health and wellbeing needs. This information can be used to inform public policy development and the delivery and development of services to meet the distinct and varied needs of LGBTI people. In addition, using LGBTI inclusive data collection processes supports service users to be able to have their identity validated and recognised accurately when they are accessing services.

Further targeted research and consultation is also required to better understand some of the specific needs of LGBTI people. In addition, consultation mechanisms also need to be embedded to ensure that LGBTI people, including children and young people, will be further consulted and provided with an opportunity to share their views, and inform public policy and decision making ongoing.

There are a large variety of different intersex variations, differing in their degree of complexity, the impact on the individual, the need for treatment and intervention, and the urgency at which this must take place. There are concerns that some surgeries and interventions take place where there may not be an urgent medical need to do so (for example, to "normalise" the aesthetic appearance of genitals), and that surgery and treatment is often undertaken before a child or young person can provide their own consent, or before they have an opportunity to express their own gender identity. Rigorous and evidence-based protocols need to be developed in order to guide decision making about surgery and treatment for intersex infants and children, including considerations about the immediate medical need, as well as the infant or child's right to provide consent. Resourcing should also be improved in order to ensure that decision making regarding treatment and support of intersex children is undertaken by highly specialised and multidisciplinary teams, with

⁸ Hillier L et al. 2010, Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people, Australian Research Centre in Sex, Health and Society: La Trobe University.

opportunities to seek second opinions. Given the variation in treatment need and urgency for the different intersex conditions, the Government should invest in national and international databanks to improve the diagnosis, monitoring, outcomes, and decision making relating to individual intersex conditions.

The State Government has recently spoken out in opposition to “gay conversion therapies”, and have stated their commitment to looking at whether there is additional legislation or authorities that are required to ensure that this practice does not occur in Western Australia. Given the impact that this type of practice has on the health and wellbeing of LGBTI people, the State Government should take the necessary measures to ensure that no person in Western Australia is exposed to this harmful practice, and that there is recourse for those who are exposed to it.

Strategic goals for inclusion in the Strategy

The Strategy is an important first step in acknowledging and addressing the wellbeing needs of LGBTI Western Australians. It is important for the Department of Health to use a social determinants of health approach to develop and deliver this strategy. Without addressing the social, physical and economic contexts in which LGBTI people live, the efforts of this Strategy will have limited impact in addressing the health needs of LGBTI people across the State. LGBTI outcomes will be enhanced with a cross-Government approach, and where there are clear responsibilities and systems of accountability within government to promote the rights and monitor the wellbeing of LGBTI people. Whilst this may be outside the scope of the current Strategy, there needs to be a commitment and goal relating to establishing a whole-of-government plan or strategy for LGBTI inclusion and addressing LGBTI issues, such as the South Australian strategy,⁹ or Victoria’s introduction of an Equality Branch of the Department for Premier and Cabinet and appointment of a Commission for Gender and Sexuality.

In developing this Strategy, I would encourage the Department of Health to review the Strategic Goals and Actions of the National LGBTI Health Alliance’s Mental Health and Suicide Prevention Strategy¹⁰, which relate to inclusive and accessible care; evidence, data collection and research; diversity of LGBTI population; intersectionality and social inclusion; skilled and knowledgeable workforce; and promotion and prevention.

Suggestions to guide successful implementation of the Strategy

The Strategy needs to have clear and distinct goals, timeframes for actions to be achieved, and details on who is responsible for implementing actions. Sector partners and other government agencies need to be engaged early to develop and deliver on the strategies, and commit to supporting positive LGBTI outcomes in the long-term. Whilst there is an

⁹ Department for Communities and Social Inclusion 2014, South Australian Strategy for the Inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People 2014 – 2016, Government of South Australia, Adelaide. Retrieved from <https://publicsector.sa.gov.au/wp-content/.../20140501-DCSI-LGBTIQ-Strategy.pdf>

¹⁰ National LGBTI Health Alliance 2016, *National Lesbian, Gay, Bisexual, Transgender and Intersex mental health and suicide prevention strategy: A new strategy for inclusion and action*, National LGBTI Health Alliance. Retrieved from https://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf

existing reference group to guide the development of the Strategy, the State Government may consider establishing an ongoing LGBTI reference group similar to the Victorian Government's LGBTI Taskforce and LGBTI Health and Human Services Working group, which provide strategic advice to Government Ministers and Departments on LGBTI issues, and opportunities to improve government policy, practice and programs.

Regular opportunities to monitor and review strategic implementation, achievements or challenges needs to be established, with opportunity for LGBTI people to be consulted in this process. Given the current nature of service delivery for LGBTI people across the State, it is vital that initiatives and strategies to improve health outcomes for LGBTI people are adequately resourced and prioritised, in order for the Strategy to realise its impact.

I thank you for the opportunity to provide a submission to the development of the Strategy, and would welcome further opportunities to discuss or be involved as it is developed and rolled out. If you would like to discuss this information any further, please contact me, or alternatively you may contact Katherine Browne, Principal Policy Officer, on 6213 2210 or katherine.browne@ccyp.wa.gov.au.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Colin Pettit', with a large, sweeping flourish at the end.

COLIN PETTIT

Commissioner for Children and Young People WA

2 October 2018