

Australian Human Rights Commission

Current and emerging threats to trans and gender diverse human rights

April 2024

Advocacy and collaboration to improve access and equity

Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating, and representing psychiatrists in Australia and Aotearoa New Zealand. The RANZCP has more than 8400 members, including more than 5900 qualified psychiatrists and over 2400 members who are training to qualify as psychiatrists.

Recommendations

The RANZCP recommends:

- Health services take steps to accommodate the needs of and ensure the cultural safety of Trans and Gender Diverse (TGD) people, delivering care that is person-centred, non-judgmental and responsive to their mental health needs.
- Further research is supported and funded in relation to wellbeing, quality of life, treatment and outcomes, especially for TGD children and adolescents.
- Access to and consistency of care across Australia for TGD children and adolescents is improved, including outcomes monitoring.
- Better provision of high-quality information, patient education and informed consent processes, which are essential for trans healthcare across the lifespan.
- Federal and State governments work together to develop a national approach to support advocacy and safe practice in this space.

Introduction

The RANZCP welcomes the opportunity to contribute to the Australian Human Rights Commission's (AHRC) public consultation regarding current and emerging threats to TGD human rights. This submission has been developed in consultation with several RANZCP committees, including the Faculty of Adult Psychiatry Committee, Faculty of Child and Adolescent Psychiatry Committee, Committee for Evidence-Based Practice, Section of Youth Mental Health Committee and the Section of Private Practice Psychiatry Committee, which are made up of community members and psychiatrists with direct experience of working with Australia's TGD communities. As such, the RANZCP is well positioned to provide insight around threats to TGD human rights due to the breadth of academic, clinical, and service delivery expertise it represents.

The RANZCP has detailed its ongoing commitment to working with TGD people and the broader LGBTIQ+ communities in Australia and New Zealand in the following: [Position Statement 103: The role of psychiatrists in working with Trans and Gender Diverse people](#) and [Position Statement 83: Recognising and addressing the mental health needs of the LGBTIQ+ population](#).

This submission responds to the questions outlined in the call for submissions which the RANZCP is most equipped to provide insights.

What are some systemic barriers or challenges faced by TGD individuals in accessing essential services such as healthcare, housing, or legal support?

TGD communities face an increased prevalence of mental illness compared to the general population. Every year, one in five Australians will experience a mental health condition, and almost half of Australians

Royal Australian and New Zealand College of Psychiatrists submission

Current and emerging threats to trans and gender diverse human rights

will experience mental ill-health in their lifetime. This rises to seven in ten for those who identify as TGD.[1] Being TGD does not represent a mental health condition. However, TGD people face an increased risk of exposure to institutionalised and interpersonal discrimination and marginalisation, which increases vulnerability to mental illness and psychological distress. Examples of this discrimination include stigma, exclusion, trauma, abuse, and assault.[2]

Mental health and related services must be safe spaces for TGD people. Concern that medical professionals will not understand their identity is commonly identified by TGD people as one of the key barriers to accessing timely supports, leaving many TGD people without access to services with which they feel comfortable to explore sensitive health matters.[3] This may be exacerbated in rural areas where access to culturally safe and culturally competent services may be limited, with privacy considerations further compounding barriers to access.

TGD and intersectionality

While mental health outcomes for TGD populations in Australia rank among the most challenging of any demographic [1], various intersecting social identities and factors can lead to complex layers of discrimination, further compounding social determinants and barriers to services and increasing the risk to mental wellbeing.

Beyond gender diversity, other marginalised communities such as Aboriginal and Torres Strait Islander peoples, veterans, immigrants, refugees, and people with disabilities also face heightened risks of mental health disorders. Understanding the intersectionality of these identities is essential for developing effective support systems and interventions that address the diverse and multi-faceted needs of these communities.

TGD children and adolescents

Childhood and adolescence are times of rapid and dynamic brain development and development of personal identity. This can be a particularly challenging period for young TGD people, and a time of heightened vulnerability to mental health issues.[4] At this critical juncture, experience of homophobia, transphobia, and heteronormativity can be devastating.[5]

TGD children and adolescents have been reported to experience pervasive stigma and discrimination in health care. They are also more likely to encounter difficulty in accessing developmentally appropriate and informed care that is person-centred and non-judgmental.[2]

TGD and ageing

Many older TGD people have a lived history of direct discrimination by legal and medical institutions. These experiences can create ongoing barriers to accessing aged care, mental healthcare and other supports.[6] Older TGD people may experience anxiety regarding whether their needs will be met in a dignified manner as they age, and some report feeling forced 'back into the closet' due to the lack of availability of inclusive services.[7]

How do existing laws or policies either protect or fail to protect the rights and dignity of TGD individuals?

Conversion practices

Change or suppression practices are deeply harmful practices which seek to change or hide an individual's sexual orientation or gender identity. They are sometimes referred to as 'gay conversion' practices or

Royal Australian and New Zealand College of Psychiatrists submission

Current and emerging threats to trans and gender diverse human rights

'conversion therapy'. The RANZCP does not support the use of [sexual orientation change efforts](#) or suppression practices of any kind. There is no scientific evidence that sexual orientation can be changed and these practices risk causing significant harm to individuals. Despite this, change or suppression practices remain legal in some Australian jurisdictions.

Sexual and family violence

Statistics indicate that LGBTIQ+ people, including those that identify as TGD, experience family and sexual violence at rates similar to, or higher than, heterosexual women.[8] Current policy and program responses to family violence tend to be geared towards heterosexual and cisgender relationships. A Senate inquiry into family violence in Australia found a lack of data, reporting and understanding of the impact of violence in LGBTIQ+ communities, as well as a lack of services and programs.[9] Of particular concern is the acute shortage of appropriate housing for LGBTIQ+ survivors of family violence.[10]

Have disinformation and misinformation and/or other forms of anti-trans discrimination affected TGD individuals' ability to access education, employment, healthcare, housing, migration, and legal rights and if so, how?

In recent years, there has been a significant shift in public discourse, care options, and research standards concerning TGD communities. Despite these advancements, TGD individuals continue to face challenges to the validity of their identities, legal rights, and access to healthcare. These challenges are often fuelled by disinformation and misinformation, perpetuating stigmatising ideologies and contributing to social, political and legal barriers for TGD communities to access the services they require.

Issues around disinformation and misinformation are often exacerbated by a lack of TGD visibility in both data and research. Detail relating to LGBTIQ+ populations, including those who identify as TGD, is currently lacking from administrative and generic research data.[11] There is also a shortage of robust, evidence-based research specifically focused on TGD healthcare needs. These knowledge gaps impact on policy, practitioners, and funding for these populations and potentially create a vacuum where misinformation and disinformation may propagate.

More consistent data is required, as well as more research into LGBTIQ+ mental health more broadly, including protective factors, comorbidity, effective interventions, and specific issues faced by high-risk populations. The need for enhanced research and data must be carefully balanced with the entitlement of each person to privacy and dignity, and such data collection and research should be undertaken with sensitivity and awareness. Data collection must also allow for capturing the diversity within LGBTIQ+ populations.

Drawing on your expertise, what measures or initiatives could effectively address root causes of anti-trans sentiment and discrimination within society?

Equitable access to quality care in the mental health system is critical. Mental health systems must be equipped to provide gender-sensitive care and recognise and address the needs and diverse experiences of TGD communities.

The RANZCP supports a mental health system which is person- centred and responsive to community need. The mental health system must be premised upon a set of [best-practice principles](#) based on evidence, informed by lived experience, and intended to produce the best possible outcomes for consumers and the wider community.

Royal Australian and New Zealand College of Psychiatrists submission

Current and emerging threats to trans and gender diverse human rights

Consistent with our [Position Statement 105: Cultural safety](#) and [Position Statement 100: Trauma-informed practice](#), the RANZCP will continue to work towards fostering more inclusive institutions, acknowledging our responsibility to counter stigma, discrimination and violence directed towards TGD people.

A national approach, including both Federal and State governments, is critically needed as the RANZCP continues to advocate for the following:

- Increased awareness of TGD identities and communities to begin to address the high vulnerability and poorer mental health outcomes of these groups.
- Improved access to and consistency of care through the development of a national framework (along with necessary resources) including guiding principles for service provision and outcomes monitoring.
- The development of a robust evidence base, including co-ordinating and providing funding for research on the interventions and outcomes for the treatment of gender incongruence.
- The development of resources and factsheets for young people and their families to support decision making including supporting informed consent.

The RANZCP acknowledges the space around TGD rights is a topical and evolving issue garnering significant media coverage and encompassing diverse views. As noted, there is a shortage of robust, evidence-based research specifically focused on TGD healthcare needs across the lifespan.

Further information

The RANZCP thanks the AHRC for the opportunity to provide this submission. If you have any questions or wish to discuss any details further, please contact Nicola Wright, Executive Manager, Policy, Practice, and Research via nicola.wright@ranzcp.org or on (03) 9236 9103.

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