



Equality for LGBTIQ+ People and Health

LGBTIQ+* persons are a minority population group that often suffer poorer health outcomes and have a higher risk of suicidal behaviours than the general population. This can be attributed to minority stress, where LGBTIQ+ persons struggle for validation and societal acceptance.

Stigma and discrimination towards LGBTIQ+ people may also hinder patient access to healthcare.

LGBTIQ+ populations have greater disparities in their mental health, sexual health and in rates of substance abuse, such as daily smoking, drinking alcohol in risky quantities, using illicit drugs and misusing pharmaceuticals.

Stigma and institutional discrimination targeting LGBTIQ+ persons exacerbate minority stress. Numerous historical examples are well documented with the most recent example of institutional discrimination being the exclusion of same-sex couples from civil marriage. This was reversed in December 2017 when the Australian Government legislated for marriage equality.

AHHA POSITION:

- ✧ Reducing discrimination and marginalisation of LGBTIQ+ persons improves equity and enhances the health and wellbeing of LGBTIQ+ persons, their children, their family, their friends and the broader Australian community.
- ✧ Inclusive health practices should be expected of all health, disability and aged care providers. Actions to support inclusive health practice by providers and organisations should be supported and encouraged (e.g. rainbow tick standards).
- ✧ Targeted approaches to improve the health of LGBTIQ+ people must be supported by appropriate funding for locally developed responses from Commonwealth, state, territory and local governments. Effective measures will require partnerships and engagement with community and social service providers.
- ✧ Priority areas of focus in LGBTIQ+ health and preventive health are:
 - mental health;
 - sexual health;
 - tobacco smoking;
 - risky alcohol consumption;
 - illicit drug use; and
 - pharmaceutical misuse.
- ✧ There is a lack of data identifying and reporting on the health of LGBTIQ+ people; addressing data gaps may provide a more complete picture although privacy implications must be respected.
- ✧ Research funding should be allocated to investigate community-identified service and policy issues.

* Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer