

Equality for LGBTIQ+ people in health



LGBTIQ+ stands for lesbian, gay, bisexual, transgender/gender diverse, intersex, queer/questioning and asexual. The plus sign represents the vast diversity of people in terms of sexual orientation, gender identity, expression and sex characteristics. Many LGBTIQ+ people experience happy and healthy lives- yet overwhelmingly, the LGBTIQ+ community experience poorer health outcomes than the general population. Experiences of stigma, marginalisation, and discrimination directly and indirectly impede the equity and accessibility of care for LGBTIQ+ persons, exacerbating experiences of minority stress and compounding poor health outcomes.

BACKGROUND

While acknowledging the diversity of experiences of the LGBTIQ+ community, LGBTIQ+ people recurrently experience both poorer physical and mental health and are more likely to experience unemployment, homelessness, poverty and social exclusion¹.

Despite the lack of data identifying and reporting on the health of LGBTIQ+ people, the existing data indicates that those who identify as LGBTIQ+ are more likely to experience a mental health condition, self-harm, and experience suicidal ideation than those who do not identify as LGBTIQ+².

LGBTIQ+ experiences of and access to health care are undermined by stigma and discrimination, both directly (e.g., violence, criminalisation) and indirectly (e.g., minority stress, fear of pathologisation), leading to adverse health outcomes. Importantly, these poor experiences and outcomes arise from marginalisation, not as an innate feature of LGBTIQ+ gender or sexual identity³.

Intersection of LGBTIQ+ identities with other marginalised communities, including Aboriginal and Torres Strait Islander peoples and those living in rural and remote areas, exacerbates these experiences and contributes to poor health⁴.

Targeted programs and services are required to address the complex and unique issues specific to those who identify as LGBTIQ+. The absence of appropriate and considerate services compounds LGBTIQ+ experiences of stigma, marginalisation and discrimination⁵.

In 2023, the Australian Government announced the development of Australia's first 10-year National Action Plan for the health and wellbeing of LGBTIQ+ people.

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, and must be made a priority.
- 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 local community and social service providers.
- Priority areas of focus in LGBTIQ+ health and preventative health are:
 - mental health;
 - sexual health;
 - tobacco smoking;
 - risky alcohol consumption;
 - illicit drug use; and
 - pharmaceutical misuse.
- Addressing data gaps on the identification and health of LGBTIQ+ people, accounting for and respective of privacy concerns, will help provide a more complete picture to enable appropriate planning and design of LGBTIQ+ specific and LGBTIQ+ friendly health services.
- Research funding should be allocated to investigate community-identified service and policy issues.

¹ Perales, F., & Todd, A. (2018). Structural stigma and the health and wellbeing of Australian LGB populations: Exploiting geographic variation in the results of the 2017 same-sex marriage plebiscite. *Social science & medicine* (1982), 208, 190-99. <https://doi.org/10.1016/j.socscimed.2018.05.015>

² LGBTIQ+ Health Australia. (2021). Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People. Available at: https://assets.nationbuilder.com/lgbtihealth/pages/549/attachments/original/1648014801/24.10.21_Snapshot_of_MHSP_Statistics_for_LGBTIQ_People_-_Revised.pdf?1648014801

³ Rosenstreich, G (2011). LGBTI People Mental Health and Suicide. National LGBTI Health Alliance, Sydney. Available at: https://assets.nationbuilder.com/lgbtihealth/pages/549/attachments/original/1648014801/24.10.21_Snapshot_of_MHSP_Statistics_for_LGBTIQ_People_-_Revised.pdf?1648014801

⁴ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Available at: https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf

⁵ Lucas, J.J., Afrouz, R., Brown, A.D. *et al.* When primary healthcare meets queerstory: community-based system dynamics influencing regional/rural LGBTQ+ people's access to quality primary healthcare in Australia. *BMC Public Health* 23, 387 (2023). <https://doi.org/10.1186/s12889-023-15289-4>