



Government of Western Australia
Department of Health



Western Australian
Lesbian, Gay, Bisexual,
Transgender, Intersex
Health Strategy 2019–2024
Diverse communities, diverse care



Acknowledgment of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.¹

Produced by Health Networks

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Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex

Health Strategy 2019–2024

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A note about terminology

Throughout this document the acronym LGBTI is used to refer to lesbian, gay, bisexual, transgender and intersex people. We recognise that every LGBTI person has terms and language they prefer when describing their own sex characteristics, gender and sexuality. The use of this acronym is not intended to be limiting or exclusive of certain groups and we recognise that not all people will identify with this acronym or use these specific terms.

Acknowledgements

The Western Australian LGBTI Health Strategy (the Strategy) is the result of extensive consultation and considered commentary from a large number of organisations and individuals across the Western Australian (WA) LGBTI populations and the WA health system.

We would like to sincerely thank all those who contributed, in particular the members of the Strategy Reference Group (refer to [Appendix 1](#) for full list of members and proxies). Members from the WA LGBTI community and health sector provided content expertise and insight, community linkages, strategic guidance and a commitment to optimise the health and wellbeing outcomes of LGBTI populations living in WA.

We would also like to acknowledge the organisations that led the community workshops held throughout WA.

- Albany, Gay, And Lesbian... and Everyone in Between
- Perth Pythons Hockey Club
- Perth Inner City Youth Service (PICYS) in partnership with Telethon Kids Institute, YouthLink and Perth Children's Hospital Gender Diversity Service
- Living Proud in partnership with TransFolk of WA, Bisexual+ Community of Perth, OUT SouthWest, ConnectGroups WA and Curtin's Collaboration for Evidence, Research and Impact in Public Health
- GRAI: Gay, Lesbian, Bisexual, Transgender, Intersex Rights in Ageing
- WA AIDS Council (Freedom Centre and M Clinic) and Richmond Health and Wellbeing.

We would like to thank Esther Montgomery, Nita King and Jennifer Anderson for providing the experiences and voice of Aboriginal LGBTI people within the Strategy.

Most importantly, we would like to thank everyone who attended and contributed to the workshops and the online surveys.

Minister's Foreword

I am pleased to introduce the WA health system's inaugural Lesbian, Gay, Bisexual, Transgender and Intersex Strategy 2019–2024.

This Strategy provides us with an important opportunity to ensure WA health is delivering a safe, inclusive and equitable health services for LGBTI people living in our State.

It contains practical guidance and identifies priorities for action for our health providers and their partners, which aim to improve the physical, mental, social and emotional wellbeing of LGBTI people and which will raise awareness of the specific challenges they face.

As many as 11 in 100 Australians may have a diverse sexual orientation, sex or gender identity, and many face discrimination, exclusion and stigma which are key factors influencing mental and physical health and wellbeing.

LGBTI populations have higher rates of depression, attempted suicide and substance abuse.

Gay, lesbian and bisexual people are also more likely to smoke daily, misuse pharmaceuticals and consume alcohol in risky quantities compared with figures for the overall Australian population.

LGBTI people are at greater risk of experiencing marginalisation, persecution and disadvantage that may make it more difficult to achieve their health and mental wellbeing goals.

There is more that we can do to address these inequalities, to make sure that there is no inadvertent discrimination in our health system, and to make sure we strive to provide health services that meet the needs of all patients, families and staff.

This is a collaborative piece of work which has had extensive input from local LGBTI people who identified the areas where essential support is required to meet the health and wellbeing needs of the WA LGBTI population over the next five years.

I would like to thank everyone involved for their valuable insights and dedication to this project. In particular the many individuals, groups and organisations that contributed to the development of the Strategy through a series of face-to-face community conversations and online surveys, more than 600 submissions were received.

The strategy identifies six priority areas which will help lead to better health outcomes for LGBTI people including: promoting accessible and inclusive health services, leadership, affirmative practices, access to LGBTI specific resources and services, research, education and training.

Hundreds of voices were heard and many experiences were shared through the development of this Strategy and we have listened and responded to the issues raised.

We now have a detailed roadmap for the next five years to help improve the health and wellbeing needs for LGBTI people when accessing WA health services, a health system which will promote leadership, understanding, inclusivity and which will result in positive change.

Hon Roger Cook MLA

Deputy Premier; Minister for Health; Mental Health



At its core, the Strategy asks for the WA health system to see people as individuals and to respond with humanity in addressing all physical and mental healthcare needs.

Message from the Reference Group

The Strategy has been developed as a collaborative project through a Reference Group of community members and health service providers, led by Health Networks, WA Department of Health. All members of the Reference Group are committed to seeing this Strategy effect positive change in the WA health system.

LGBTI populations have historically faced inequitable treatment, stigma, exclusion, isolation, discrimination and abuse.² The Australian Human Rights Commission report [*Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights*](#)² highlighted that LGBTI people continue to experience higher rates of violence, bullying and harassment.

The Reference Group is aware that throughout development of the Strategy many voices may not have had equitable opportunity to contribute during the consultation period, including but not limited to:

- a. Aboriginal LGBTI people
- b. people with an intersex variation
- c. LGBTI people within the justice system
- d. people who are homeless or at risk of homelessness
- e. sex workers
- f. LGBTI people with disability
- g. people from culturally and linguistically diverse (CaLD) backgrounds including those with limited English proficiency.

“ Hundreds of stories were heard through development of this Strategy. Thousands of lives negatively impacted

“ Individually we are broken by shame, isolation and discrimination, collectively we gain strength to share our stories and let our voice be heard

This in itself illustrates the many barriers and challenges to participation that the Strategy seeks to address.

The Reference Group has also continued to reinforce awareness of the diversity of identities and experiences encompassed within LGBTI communities.

It is the true stories of people's experiences of care that have reinforced the need for this Strategy to be adopted and integrated into every day practice.

The Reference Group has overseen the consultation process, and drawn from the personal and deep reflections and insights recorded through the community consultation. They have also brought their own knowledge and experience to the translation of the consultation into the final Strategy document.

“ The opportunity to participate in this Strategy has created hope for change

WA LGBTI Health Strategy Snapshot

Our Vision

An equitable, accessible, culturally safe and inclusive WA health system and health services that are responsive to the health and wellbeing needs of LGBTI populations living in WA.

Our Purpose

To provide direction to the WA health system and health services on policy development and service delivery to achieve optimal health and wellbeing outcomes for LGBTI populations

Goals

The WA health system and health services, recognise, respect and understand the health and wellbeing needs of LGBTI people throughout all stages of their life

The WA health system and health services improve the quality, accessibility, inclusiveness and coordination of services necessary to meet the health and wellbeing needs of LGBTI people

LGBTI people have equitable access to health services that meet their health and wellbeing needs

LGBTI people are empowered to advocate for their health and wellbeing by being partners in their own care, through understanding and implementing their healthcare rights, being engaged in their health care and participating in treatment decisions

Guiding Principles

- Recognising the diversity of LGBTI populations
- Integration
- Engagement and co-design
- Respect and dignity
- Equity
- Culturally appropriate

Priorities

Priority 1: LGBTI populations' experience of health services is LGBTI inclusive and meets all physical and mental health and wellbeing needs

Priority 2: The WA health system provides leadership and promotes affirmative practices for the health and wellbeing needs of LGBTI populations

Priority 3: The WA health system promotes and strengthens data collection, evaluation and monitoring of the health and wellbeing needs of WA LGBTI populations

Priority 4: The WA health system and health services collaborate with non-government organisations to build research knowledge on the health and wellbeing needs of LGBTI populations living in WA

Priority 5: The WA health system, health services, healthcare professionals and support staff are equipped with the knowledge, skills and understanding to meet the health and wellbeing needs of LGBTI populations

Priority 6: Access to LGBTI specific health services

Overview

The Strategy strives to improve the health and wellbeing of LGBTI populations living in WA. Creating and fostering sustainable change requires a collective and holistic approach. This Strategy aims to guide the WA health system, health services, healthcare professionals, LGBTI people, their families, carers and support networks to meet the health and wellbeing needs of LGBTI people living in WA.

A broad range of LGBTI populations were involved in the development of the Strategy. A series of face-to-face community conversations were held and online surveys led by community organisations on what is required to achieve positive health and wellbeing, and how services can most effectively address their needs. Community conversations were held across metropolitan and regional WA.

Online consultation was conducted, providing those who were unable to attend the workshops with an opportunity to inform the development of the Strategy. In addition, a specific survey was developed for the WA health system to gain a better understanding of what is currently available, and potential service design and delivery improvements to the WA health system to meet the health and wellbeing needs of LGBTI people.

Quotes from these community conversations have been used throughout the Strategy.

The Strategy outlines six priority areas for action relating to the health and wellbeing needs for LGBTI people living in WA over the next five years.

Vision

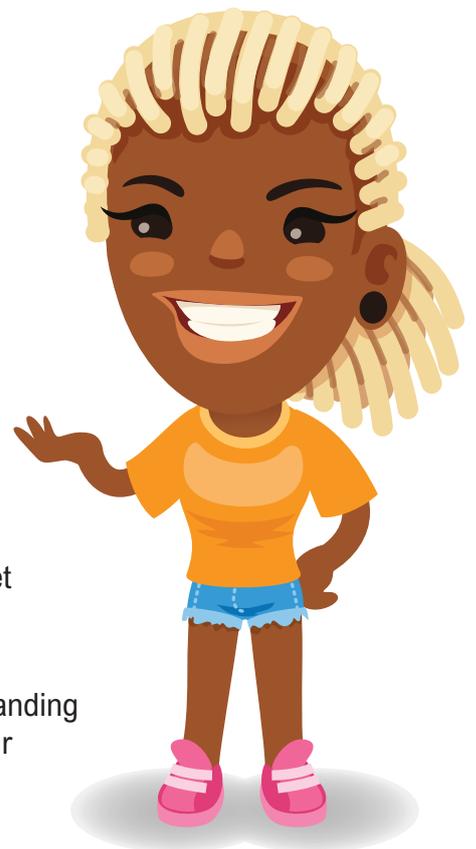
An equitable, accessible, culturally safe and inclusive WA health system and health services that are responsive to the health and wellbeing needs of LGBTI populations living in WA.

Purpose

To provide direction to the WA health system and health services on policy development and service delivery to achieve optimal health and wellbeing outcomes for LGBTI populations.

Goals

- The WA health system and health services, recognise, respect and understand the health and wellbeing needs of LGBTI people throughout all stages of their life.
- The WA health system and health services improve the quality, accessibility, inclusiveness and coordination of services necessary to meet the health and wellbeing needs of LGBTI people.
- LGBTI people have equitable access to health services that meet their health and wellbeing needs.
- LGBTI people are empowered to advocate for their health and wellbeing by being partners in their own care, through understanding and implementing their healthcare rights, being engaged in their health care and participating in treatment decisions.



Language and Terminology

The importance of language and terminology was repeatedly raised throughout the consultation and development of the Strategy.

The acronym LGBTI is used; however, it is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs beyond this acronym.³

It is important that the WA health system has an understanding of the language and terminology used by LGBTI populations as a way of showing recognition and respect to how people describe their own bodies, gender and sexuality.

See [Glossary of Terms](#) for the full list of terminology used throughout the Strategy.

Sexuality

The feelings or self-concept; direction of interest; or emotional, romantic, sexual or affection-related attraction towards others.³

Gender

A person's sense of identity defined in relation to the social roles, attributes and behaviours customarily ascribed by society to 'women' and 'men'. For many people, sex characteristics and gender identity (birth assigned) are aligned.³

Sex characteristics

The biological and physiological characteristics associated with medical norms 'female' and 'male'. This includes chromosomal configuration, hormonal profile, reproductive organs and secondary sex characteristics such as breasts, body hair and voice.³

Intersex

Intersex people are born with physical sex characteristics that don't fit medical and social norms for female or male bodies.⁴

Note: 'Intersex' relates to sex, not gender identity, although some intersex people also identify as transgender.

Guiding Principles

Guiding principles provide a framework for LGBTI inclusion beyond the specific goals of the Strategy. They are an overarching set of values and standards which can be applied across the WA health system, and more broadly.

Recognising the diversity of LGBTI populations

LGBTI populations are diverse and heterogeneous, with experiences and needs that differ for different communities and individuals. The WA health system is flexible and responsive to the needs of all LGBTI people and populations, recognising all forms of diversity.

Integration

Health services deliver integrated care which is seamless, effective and efficient that responds to all of a person's health needs across the physical, mental and social health in partnership with the individual, carers and families.

Engagement and co-design

Embedding the LGBTI consumer voice into health service planning is a driver for improved performance and continuous improvement. The WA health system needs to be oriented towards what matters to LGBTI people, their families and/or carers.

LGBTI people are empowered to work in an equal partnership with funders, policy design specialists, service providers and communities in the planning, delivery and evaluation of health services they want and need.

Respect and dignity

LGBTI people have the same rights as everyone else – to be respected, to make their own decisions, to feel safe and to live a meaningful life. Respect and affirmation of the dignity and value of LGBTI people, and of their sexualities, genders and sex characteristics is fundamental.

Culturally appropriate

The WA health system embeds structures, policies, and processes to achieve a culturally respectful and non-discriminatory health system.

Health services need to be safe and appropriate for Aboriginal LGBTI people and be inclusive of their needs and incorporate Aboriginal ways of working. The WA health system recognises the importance of connection to country, culture, spirituality, family and community and how these impact on the health and wellbeing of LGBTI Aboriginal people.¹

Health services strive to be culturally appropriate for people from CaLD backgrounds who are LGBTI, and respond to the unique experiences of LGBTI people living their life in their culture.

Equity

The WA health system to better understand the current needs and future health service requirements for LGBTI populations. Ensuring LGBTI people have access to the right service, in the right place at the right time.

Diversity within LGBTI Populations

Understanding and recognising the diversity within the LGBTI populations is essential if the WA health system is to meet the health and wellbeing needs of LGBTI people living in WA.

Aboriginal people, people from CaLD backgrounds and people with disability may experience multiple layers of discrimination from:

- other LGBTI people
- people from their own culture and/or family
- society in general.⁵

Aboriginal LGBTI people

Aboriginal LGBTI people may experience inequalities in health and wellbeing outcomes as a consequence of determinants such as discrimination and marginalisation from within their own people, LGBTI populations and from non-Aboriginal people. This can contribute to a higher risk of:

- poorer physical and mental health, and social and emotional wellbeing outcomes
- greater barriers to access
- health risk behaviours.⁵

Through consultation with Aboriginal LGBTI people, they have identified that sex variations, sexuality, gender and gender identity are not discussed openly in some Aboriginal communities. The WA health system recognises Aboriginal LGBTI people as a vulnerable group.

“There remain issues around privacy and confidentiality, stigma, community and family reactions, lack of education and inadequate outreach, in rural and regional areas as well as metropolitan areas that are culturally appropriate for Aboriginal LGBTI peoples

different experience in prison, however we have no real data to back this up. Many identify as LGBT prior to being imprisoned and that they have engaged or been in a same sex relationship/s prior to incarceration.”

Homelessness

“The WA health system has vastly improved but subtle stereotyping of Aboriginal people and LGBT [people] still persist.”

“There is a misunderstanding that grass roots Aboriginal peoples don't approve of same-sex couples and so on, but the truth is it has never been a conversation amongst them, unlike other topics, no meeting and conversation around the LGBT topic has ever taken place

Aboriginal LGBTI people have provided their voices and experiences of coming out, interacting with the justice system and homelessness. These are represented below.

Coming out

“Many have struggled with relationships with family and friends to the point they deny their sexuality and personal fulfilment by remaining in the closet.”

“Keeping family relationships is paramount to an individual's identity in Aboriginal communities in Western Australia.”

The Justice System

“What we do know is that Aboriginal LGBT [people] have a very different experience in prison, however we have no real data to back this up. Many identify as LGBT prior to being imprisoned and that they have engaged or been in a same sex relationship/s prior to incarceration.”

“There are barriers to better health and health equity. We suffer low life expectancy rates

“Aboriginal people have a long and rich history of Lesbian, Gay, Bisexual, Transgender advocacy and activism in WA.”

“Remembering those who came before us”

Culturally and Linguistically Diverse (CaLD) LGBTI people

It is acknowledged that people from CaLD backgrounds who are LGBTI have a need for culturally-appropriate support, to facilitate community and family understanding and acceptance about their sexuality and/or gender diversity.⁶

A 2018 report; *Multicultural Health Diversity Café 9: Improving health equity for people from culturally and linguistically diverse backgrounds who identify as LGBTI*⁶ (the Report) identified that CaLD LGBTI people negotiate multiple and interwoven expectations and social codes relating to:

- gender
- sexuality
- faith
- ethnicity in the communities or groups to which they belong.

Findings from the Report indicate these, and other determinants such as an inability to speak English, lack of available and appropriate support and knowledge of health care and other services lead to isolation and loss of personal identity, and can strongly impact on the health and wellbeing of CaLD LGBTI people.⁶

There is relatively little literature available documenting the experiences and needs of CaLD LGBTI people. This makes it difficult to fully understand their specific needs and to form policy or initiatives to build capacity to support them within their community.

Religious and cultural context

Religious frameworks and cultural contexts can influence understandings of sexuality, gender and sex characteristics. This can have a positive or negative impact.⁷ For example, religious teachings about compassion, fairness and social justice may facilitate acceptance. In turn, this plays an important role in developing resilience and protective factors. Conversely, sexuality and gender diversity may conflict with a family's beliefs about men, women and their roles.⁷

LGBTI people with disability

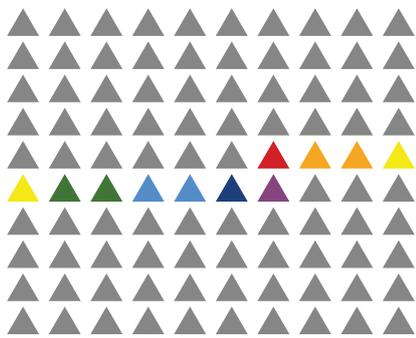
People with disability experience the same range of thoughts, attitudes and feelings towards sexuality and/or gender identity as anyone else. LGBTI people with disability experience challenges identifying and negotiating their identity and making sense of who they are. LGBTI people with disability and can be excluded from LGBTI spaces and some services.⁸

Misconceptions that people with disability are not interested in or incapable of sex and relationships or are less able to develop a sense of self relating to gender exist. These lead to additional barriers in receiving appropriate help and support in relation to their sexuality and/or gender identity throughout their lives.⁸

Intersex people

Intersex people experience significant challenges as they don't fit medical or social norms. Intersex people experience the impact of the medical model of disability which framed their bodies as having 'disorders of sex development'.⁴ Human rights and social models of disability should be applied to intersex people. It is the way that intersex people are treated and marginalised in society because of their characteristics that creates barriers to their full participation in society.⁴

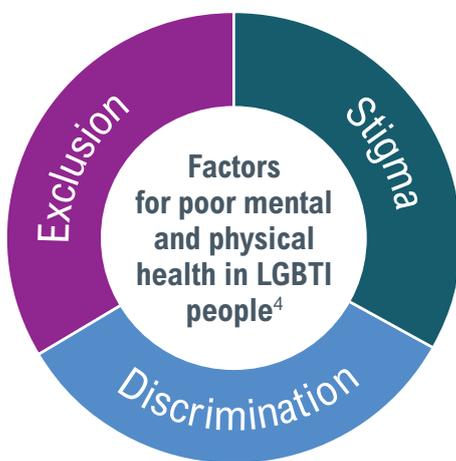
Health and Wellbeing of LGBTI People



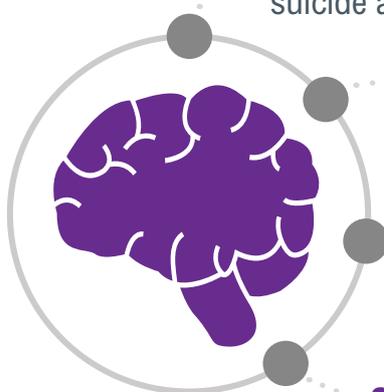
Up to **11 in 100** Australians may have a diverse sexual orientation, sex or gender identity¹

1.7% of children born in Australia are estimated to be intersex²

46,800 same sex couples living together in Australia³



Mental Health Challenges



15.5% of LGBTI young people in the Growing Up Queer study attempted suicide at some point in their life⁶

48.1% of trans young people in the Trans Pathways study attempted suicide at some point in their life⁵

74.6% of the Trans Pathways cohort had ever been diagnosed with depression⁵

30.5% of Lesbian, Gay, Bisexual and Transgender people in Private Lives 2 had been diagnosed or treated for depression over the past 3 years⁷

Health and Wellbeing of LGBTI People

LGBTI Young People Reported



Gay, lesbian and bisexual people more likely to

- smoke daily⁹
- misuse pharmaceuticals⁹
- consume alcohol in risky quantities⁹



Reported illicit drug use⁹



gay, lesbian, bisexual people



heterosexual people



Aboriginal LGBTI people may experience:

- multiple levels of discrimination¹¹
- social isolation and loss of community¹¹



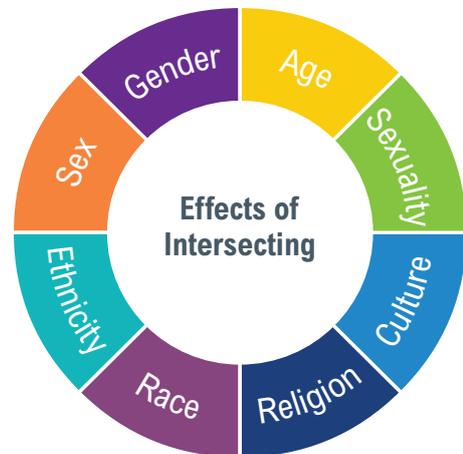
LGBTI people are under-represented in research and population based data

Lack of research on the experiences of LGBTI aboriginal people¹⁰



We need to learn more about¹¹...

Barriers to access health services^{12,13}



See Appendix 3 for references

Audience

The primary audience of the Strategy is the WA health system which is expected to support the implementation of the Strategy.

The WA health system is comprised of the WA Department of Health and Health Service Providers:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- Health Support Services
- North Metropolitan Health Service
- Pathwest
- Quadriplegic Centre
- South Metropolitan Health Service
- WA Country Health Service.

The WA health system also encompasses commissioning bodies, including the Mental Health Commission, and contracted health entities which provide services to the State.

Improvements in LGBTI health and wellbeing require the involvement of a range of agencies beyond the WA health system working collaboratively to achieve common goals. Therefore, it is recommended that the approaches outlined within the Strategy are supported across multiple sectors with a shared interest and responsibility.

This includes but is not limited to:

- other Western Australian government agencies including: Department of Communities, Department of Education, Department of Justice, Department of Planning, Lands and Heritage, Public Transport Authority, WA Police and the Equal Opportunity Commission
- WA Primary Health Alliance
- non-government organisations, including peak bodies.

Priorities



Priority 1:

LGBTI populations' experience of health services is LGBTI inclusive and meets all physical and mental health and wellbeing needs

The WA health system and health services recognise that LGBTI populations have the right to accessible, comprehensive health care, knowing that they will be safe, welcomed, respected and listened to.

LGBTI people have outlined three approaches for accessible and inclusive health services that can be implemented:

1. Health services welcome LGBTI people through a range of different strategies that are appropriate to different contexts and environments.
2. Health services are responsive and accessible to the needs of all LGBTI populations.
3. LGBTI populations are actively involved in health service planning and delivery so their needs are identified and met.

To provide an inclusive health service, the following recommendations have been made:

- Display signage and signalling that demonstrates LGBTI inclusivity and that the service is a safe space (for example, pride flags, promotional materials).
- Provide affordable health care options.
- Offer access to gender neutral facilities (for example, bathrooms and changing rooms).
- Offer flexible hours of operation, including after hours.

“ A safe place where everyone is welcome and feels comfortable

Health services utilise digital technologies to minimise barriers to accessing quality health information and services, particularly for those living in rural and remote areas. LGBTI people have suggested this can be achieved through:

- telehealth/telemedicine consultations where appropriate
- easily accessible online health education resources
- an online registry of LGBTI specific health services available in WA.

“ There is a real difference between you're welcome here and, this was designed with you in mind

It is acknowledged that some of the recommendations listed above are relevant to many populations. However, these may be more important for LGBTI populations because of their experiences of discrimination, inaccessible service provision and increased rates of mental health challenges.

Priority 1 Case Study: YouthLink

YouthLink is a statewide mental health program managed through Youth Mental Health, North Metropolitan Health Service.

YouthLink provides specialist mental health services to young people aged 13-24 years of age with severe mental health problems who have barriers to accessing mainstream mental health services, such as sexuality and gender diversity, Aboriginal and Torres Strait Islander identity and homelessness.

The YouthLink waiting room is an example of providing a welcoming, safe and friendly space for LGBTI young people by including:

- pictures and promotional material
- gender neutral bathrooms
- pamphlets and flyers for LGBTI specific events or groups.



YouthLink waiting room

Priority 2:

The WA health system provides leadership and promotes affirmative practices for the health and wellbeing needs of LGBTI populations

The WA health system is committed to championing inclusion and diversity by identifying and adopting initiatives that foster affirmative practices, to support the health and wellbeing needs of LGBTI populations.

LGBTI people have a right to have their health needs identified early and managed in a responsive manner. LGBTI populations are at greater risk of experiencing marginalisation, persecution and disadvantage that may make it more difficult to achieve their health needs.²

Other key barriers experienced by LGBTI populations to accessing health services include:^{2,9,10}

- discrimination and/or exclusion
- previous negative experiences in a health service
- minority stress⁹
- internalised homophobia⁹
- reduced awareness and knowledge among health professionals and support staff
- limited health literacy.¹⁰

“ We currently get positive interactions by luck

Effective and sustainable implementation of affirmative practices will be positive enablers of change to reduce and remove barriers to access health services. To achieve this, the following recommendations are provided:

- The WA health system has a responsibility to deliver inclusive, human rights informed services to all LGBTI people.
- LGBTI inclusive practice is reflected in strategic, operational and quality management systems across the WA health system.
- The WA health system provides targeted programs that help improve the health literacy of LGBTI people.
- Seek LGBTI representatives for all consumer and advisory committees.
- The WA health system works collaboratively with other organisations and agencies to improve care coordination.
- The WA health system identifies LGBTI advocates and champions within each organisation.

“ Sometimes you have to treat people differently in order to treat them equally

Priority 2 Case Study: Royal Perth Bentley Group Mental Health Inpatient Services achieve Rainbow Tick accreditation

Royal Perth Bentley Group Mental Health Inpatient Services within the East Metropolitan Health Service demonstrates leadership in delivering LGBTI inclusive, high quality care by becoming the first public health service in Western Australia to achieve the [Rainbow Tick accreditation](#) in March 2019.

The Rainbow Tick accreditation requires achievement against six nationally agreed standards that indicate delivery of safe, inclusive services to LGBTI populations.¹¹

Royal Perth Hospital and Bentley Hospital delivered an extensive education program, policy and practice review to promote and inform staff of practices that promote LGBTI inclusivity.



“Nothing done ‘to us’ or ‘for us’ without us!”

Priority 3:

The WA health system promotes and strengthens data collection, evaluation and monitoring of the health and wellbeing needs of WA LGBTI populations

LGBTI populations are under-represented within population-based health data across WA. Gender, sexuality and intersex status is not routinely collected, leading to challenges in accurately monitoring the health and wellbeing outcomes of LGBTI populations.¹⁰

Improvements in healthcare data collection systems to be more inclusive of all sexualities, genders and sex characteristics will ensure that LGBTI populations feel included, and will establish a foundation for ongoing monitoring and evaluation.¹⁰

This can be achieved by collecting health data on:

- pronouns
- preferred names
- gender identity
- transgender status/history
- intersex status.

Health services can further promote and strengthen data collection, evaluation and monitoring of the health and wellbeing needs of WA LGBTI populations by implementing protocols aligned with the *Sex Discrimination Act (1984)*.¹²

Priority 3 Case Study: Intake forms

“On an intake form, I left the title section blank because there were only gendered options available. When I took the form to the counter, the staff member told me that they needed to put something in the system to be able to complete the record. However, Mx was not available as an option, so I had to choose a gendered option.

In comparison, my experience at university was excellent – I simply called student services and told them to change my details on their records, which they did immediately.”

““ At the moment we are invisible in health data. How can they monitor inclusivity if they can't even identify us?

Priority 4:

The WA health system and health services collaborate with non-government organisations to build research knowledge on the health and wellbeing needs of LGBTI populations living in WA

To improve understanding of the issues and needs of LGBTI people, there is a requirement for further research on LGBTI people's experiences in WA.

Identifying knowledge gaps and health system requirements to address the unique needs of LGBTI populations can be achieved through:

- population based surveys
- collecting accurate contemporary data on the health and wellbeing of LGBTI populations
- sharing data between agencies.

The WA health system and health services can partner with non-government organisations to build research knowledge and allow for a greater understanding of the issues and needs by:

- including LGBTI indicators within health research
- undertaking population specific research that recognises the diversity and specific needs within sexuality, gender, and intersex populations
- identifying protective factors that promote resilience and positive health and wellbeing outcomes for LGBTI populations
- engaging in authentic co-design with LGBTI people in research
- investing in research of the health and wellbeing of Aboriginal LGBTI peoples
- exploring the complex intersection of identities including (but not limited to) gender, sexuality, culture, ethnicity, faith, and disability
- establishing partnerships with research institutions to support LGBTI research.

“ Researchers need to recognise that we're not just one homogenous group. Each group in the acronym has unique needs.



Priority 4 Case Study: Trans Pathways: the mental health experiences and care pathways of trans young people

Trans Pathways is the largest study ever conducted on the mental health and care pathways of trans and gender diverse young people in Australia.¹³ Trans Pathways incorporated the views of 859 transgender and gender diverse young people aged 14–25 years and 194 parents and guardians of trans young people.¹³

The study identified the higher risk that transgender young people face for mental health outcomes such as self-harm and suicide attempts. Importantly, Trans Pathways also indicated protective factors that promote resilience within this population group.¹³

This research improves the understanding of the issues and needs for trans and gender diverse young people across Australia.

Trans Pathways has been used to inform the development of a range of interventions to improve the mental health of trans and gender diverse young people. The findings have also been vital for advocating for more inclusive health services for this population.



Priority 5:

The WA health system, health services, and healthcare professionals and support staff are equipped with the knowledge, skills and understanding to meet the health and wellbeing needs of LGBTI populations

The WA health system recognises the importance of embedding training of health professionals and support staff as part of a comprehensive approach to providing LGBTI inclusive and accessible health services.¹⁴

To improve workforce capability, it is important to address health workers' values, attitudes, knowledge, skills and behaviours. Building the workforce capability should also include increasing cultural competency.

To optimise the health and wellbeing of LGBTI populations, the requirement of an appropriately skilled workforce needs to be recognised in workforce planning. Training of health professionals should begin in the tertiary education setting, and continue with ongoing training opportunities in the workplace.

The WA health system can directly support LGBTI populations to engage more effectively with health professionals, improving accessibility to health services and information by providing comprehensive workforce education and training programs which include:

- highlighting the changing landscape of legislation.
- addressing cultural competency by supporting training that is culturally specific. For example, Aboriginal LGBTI people, as per the *WA Aboriginal Health and Wellbeing Framework 2015-2030*¹
- LGBTI people, families, carer and peer support groups participating in the design and delivery of workforce training and development.

“ Understanding that there is an entrenched history of discrimination, anger and hatred which means many LGBTI people don't or will never feel safe accessing mainstream services

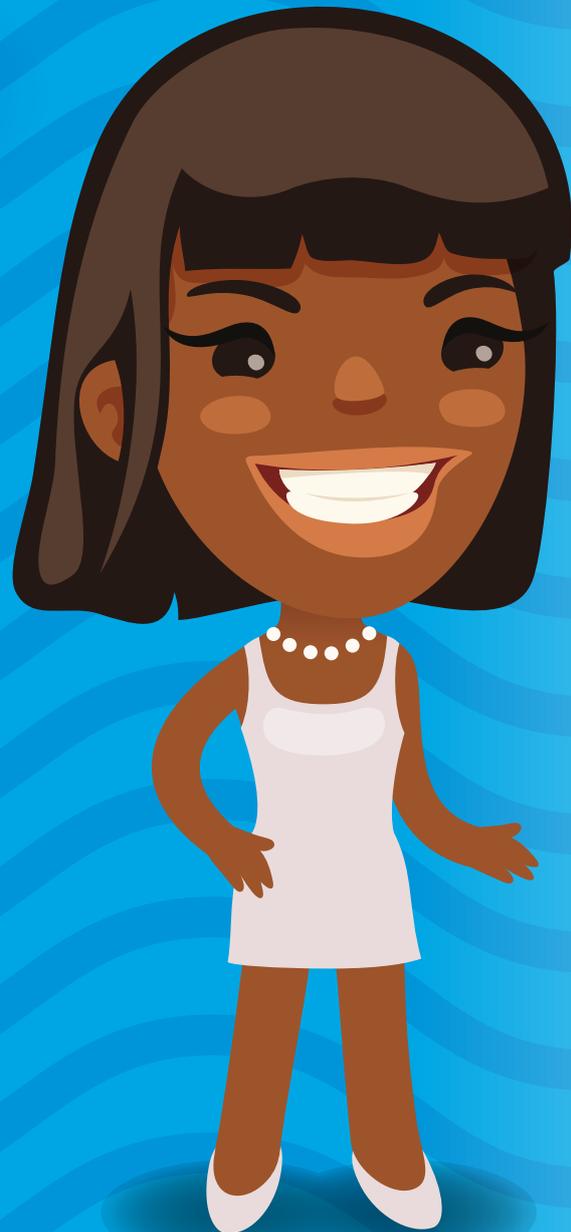
Health professionals and support staff must be provided with the tools and practical guidance to engage with LGBTI populations to meet their needs and work effectively with them.

Priority 5 Case Study: Community-led training and education

LGBTI community organisations deliver training and education programs that can be used by the WA health system to improve the capability of the health workforce to effectively engage and provide care for LGBTI populations.

For example, Living Proud provides Opening Closets training programs which aims to help organisations reduce homophobia, transphobia and improve their accessibility and services for LGBTI clients.¹⁵

“ Not having to educate my mental health services on LGBTI or culture or religion or occupation or recreational activities before receiving care. I should not be paying for me to provide them education instead of receiving care



Priority 6:

Access to LGBTI-specific health services

Access to services specific for LGBTI populations is important, in addition to inclusive mainstream services.

It is recognised some LGBTI populations have specific health needs that require access to specialist services to ensure optimum health outcomes for LGBTI Western Australians.¹³ LGBTI-specific services may be established within the WA health system or delivered through LGBTI community peer-led services.

LGBTI populations have outlined the following recommendations that an LGBTI specific health service may include:

- LGBTI people are to have the option to access either an LGBTI-targeted service or a culturally competent mainstream service.
- Services and resources are centrally located in a 'one-stop shop' – for example a gender centre or a pride healthcare house.
- Resourcing is provided to build the capacity of peer-led support services.
- A commitment is made to funding and resources to ensure sustainability of LGBTI-specific programs and services such as the paediatric gender services at Perth Children's Hospital.
- Commitment to resource and establish specific health services to fill clear gaps.¹⁶ For example, a peer-led multidisciplinary health clinic for trans and gender diverse adults¹⁶ and support for tailored and appropriate interventions to support LGBTI populations at high-risk of illicit drug related harms such as methamphetamine-related harm.¹⁷

“ Having the option to access either an LGBTI-specific service or a culturally competent mainstream service

“ Specific LGBTI health services seamlessly transferring from adolescence to adulthood

The WA health system also recognises the need for mainstream health services to deliver inclusive and culturally competent care to ensure equity of access for LGBTI populations.

Priority 6 Case Study: Equinox Gender Diverse Health Centre

In 2016, the first peer-led trans and gender diverse health service was established – The Equinox Gender Diverse Health Centre in Victoria.¹⁸

The centre is a health and wellbeing service for the trans and gender diverse community and provides general practice, sexual health, mental health and drug and alcohol services.¹⁸

The Victorian Government established an LGBTI Taskforce to advise the Minister for Equality to identify government priorities and ensure policy, programs and services are inclusive of LGBTI communities.¹⁸

Outcomes

Short-term

The following are short-term outcomes recommended for the WA health system and health services to achieve progress against the Priorities outlined within the Strategy. These are represented here as achievable within the next 6–18 months.

No.	Short-term outcomes: 6–18 months	Strategy Priority link
1.	Health services display clear and visible inclusive signage (for example, pride flags posters, flyers). Priority 1 Case Study is an example of inclusive signage.	1
2.	LGBTI people are involved in planning, design and evaluation of health services, programs and facilities.	1
3.	Health services develop appropriate policies, guidelines and processes on inclusive practices and service delivery.	2
4.	WA health system demonstrates leadership in LGBTI inclusive practice by: <ul style="list-style-type: none"> ■ executive sponsorship ■ identifying and appointing LGBTI advocates and champions within the WA health system ■ improving LGBTI representation on consumer and/or carer advisory committees within the WA health system. 	2
5.	Increased representation of LGBTI populations within health service communication, public health and health promotion campaigns.	2
6.	Increased knowledge and understanding within health services about collecting, recording and storing confidential health data regarding LGBTI populations.	3
7.	Confidentiality and privacy rights of LGBTI populations are widely promoted, marketed and upheld.	3
8.	Encourage research on LGBTI populations in collaboration with non-government organisations that includes: <ul style="list-style-type: none"> ■ engaging in authentic co-design with LGBTI people, at all stages of the research process ■ LGBTI indicators within health research projects. 	4
9.	Improved use of affirmative and inclusive language by health professionals and support staff, in all communications. For example, use preferred names and pronouns, and encourage self-determination for LGBTI populations.	5
10.	Increased capacity and resourcing of LGBTI community organisations and LGBTI peer-led health services.	6

Long-term

The following are long-term outcomes recommended for the WA health system and health services to achieve progress against the Priorities outlined within the Strategy. These are represented here as achievable within a two to five year period.

No.	Long-term outcomes: 2–5 years	Strategy Priority link
11.	Improved availability of information regarding LGBTI inclusive health services.	1
12.	Increased implementation of LGBTI inclusive policies, guidelines and processes within health services.	2
13.	Ongoing evaluation of LGBTI policies, guidelines and processes to inform continuous improvement.	2
14.	Achievement of LGBTI inclusive accreditation within health services (for example Rainbow Tick).	2
15.	Increased support for LGBTI people living in rural and remote locations.	1–6
16.	Improved routine health data collection systems to be inclusive of all sexualities, genders and sex characteristics.	3
17.	Longitudinal data is established on the health and wellbeing of LGBTI Western Australians.	3, 4
18.	Improved access to funding for state-based LGBTI research consistent with national activities, recognising the diversity and specific health needs of the distinct populations.	4
19.	Establish best practice approaches and translation of research into policy and practise for LGBTI populations in collaboration with non-government organisations.	4
20.	The WA health system is responsive to changing legislation regarding LGBTI people's rights and health needs.	5
21.	Increased knowledge, understanding and skills of all health professionals and support staff to engage effectively with LGBTI populations.	5
22.	Improved intersectional awareness across the WA health system and how this impacts health services.	5
23.	A commitment of resources to ensure increased availability of LGBTI targeted health services.	6
24.	Gender affirming care pathways are established for trans and gender diverse people throughout the life span, encompassing child, adolescent, adult and older adulthood.	6

To-Do List

No.	Activities	Achieved	Responsibility
1.	<p>To demonstrate LGBTI inclusivity and promote affirmative practices, health services can:</p> <ul style="list-style-type: none"> produce LGBTI specific and relevant information update admissions forms to include: asking for pronouns, gender identity, sexuality, trans or gender diverse, intersex status include a space for preferred names and titles ensure facilities are inclusive and culturally competent for all LGBTI people and families undertake LGBTI awareness day activities within the organisation demonstrate support for the LGBTI community in celebrations. 	<input type="checkbox"/>	Health Service Providers and health services
2.	Health services and Health Service Providers identify an LGBTI advocate	<input type="checkbox"/>	HSP, health services
3.	Health services and Health Service Providers identify an LGBTI executive sponsor	<input type="checkbox"/>	HSP, health services
4.	Create partnerships across the WA health system to standardise LGBTI inclusive referral pathway development	<input type="checkbox"/>	DoH, HSP
5.	Establish a registry of all LGBTI inclusive services	<input type="checkbox"/>	DoH, LGBTI community organisations
6.	Support innovative programs, projects and services to improve the health and wellbeing of LGBTI populations, designed in collaboration with LGBTI populations	<input type="checkbox"/>	HSP, health services
7.	<p>Training for all staff in health services should cover the following information:</p> <ul style="list-style-type: none"> Health and wellbeing needs of LGBTI populations. LGBTI inclusive language. Sex, sexuality and gender diversity. Homophobia. 	<input type="checkbox"/>	Health professionals, support staff
8.	Promote and support professional development and/or training opportunities for health professionals and support staff on LGBTI populations. This may include education sessions provided by LGBTI community organisations	<input type="checkbox"/>	Health professionals, support staff

Legend: HSP – Health Service Providers, DoH – Department of Health

“ Doing nothing is not an option

Future Recommendations

The Strategy focuses on priorities the WA health system can directly achieve or influence. To create and foster sustainable change requires a multiagency approach, partnerships and interagency collaboration which must be optimised to improve the health and wellbeing outcomes of LGBTI populations.

All agencies are collectively accountable for the provision of health services that meet the needs of LGBTI people.

Future vision

Establishment of a WA LGBTI taskforce with representatives from key Government departments and non-government organisations to oversee implementation of the Strategy and to ensure sustainable change is made to improving the health and wellbeing outcomes for LGBTI populations.



Glossary of Terms

Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.¹

Brotherboys and Sistergirls

Not all Aboriginal or Torres Strait Islander peoples who are gender diverse identify as brotherboys or sistergirls.

People who identify as brotherboys and sistergirls sometimes have a strong sense of their cultural and spiritual identity. Their gender identity is separate to their sexual orientation.¹⁹

Bisexual

A person of any gender who has romantic and/or sexual relationships with and/or is attracted to people from more than one gender. Some people who fit this description prefer the terms 'queer' or 'pansexual', in recognition of more than two genders.²⁰

Gay

A person who self-describes as a man and who has experiences of romantic, sexual and/or affectional attraction solely or primarily to other people who self-describe as men. Some men use other language to describe their relationships and attractions.²⁰

Gender affirming

The personal process or processes a trans or gender diverse person determines is right for them in order to live as their defined gender identity and so that society recognises this.²¹

Gender diverse

Generally refers to a range of genders expressed in different ways. There are many terms used by gender diverse people to describe themselves. Language in this space is dynamic, particularly among young people.¹⁹

Health

The Strategy adopts the holistic World Health Organization definition of health: "complete physical, mental and social wellbeing and not merely the absence of disease and infirmity".²² It also recognises the spiritual dimensions of health and wellbeing.

Health services

A service for maintaining, improving, restoring or managing people’s physical and mental health and wellbeing. It may include²³:

- a health service that is provided to a person at a hospital or any other place
- a service dealing with public health, including a program or activity for:
 - the prevention and control of disease or sickness
 - the prevention of injury
 - the protection and promotion of health
- a support service for a health service
- the provision of good for a health service.

Health Service Provider

Established under section 32 of the *Health Service Act 2016*²⁴ and includes the²³:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- Health Support Services
- North Metropolitan Health Service
- Pathwest
- Quadriplegic Centre
- South Metropolitan Health Service
- WA Country Health Service.

Intersex

This refers to the diversity of physical characteristics between the stereotypical male and female characteristics. Intersex people have reproductive organs, chromosomes or other physical sex characteristics that are neither wholly female nor wholly male.²⁰

An intersex trait can be defined as an atypical congenital formation of the sex chromosomes (X and Y), the gonads (testes and ovaries) and/or the anatomy (internal reproductive organs, endocrine mechanisms and external genitalia).²⁵

Intersex is a description of biological diversity and may or may not be the identity used by an intersex person.

Lesbian

A person who self-describes as a woman and who has experiences of romantic, sexual and/or affectional attraction solely or primarily to other people who self-describe as women. Some women use other language to describe their relationships and attractions.²⁰

Pansexual

This refers to people who are romantically and sexually attracted to people of all genders. Not all people who are attracted to multiple genders will identify as pansexual.¹⁹

Queer

Queer is an umbrella term used by some people to describe non-conforming gender identities and sexual orientations.²⁴

The meaning of 'queer' has changed from being a slur, to being reclaimed by some LGBTI people and rejected by others. Queer encompasses a wide range of identities.²⁶

Self-determination

Self-determination describes the right to bodily and mental integrity and autonomy, irrespective of sexual orientation, gender identity, gender expression or sex characteristics.²⁷

Transgender

An umbrella term often used to describe people who were assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression or behaviour.

Many people of trans experience live and identify simply as women or men; many do not have 'a trans identity'. In addition to women and men of trans experience, some people do identify their gender as trans or as a gender other than woman or man.²⁰

People from Aboriginal/Indigenous and Torres Strait Islander communities sometimes use sistergirl or brotherboy.²⁰

WA health system

The WA health system is comprised of the Department of Health, Health Service Providers including:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- Health Support Services
- North Metropolitan Health Service
- Pathwest
- Quadriplegic Centre
- South Metropolitan Health Service
- WA Country Health Service.

and to the extent that contracted health entities provide health services to the State, the contracted health entities.²³

Wellbeing

Wellbeing is "the state of being comfortable, healthy or happy". It is a much broader concept than moment-to-moment happiness as it also includes how satisfied people are with their life as a whole, their sense of purpose and how in control they feel.²⁶

Wellbeing has also been defined as "...how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole."²⁹

References

1. Western Australian Department of Health. WA Aboriginal Health and Wellbeing Framework 2015-2030. Perth: Western Australian Department of Health [Internet]. 2015. Available from: https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf.
2. Australian Human Rights Commission. Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights National Consultation Report 2015. Sydney: Australian Human Rights Commission; 2015.
3. QLife. QLife Guides Glossary. Sydney: QLife National Team [Internet]. Available from: <https://qlife.org.au/uploads/QLife-Tip-Sheets-Glossary.pdf>.
4. Intersex Human Rights Australia. What is intersex? Sydney: Intersex Human Rights Australia; 2013.
5. Diversity Team, Department of Health and Human Services Victoria. Working with LGBTI Aboriginal people. Melbourne: Department of Health and Human Services Victoria.
6. Cultural Diversity Unit, Public and Aboriginal Health Division, Western Australian Department of Health. Multicultural Health Diversity Café 9: 'Improving health equity for people from culturally and linguistically diverse backgrounds who identify as LGBTI+'. Perth: Western Australian Department of Health [Internet]. 2018. Available from: <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Multicultural/PDF/Cafe9.pdf>.
7. Multicultural Centre for Women's Health. Coming Out, Coming Home or Inviting People In? Supporting same-sex attracted women from immigrant and refugee communities. Melbourne: Multicultural Centre for Women's Health [Internet]. 2011. Available from: http://www.mcwh.com.au/downloads/publications/Understanding_Sexuality_Project_Final_report.pdf.
8. Toft A, Franklin A, Langley E,. Young disabled and LGBT+: negotiating identity. *Journal of LGBT Youth* 2019;16(2).
9. Meyer IH. Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities. *Psychology of Sexual Orientation and Gender Diversity* 2015;2(3).
10. Australian Institute of Health and Welfare. Australia's health: in brief. Canberra: AIHW [Internet]. 2018. Available from: <https://www.aihw.gov.au/getmedia/fe037cf1-0cd0-4663-a8c0-67cd09b1f30c/aihw-aus-222.pdf.aspx?inline=true>.
11. Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health and Society, La Trobe University. The Rainbow Tick guide to LGBTI-inclusive practice. Melbourne: La Trobe University [Internet]. 2016. Available from: <https://www.glhv.org.au/sites/default/files/2017-02/Rainbow%20Tick%20guide%20to%20LGBTI%20inclusive%20practice%20web.pdf>.
12. *Sex Discrimination Act 1984* (WA).
13. Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A,. Trans Pathways: the mental health experiences and care pathways of trans young people, Summary of results. Perth: Telethon Kids Institute [Internet]. 2017. Available from: <https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathwayreport-web2.pdf>.
14. Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, Couch M, Barrett A,. Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University [Internet]. 2012. Available from: <https://www.glhv.org.au/sites/default/files/PrivateLives2Report.pdf>.

15. Living Proud. Opening Closets Full Day and Half Day Trainings. Perth: Living Proud [Internet]. 2017. Available from: <http://www.livingproud.org.au/living-proud-services/professional-services/opening-closets-training/>.
16. Equinox Gender Diverse Health Centre. Equinox Gender Diverse Health Centre. Melbourne: Equinox Gender Diverse Health Centre [Internet]. Available from: <https://equinox.org.au>.
17. Mental Health Commission (2019). Full Government Response to the Western Australian Methamphetamine Taskforce Report. Mental Health Commission, Government of Western Australia.
18. Department of Health and Human Services Victoria. Development of trans and gender diverse services in Victoria, Final report. Melbourne: Department of Health and Human Services Victoria [Internet]. 2018. Available from: <https://www2.health.vic.gov.au/about/publications/researchandreports/development-trans-gender-diverse-services-victoria-final-report>.
19. Victorian Government. Inclusive Language Guide. Melbourne: Victorian Government [Internet]. 2018. Available from: <https://www.vic.gov.au/inclusive-language-guide>.
20. National LGBTI Health Alliance. Our Approach to Inclusive Language. Sydney: National LGBTI Health Alliance [Internet]. 2015. Available from: <https://lgbtihealth.org.au/inclusivelanguage>.
21. AIDS Council of NSW. A Language Guide: Trans and Gender Diverse Inclusion. Sydney: AIDS Council of NSW [Internet]. 2017. Available from: https://www.acon.org.au/wp-content/uploads/2017/11/External_Language-Guide-17396_print_V12A.pdf.
22. World Health Organisation. Definition of Health – Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948.
23. Department of Health WA. Policy Frameworks Glossary of Terms. Perth; 2017.
24. *Health Service Act 2016 (WA)*
25. Viau-Colindres J, Axelrad M, Karaviti LP,. Bringing back the term “intersex”. *Pediatrics* 2017;140(5).
26. Minus18. What Does Queer Mean Anyway?. Melbourne: Minus 18 [Internet]. 2017. Available from: <https://www.minus18.org.au/index.php/articles/item/31-what-does-queer-mean-anyway>.
27. International Service for Human Rights, ARC International. The Yogyakarta Principles plus 10. Indonesia: International Service for Human Rights, ARC International; 2017.
28. Oxford Dictionary. Definition of wellbeing. Oxford: Oxford University Press; 2019.
29. New Economics Foundation. Measuring wellbeing: A guide for practitioners. London: New Economics Foundation; 2012.

Appendices

Appendix 1: WA LGBTI Health Strategy Reference Group

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Appendix 2: Complimentary policies, frameworks and strategies

The Strategy complements a range of policies, frameworks and strategies within other states and jurisdictions that address other aspects relevant to the health and wellbeing of LGBTI populations.

- WA Primary Health Alliance *Recognising & Addressing Health & Mental Health Needs of LGBTI People* Position Statement
- Australian Government Department of Health and Ageing *National Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Ageing and Aged Care Strategy*
- Victorian Department of Health and Human Services *Rainbow e-Quality Guide*
- Rainbow Tick accreditation
- Department for Communities and Social Inclusion South Australia *2014–2016 South Australian Strategy for the Inclusion of LGBTIQ people*
- Queensland Public Sector *LGBTI inclusion strategy 2017–2022*
- Department of Premier and Cabinet Tasmania *Whole-of-Government Framework for Lesbian, Gay, Bisexual, Transgender and Intersex Tasmanians and Whole-of-Government Framework for Lesbian, Gay, Bisexual, Intersex and Transgender Tasmanians – Action Plan*
- AIDS Council of NSW *A Blueprint for Improving the Health and Wellbeing of the Trans and Gender Diverse Community in NSW 2019*
- AIDS Council of NSW *Health Outcome Strategy 2013-2018 Mental Health and Wellbeing*
- Royal Australian & New Zealand College of Psychiatrists *Recognising and addressing the mental health needs of the LGBTI population* Position Statement 83
- Australia and New Zealand intersex community organisations and independent advocates *Darlington Statement 2017*



Appendix 3: Health and Wellbeing of LGBTI People infographic references

1. Department of Health, Australian Government, [National Lesbian, Gay, Bisexual, Transgender and Intersex \(LGBTI\) Ageing and Aged Care Strategy](#) (2012), p 4.
2. [OII Australia, On the number of intersex people](#) information page.
3. 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016 (<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features852016>).
4. Australian Human Rights Commission report *Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights*.
5. Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A,. Trans Pathways: the mental health experiences and care pathways of trans young people, Summary of results. Perth: Telethon Kids Institute [Internet]. 2017. Available from: <https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathwayreport-web2.pdf>.
6. Robinson, K.H., Bansel, P., Denson, N., Ovenden, G. & Davies, C. (2014), Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne, 2014.
7. Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, Couch M, Barrett A,. Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University [Internet]. 2012. Available from: <https://www.glhv.org.au/sites/default/files/PrivateLives2Report.pdf>.
8. Hillier L, Jones T, Monagle M, Overton N, Gahan L, Blackman J, Mitchell A,. Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Melbourne: Gay and Lesbian Health Victoria, The Australian Research Centre in Sex, Health and Society, La Trobe University [Internet]. 2010. Available from: <https://www.acon.org.au/wp-content/uploads/2015/04/Writing-Themselves-In-3-2010.pdf>.
9. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW [Internet]. 2017. Available from: <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>.
10. Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW.
11. Mann R, Horsley P, Saunders M, Briggs V, Mitchell A,. swimming upstream: making placing welcoming: A report on the needs of gay, lesbian and bisexual people in "Hard to Reach" Groups. Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University [Internet]. 2006. Available from: https://www.glhv.org.au/sites/default/files/swimming_upstream.pdf.
12. Meyer IH. Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities. *Psychology of Sexual Orientation and Gender Diversity* 2015;2(3).
13. Australian Institute of Health and Welfare. Australia's health: in brief. Canberra: AIHW [Internet]. 2018. Available from: <https://www.aihw.gov.au/getmedia/fe037cf1-0cd0-4663-a8c0-67cd09b1f30c/aihw-aus-222.pdf.aspx?inline=true>.





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