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# **HEALTHY, ACTIVE TASMANIA 20-YEAR PREVENTIVE HEALTH STRATEGY 2026–2046**

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**working it out**

Tasmania's gender, sexuality and intersex  
support, education & advocacy service

**SUBMISSION MAY 2025**

14 May 2025

Working It Out (WIO) has prepared this submission guided by the consultation questions identified within the *“Healthy, Active Tasmania, 20-year preventative health strategy 2026-2046 - Discussion Paper.”*

As Tasmania’s sole dedicated support, advocacy, and education service for the lesbian, gay, bisexual, transgender, intersex, queer, and asexual (LGBTIQA+) community, WIO is committed to fostering change through education grounded in lived experience. Our goal is to empower LGBTIQA+ Tasmanians to lead fulfilling lives.

WIO welcomes the inclusion of LGBTIQA+ populations within Focus Area 5 (p.38), and addressing the systemic issues of stigma and discrimination, data and research, health literacy, access to affordable health services of decent quality, educational attainment, employment and stable work, income and social protection, and the role of culture in health (p.38-42). This speaks directly to the benefits of fair civic participation and the consequences of exclusion for LGBTIQA+ Tasmanians across their life course.

Although LGBTIQA+ Tasmanians are acknowledged as a priority population facing systemic barriers to health and wellbeing, their inclusion in strategies often falls short of translating into concrete, actionable outcomes. This submission by WIO aims to offer a clear and practical blueprint for success. It brings together current evidence, highlights the lived experiences and priorities of LGBTIQA+ Tasmanians, and outlines key recommendations to ensure the strategy delivers meaningful and lasting change.

With Regards,

Andrew Badcock

**Policy & Research Officer**  
**Working It Out**







# What We Know about LGBTIQ+ Tasmanians\*

*\*Note: While this submission uses the inclusive term LGBTIQ+ to reflect the full diversity of sex characteristics, genders, and sexualities, some referenced research may use terms like LGBTQ due to the scope of their participant sample—for example, studies that did not include individuals with innate variations of sex characteristics (IVSC) or other populations under the broader LGBTIQ+ umbrella.*

## **The common key drivers of poor health and wellbeing for LGBTIQ+ Tasmanians**

(Hinton et al. 2024; Dwyer et al. 2021; Grant & Pisanu, 2021):

- Ongoing discrimination, marginalisation and stigma from the broader community.
- Experiences of social isolation, due to rejection from family and friends, or a lack of community support.
- Lack of inclusive healthcare, including poor professional knowledge and training, and active discrimination.
- Higher rates of unemployment, lower-income, and homelessness contributing to lifelong economic disadvantages
- Fear of discrimination and past negative experiences which can deter LGBTIQ+ individuals from accessing necessary health and support services
- Unacceptably high rates of mental health issues, including depression, anxiety, and suicidality; connected to abuse, rejection, and lack of support.

## **Identified preventative and protective factors for better mental health outcomes**

(Hinton et al., 2024):

- Sexual/gender identity disclosure and acceptance
- Interpersonal connections and relationships (incl. family, friends, LGBTIQ+ community spaces)
- Supportive school environment
- Existing relationship with a medical provider

## **Factors that contribute to worse mental health and suicide-related outcomes for LGBTIQ+ Australians (LHA, 2021):**

- Individual discrimination
- Structural discrimination
- Intersecting discrimination, including racism
- Minority stress
- Intergenerational trauma
- Involuntary medical intervention (particularly for IVSC populations)
- Lack of gender affirmation
- Pathologisation

- Social isolation
- Sexual, domestic and family violence
- Clinical mental health conditions
- Lack of access to inclusive services
- Homelessness, poverty, unemployment and disrupted education

**Factors that improve mental health and suicide-related outcomes for LGBTIQ+ Australians (LHA, 2021):**

- Healthy self-esteem
- A sense of purpose
- Feeling included and safe in one's family and in all communities
- Positive relationships, including relationships with family, friends and intimate partners
- Community connectedness, including connectedness to LGBTIQ+ communities and culturally diverse communities
- Self-determination and human rights
- The right to practice culture and apply cultural protocols
- Gender affirmation and gender affirming healthcare.

**Factors that influence the health and wellbeing of LGBTIQ+ people (Australian Government, 2024):**

- Positive general socio-economic, cultural and environmental conditions
- Positive living and working conditions
- Positive social and community networks
- Positive individual lifestyle factors

# Snapshot of LGBTIQ+ Tasmanian Experiences

The following statistics are informed by the *LGBTQA+ Mental Health and Suicidality: Tasmania (TAS) Briefing Paper* (Hinton et al., 2024):

## High levels of mental ill-health and suicidality

- Both LGBTQA+ adults and young people in Tasmania face significant mental health challenges. For instance, nearly 80% of LGBTQA+ adults and almost 89% of young people have experienced suicidal thoughts at some point in their lives. This is starkly higher compared to just 3.3% in the general Australian community.

## Recent struggles

- Almost half of LGBTQA+ adults (48.1%) and over 63% of young people have had recent suicidal ideation. Additionally, 36.7% of adults and 32.7% of young people have attempted suicide at least once in their lifetime.

## Self-harm

- A staggering 73.7% of LGBTQA+ young people have self-harmed at some point, highlighting the urgent need for supportive interventions.

## Experiences of abuse

- Verbal abuse is alarmingly common, with 38.1% of LGBTQA+ adults reporting such incidents in the past year. While fewer reported recent sexual assault (14.5%) and physical violence (7.2%), these figures are likely underreported due to stigma.

## Unfair treatment

- Most participants have faced unfair treatment targeting their sexual orientation (57.6%) or gender identity (85.7%), often from those closest to them. Nearly half (44.4%) perceived family members as the source of abuse, and 56.5% experienced abuse from intimate partners due to their LGBTQA+ identity.

## Homelessness

- One in four LGBTQA+ adults (25.9%) have experienced homelessness at some point. This issue is even more pronounced among trans and gender diverse individuals and those with disabilities.

## Impact of disclosure

- Coming out to peers, parents, and teachers can significantly affect the support received. Positive support can reduce mental health issues and the likelihood of suicide-related outcomes, especially for young people.

## **Discrimination, Complaints Handling, and Reporting**

The following statistics are informed by data sourced from the Tasmanian Office of the Anti-Discrimination Commission. It reported the following between 2017-2024:

Complaints handling allegations of discrimination by attribute:

- 65 complaints regarding sexual orientation
- 52 complaints regarding gender identity
- 18 complaints regarding intersex variations of sex characteristics

Complaints handling allegations of offensive conduct by attribute:

- 67 complaints regarding sexual orientation
- 58 complaints regarding gender identity
- 19 complaints regarding intersex variations of sex characteristics

Complaints handling allegations of incitement by attribute:

- 47 complaints regarding sexual orientation
- 36 complaints regarding gender identity
- 9 complaints regarding intersex variations of sex characteristics



# Key Priorities from LGBTIQ+ Tasmanians

In 2021, the Tasmanian Government undertook the state's largest survey of LGBTIQ+ people, with 825 participants sharing their experiences and needs (Dwyer et al., 2021). The findings offer a direct insight into what supports a healthy, active life for LGBTIQ+ Tasmanians and how preventable health issues can be addressed. The key priorities identified through this community-led research are outlined below:

## **Safe, Inclusive, and Affirming Mental and General Healthcare**

- Access to culturally safe, trauma-informed, and LGBTIQ+ competent care.
- Expansion of LGBTIQ+ community-controlled mental health services, especially in rural and regional areas.
- Gender-affirming care and IVSC-affirming practices must be accessible, affordable, and human rights-based.

## **Mental Health and Suicide Prevention**

- Urgent investment in LGBTIQ+ inclusive mental health services.
- Address long wait times, affordability, and lack of LGBTIQ+ trained professionals.

## **Education and Youth Safety**

- Comprehensive and inclusive sexuality, gender, and IVSC education in schools.
- Stronger protections and support for LGBTIQ+ students and staff.
- More school inclusion officers and mental health support/resources for LGBTIQ+ youth.

## **Workplace and Community Safety**

- Stronger anti-discrimination protections and enforcement.
- Inclusive workplace training and visible LGBTIQ+ leadership.
- Improve police behaviour towards LGBTIQ+ Tasmanians to reduce reported negative experiences.
- Address hate speech, conversion practices, and public safety concerns.

## **Equity in Rural and Regional Tasmania**

- Targeted support for isolated LGBTIQ+ people in rural areas.
- Mobile and telehealth services, local peer networks, and safe spaces.

## **Healthy Ageing and Housing**

- LGBTIQ+ inclusive aged care and housing options.
- Address homelessness risk among LGBTIQ+ people.

## **Data, Representation, and Accountability**

- Standardised inclusion, collection, and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation.
- LGBTIQ+ people involved in co-design, governance, and evaluation of health strategies.

# Existing LGBTIQ+ Specific Tools to Inform Enabling Activities:

*National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035's* five focus areas for action:

1. Build system wide leadership and cultural change.
2. Strengthen preventive health, protective factors and build health literacy.
3. Enhance accessibility, availability and safety of healthcare services.
4. Ensure workforce capability and capacity across both mainstream and LGBTIQ+ led services.
5. Improve research, data and evaluation.

Tasmanian strategies:

- DPAC's Tasmanian LGBTIQ+ Strategy 2025-2030 (to be finalised/released)
- Department of Health's LGBTIQ+ Action Plan 2024-2027
- Department of Police, Fire and Emergency Management's LGBTIQ+ Action Plan 2023-2026
- Department for Education, Children and Young People's Priority Work Plan 2025-2027
- Department of Justice's LGBTIQ+ Action Plan 2021-2024 (new action plan under development)

National strategies:

- National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035
- National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021-2026

Advisory & advocacy bodies:

- Working It Out ([workingitout.org.au](http://workingitout.org.au))
- Equality Tasmania ([equalitytasmania.org.au](http://equalitytasmania.org.au))
- InterAction for Health and Human Rights ([interaction.org.au](http://interaction.org.au))
- LGBTIQ+ Health Australia ([lgbtiqhealth.org.au](http://lgbtiqhealth.org.au))
- Forcibly Displaced People's Network ([fdpn.org.au](http://fdpn.org.au))

# Recommendations for including in the 20-year Preventative Health Strategy 2026-2046

1. Embed LGBTIQ+ health equity in all preventive health planning and funding.
2. Co-design with LGBTIQ+ Tasmanians, especially those with intersecting identities
3. Secure system wide leadership and cultural change support.
4. Ensure that innate variations of sex characteristics (IVSC), gender identity, and sexual orientation are all included with distinguishable actions in all policy frameworks, recognising each domain's unique health needs and rights.
5. Recognise and address the specific needs of people with IVSC by including them as an identified population within *Focus Area 4 – Strengthen Prevention Across the Life Course*. Emphasise the importance of early intervention and psychosocial support, drawing on evidence such as the Better Lives project to inform best practices.
6. Ensure long-term, sustainable investment in LGBTIQ+ health infrastructure.
7. Monitor and report on progress with clear accountability mechanisms.

## Example Strategy Activities (identified by IVSC advocates)

### Focus area 4 - Strengthen prevention across the life course

- Psychosocial supports to educate the general population in non-pathologizing language about IVSC and the cohort to understand there are different pathways other than medical.
- Educate early childhood families about IVSC and non-biomedical pathways for better health outcomes.
- Including folks with IVSC that have breast tissue in cancer screening.
- Reduce IVF companies seeing IVSC as non-viable in their screening procedures.

### Focus area 5 - Take a health equity approach

- Creating policy procedure and protocol that reduces human rights abuses/ discrimination and stigma in the IVSC population.
- Creating curriculum foci on IVSC so this population see themselves in educational settings which will reduce early disengagement and increase educational attainment.



# References

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Keeping Children Safe (2024), Consultation draft Change for Children: Tasmania's 10 year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse. Tasmanian Government, Australia

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