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Submission to Productivity Commission inquiry into Mental health and suicide prevention agreement

31 July 2025

**Content Warning: This submission contains details of
suicide and suicidality.**

Please contact support services if you are affected.

Emergency support

Switchboard (<https://www.switchboard.org.au>) & Rainbow
Door (<https://www.rainbowdoor.org.au/>) on 1800 729 367 or text 0480 017 246 or email
support@rainbowdoor.org.au . Switchboard operates a national LGBTIQ+ help line from
3pm to midnight 7 days a week. If outside those hours try

Lifeline (<https://www.lifeline.org.au>) on 13 11 13 or text 0477 13 11 14

Beyondblue (www.beyondblue.org.au) on 1300 224 636.

General Support

Queerspace (www.queerspace.org.au) on 9663 6733

Thorne Harbour Health (<https://thorneharbour.org/lgbti-health/mentalhealth/counselling/>)
on 1800 134 840

Resources specifically relating to suicide are also available through
<https://www.charlee.ovrg.au/>

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Glossary

Asexual people are those who may experience partial or no sexual attraction but may or may not experience romantic attraction towards others. Asexual people can be of any gender or sexual orientation.

Bisexual people are those who have the potential to be physically, romantically, and/or emotionally attracted to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree.

Cisgender people are those whose gender is the same as that which was assigned at birth (contrast with trans and gender diverse see below).

Gay Someone who is attracted to people of the same sex and/or gender as themselves.

Gender identity is the gender that a person identifies as, regardless of their biological sex.

Intersex people are born with physical sex characteristics that don't fit medical and social norms for female and male bodies. The term 'intersex' is not applicable to situations in which individuals deliberately alter their own sex characteristics. Like non-intersex people, intersex people have a range of different sexual orientations and gender identities.

Lesbian A woman who is attracted to other women.

LGBTIQA+ Lesbian, gay, bisexual, trans and gender diverse, intersex, queer and other sex, asexual and sexuality and gender diverse communities.

Non-binary people are those whose gender is not exclusively female or male.

Queer is an umbrella term for sexual and gender minorities who are not heterosexual or are not cisgender. In the late 1980s activists started using the term to reclaim it from its prior use as a pejorative term. In the 21st century, queer has become increasingly used to describe a broad spectrum of non-normative sexual and gender identities.

Trans and gender diverse (TGD) people are those whose gender identity or expression is different from that which was assigned at birth or that which is expected of them by society. They may be sexually, romantically or emotionally attracted to people of the same or opposite sex and/or gender as themselves and include transmen, transwomen and a variety of non-binary gender identities.

Executive Summary

Transgender Victoria (TGV) welcomes the opportunity to make a submission to the Productivity Commission's (PC) inquiry into the National Mental Health and Suicide Prevention Agreement ("the agreement"). TGV supports various elements of the approach the PC is taking to its terms of reference including

- for the next agreement to be supported by a National Health and Suicide Prevention strategy ("the strategy") revised to ensure that it is up to date
- for the next agreement and supporting strategy to be based on lived experience (or as TGV prefers lived expertise) and co-developed with people having the lived experience/expertise
- to contain LGBTIQA+ people as priority populations

TGV submits that the Productivity Commission should recognise that trans and gender diverse (TGD) people are distinct from the broader LGB population in both the severity and prevalence of mental ill-health and suicidality and its causes. Hence it is important for them to be recognised as a priority population as distinct from the LGB population in the next agreement and strategy.

TGV would welcome the opportunity to discuss this submission in person with the commission. Please feel free to contact TGV particularly if needing further information in support of the submission.

Trans and gender diverse (TGD) people experience an incongruence between their gender identity and the gender that they were affirmed at birth. This incongruence is not a mental disorder but can lead to profound negative effects on the mental health of a TGD person¹. The TGD community in Australia suffers from alarming rates of anxiety and depression, self-harm, suicide ideation and suicide attempts².

The mental ill-health of TGD people has two causes

1. The ridicule, vilification, psychological and physical abuse and serious violence that they can suffer from
2. Lack of a congruence between their gender identity and the gender they were affirmed at birth.

There is overwhelming evidence from peer reviewed studies that all forms of gender affirmation reduce this incongruence and often will ameliorate the ridicule, vilification, psychological and physical abuse and serious violence that TGD people suffer from. In particular social, legal and medical gender affirmation and the social acceptance of TGD people living in their affirmed gender improves their mental health and reduces suicidality

TGV submits that the next agreement and its supporting strategy must

- Identify TGD people as a priority population distinct from the broader LGB population with specific needs
- co-developed with TGD people who have lived expertise and a broad knowledge of their diverse community
- provide financial, mental and emotional support for the TGD people involved in the co-development
- Support the availability of medical gender affirmation for TGD people
- Support the availability of social and legal gender affirmation for TGD people
- Allow for professional and peer support for TGD people
- Some models for the latter support are presented

¹ 2020 Gender incongruence and transgender health in the ICD WHO International Classification of Diseases and related health problems edition 11 website accessed 13 September 2023 <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd>; 2021 International Classification of Diseases revision AIHW website accessed 13 September 2023 <https://www.aihw.gov.au/about-us/international-collaboration/australian-collaborating-centre-for-who/icd-11>

² 2020-2021 Private Lives 3 Adam O. Hill, [Adam Bourne](#), Ruth McNair, Marina Carman, [Anthony Lyons](#) Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Australia 3086 Australia <https://www.latrobe.edu.au/arcsHS/work/private-lives-3>. 2020 A national survey of the health and wellbeing of LGBTIQ people in Australia Adam O. Hill, Adam Bourne, Ruth McNair, Marina Carman and Anthony Lyons **Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Australia 3086 Australia**

Preamble:

Emotional toll exacted in preparing this submission

A significant portion of TGV's support and advocacy for the TGD community is carried out by unpaid volunteers, including a volunteer board. This report has been entirely prepared by a volunteer, supervised by TGV's executive and board, and reviewed by executive members before submission. It is important to acknowledge that creating this submission on the topic of mental health, suicides and suicidal ideation has required significant emotional labour from TGV's team. Some individuals involved have personal experiences with suicide or have been affected by it within their friends or chosen family circles. Those who contributed to this report also had personal ties to suicide and had to manage their emotions, with some even seeking counselling to address their own experiences with suicidal ideation and to enable them to complete this report.

Any involvement of people with lived experience and expertise in the co-development of a national plan and strategy should recognise this emotional toll and as part of its co-development professional counselling and support should be provided to them

Sympathy to those TGD people and to their families and friends who have suffered because of mental ill-health and suicidality

Transgender Victoria (TGV) first wishes to express its sympathy to those TGD people and to their families and friends who have suffered because of mental ill-health and suicidality. TGV especially wants to offer condolences to the biological families and families of choice of the individuals who have lost their life to suicide. As TGV is run by volunteers and staff who are all trans and gender diverse, we feel their loss keenly and most of us have experienced mental ill-health and the loss or attempted suicide of a trans or gender diverse friend. Because of the high prevalence of attempted suicide within the community TGV would also like to express grief over these tragic losses on behalf of the trans and gender diverse (TGD) community – each loss is keenly felt. These individuals could have had full lives and contributed to the advancement and well-being of the trans and gender diverse community and all the communities to which the individuals belonged.

About Transgender Victoria

TGV works to enhance the lives of trans and gender diverse (TGD) Australians their families, friends and allies in a variety of ways through

- Provision of peer support services
- Advocacy for individuals experiencing discrimination
- Advocacy to all 3 levels of government including to politicians, executive government, bureaucrats and others
- Advocacy to organisations impacting the lives of TGD people including service providers, media, community and sporting organisations and others
- Advocacy to educational institutions and employers
- Provision of education on LGBTIQ+ and TGD awareness

Through its work with trans and gender diverse Australians and the shared lived expertise in TGD peoples' lives of its board, staff, volunteers and members TGV is well qualified to provide input into this investigation by the Australian Productivity Commission. In particular TGV has been involved



increasingly with peer support for TGD people in Victoria and has run specific programs for over 7 years and in the last 2 years has run its successful shopfront Affirmation Station providing support for and services to the TGD community. Through providing these services TGV has required deep lived expertise in the TGD community to complement the already considerable lived experience/expertise of the board, staff, volunteers and members.

TGV is a not-for-profit organisation and receives funding from several sources including

- Grants from the Victorian government covering peer support activities including mental health support
- One off support from the Victorian government to cover issues such as pandemic vaccination in the TGD community and ameliorate the negative mental health harms from the marriage equality plebiscite and the "Let Women Speak" rallies
- Grants from the federal government via LGBTIQ+ Health Australia covering training in aged care provision
- Fee for service training in LGBTIQ+ and TGD inclusion
- Membership fees and donations from its membership, corporations, charitable/philanthropic foundations and other individual donations.

Apart from the last category TGV receives no core funding that allow it to maintain its service provision and advocacy services from governments or other organisations. It is dependent on membership fees and donations to enable it to continue life enhancing and in some cases lifesaving work with TGD individuals. TGD people have been under more intense attack than usual in recent years

- By the "No" case and other social media "warriors" for the No case during the marriage equality plebiscite
- During the 2022 Federal election by notable candidates such as Katherine Deves and Claire Chandler with the support of the then Prime Minister Scott Morrison

- During the actions of various international sporting bodies to ban the participation of transgender women in the elite women's competitions
- From self-described "gender critical feminists" who campaign for the exclusion of trans people from women's spaces including a recent national tour by Kellie-Jay Keen-Mishull
- From conservative religious groups particularly during discussions of the federal "Religious Freedom Bill"
- From right wing socially conservative political groups including One Nation and sections of the Australian Liberal party and sections of the Australian Greens
- From extreme right wing groups including neo-Nazis labelling TGD people paedophiles
- Internationally in the US and Europe, particularly from the current US administration and in the UK legal and political spheres



Donations to TGV increase in the face of these attacks on the TGD community. Unfortunately, so does the demand for TGV's services in supporting the community and individuals to overcome the harm caused and the increase in donations does not fully address the increase in community support needed.

TGD people are diverse and represent a “microcosm of society”

TGV first notes that TGD people present a “microcosm of society” and represent the diversity of the broader Australian community but are disproportionately represented in many categories of disadvantage and poor health.

Trans and gender diverse people come from all walks of life and have diverse:

- Ethnic backgrounds
- Educational and professional attainments
- Socio-economic status
- Geographic location
- Religious or other philosophical beliefs
- Neurotypical and neurodiverse status
- Involvement in sport and social activities
- Volunteer and community service

and cover almost any other diversity dimension conceivable.

Many TGD Australians live productive and healthy lives and contribute to society in a multitude of ways. Many notable TGD Australians make important contributions to Australia which can be seen merely from



following the mainstream media; a good proportion of these people are Australian. They include politicians, sports people, ministers of religion, military personnel, musicians, media presenters, actors, academics, models, scientists, business people, lawyers and accountants³; some of whom act as advocates for the TGD community and hold a wide variety of political opinions from conservative to radical. TGV is aware of even more diversity amongst less well known TGD people including many who are more private about their gender identity. Most make useful and important contributions to the well-being

of Australia and all contribute by their distinct gender identities to an inclusive Australia.

There are a large number of TGD Australians who are not prepared to be open about their gender identity either

- hiding it within their presentation of themselves in their authentic gender without revealing the gender that they were assigned at birth (so called “stealth mode”) or
- not presenting in their authentic gender in public by presenting as their birth gender and only presenting in their authentic gender in private (so called “in the closet”)

These TGD Australians are not prepared to be open about their gender identity because of the fear of ridicule, vilification, psychological and physical abuse and serious harm which is detailed below. This lack of openness is unfortunate as it prevents them from living lives where their gender is openly acknowledged and celebrated. This lack of openness inhibits a better understanding of TGD people by the broader society. The best predictor of whether an individual in the broad community accepts TGD rights and TGD people is whether they personally know someone who is trans or

³ Examples of the categories referred to include politicians (local government councillors) – [Tosh-Jake Finnigan](#), [Jade Darko](#); sports [people such as AFLW stars Darcy Devisco](#), [Tori Groves](#); ministers of religion [Rev Dr Jo Inkpin](#); military personnel [Captain Jesse Noble](#); [Cate McGregor](#); musicians [Mama Alto](#); media presenters [Eddie Ayers](#); actors [Georgie Stone](#); academics [Professor Rachel Richardson](#); model [Andreja Pejic](#); scientist the late [Dr Penny Whetton](#); business people [Nur Sajat](#), [Danni Laidley](#); lawyers [Aram Hosie](#) and accountants [Brenda Appleton](#)

gender diverse.⁴ Most people don't personally know a TGD person and many form a negative view of TGD from the adverse image that the media portrays of the TGD community. The fear driving people into stealth or hiding, reduces the visibility of TGD people by the broader community and thereby reduces the public acceptance of TGD people and their rights.

Importance of Gender identity for sense of self.

Gender identity is an important component of how people view themselves in the world whether they are cisgender (i.e., their gender identity conforms to the one assigned to them at birth) or they are trans or gender diverse (i.e., their gender identity is different to the one assigned to them at birth).

Gender permeates all our social interactions. When people engage with one another, their self-identity, rights, and opportunities collide with how they are perceived and treated by others. Nevertheless, gender often seems absent in the daily social interactions of cisgender people because most of them have internalized gender norms to the point where they appear unquestioned and natural and other people accept them as part of a "normal" spectrum of gender.

This apparent absence of gender from social relations tends not to be true for TGD people and in part this is due to them being a minority who appear different to the gender norms and are consistently and regularly "othered" broadly in the community and particularly in the media on the basis of their gender. This othering can be done by many in society whether they accept or do not accept TGD people. Hence TGD people can be made to feel that their gender identity is not normal and natural. Nothing could be further from the truth as TGD people have existed throughout history and across most human cultural groups⁵. This othering has a negative impact on the mental health and well-being of TGD people and is a likely contributor to the suicidality as discussed below. Such negative impact is a form of minority stress also seen in other minority communities. Minority stress contributes to the poor mental health seen in many marginalised minority communities.

It should be noted that when we discuss gender affirmation in relation to TGD people that gender affirmation applies to cis gender people also. Cisgender people are continually doing things that make them feel better, comfortable, or supported in their gender too. This might be buying clothes or makeup that make them feel good, going to the gym, getting plastic surgery or beauty treatments, accessorising living and work spaces, and more. These aren't traditionally seen as a form of 'gender affirmation' because unlike trans people, cis people aren't required to affirm their gender for it to be seen as real or valid. TGD people in contrast need to affirm their gender because their sense of self is not affirmed in many settings in daily life. Gaining affirmation of their gender in their daily life is critically important for the mental health of TGD people. This observation underlines the importance of psycho-social factors in improving the mental health and prevention of suicidality in the TGD community

The precise number of TGD Australians is not known

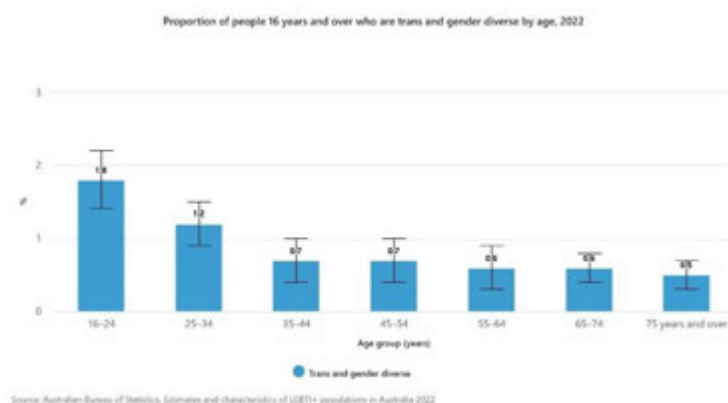
Gender identity is not included directly in the national census and hence there are only estimates based on large scale surveys by the ABS and others. A question related to gender identity was

⁴ 2016 Public Support for Transgender Rights: A 23 Country Survey, UCLA School of Law Williams Institute accessed from their website 13 September 2023 <https://williamsinstitute.law.ucla.edu/publications/trans-rights-23-country-survey/>; survey includes 1000 Australians.

⁵ 2021 "Australia's Transgender History" Riseman N Transgender Victoria and Australian Catholic University available from TGV at <https://store.tgv.org.au/products/Australias-transgender-history-book>

included in the 2016 and 2021 census but was not readily available for completion by the broad population and was confounded by its poor wording using the confusing and poorly explained term “non-binary sex”. It is critical for an understanding and prevention of the mental ill-health and suicidality of TGD people that an appropriate approach (as proposed by the ABS) to estimating the number of TGD people is included in the 2026 census⁶.

Hence, the number of TGD Australians is not known with a high level of precision but studies of the population of TGD people who identify as “transgender” estimate the proportions from 0.3-0.5% for adults and 1.2-2.7% for children and adolescents; while those that publicly identify as “gender diverse” range from 0.5-4.5% in adults and 2.5-8.4% for children and adolescents. The numbers of both categories are increasing with time⁷. Based on the numbers of people Australian 2021 census⁸ and the ranges of proportions of transgender and gender diverse people (as quoted) the numbers of TGD people in Australia are up to 127,000 and 1,140,000 respectively.



Recent large population surveys by the ABS put the proportion of the Australian population over 16 years of age who identify as TGD at 0.9% and proportion is the same for urban, peri urban, regional and remote Australians. The proportion of TGD people in the population increases with decreasing age and 1.8% of people aged 16-24 are TGD⁹.

The recent ABS data says that only 178,900 people in Australia are TGD. The difference between the recent ABS data and the estimates based on other surveys may be related to the way these surveys

⁶ 2025 **Outcomes from the 2026 Census topic review released** Media Release (17/02/2025) accessed 29 July 2025 <https://www.abs.gov.au/media-centre/media-releases/outcomes-2026-census-topic-review-released>

⁷ 2020 Zhang, Q., et al Goodman, M., Adams, N., Corneil, T., Hashemi, L., Kreukels, B., Motmans, J., Snyder, R. & Coleman, E. (2020). Epidemiological considerations in transgender health: A systematic review with focus on higher quality data. *International Journal of Transgender Health*, 21(2), 125–137. doi: 10.1080/26895269.2020.1753136

⁸ 2022 Australian Bureau of Statistics 2021 [Australia 2021 all persons quick stats](#)

⁹ 2024 ABS **Estimates and characteristics of LGBTI+ populations in Australia released 19/12/2024** <https://www.abs.gov.au/statistics/people/people-and-communities/estimates-and-characteristics-lgbti-populations-australia/latest-release>

were performed. The former were anonymous, confidential surveys while the recent ABS data was not anonymous and collected mostly by telephone interviews.

Measuring the number of TGD people is difficult and estimates of the numbers of TGD people are confounded by 2 factors

- The unwillingness of many in the TGD community to directly identify as gender diverse due to in part to the discrimination suffered (see above for a description of “stealth” mode and “in the closet”)
- A lack of confidence by the TGD community in the assurance of confidentiality of surveys.

TGV had a large amount of feedback from the TGD community when it advocated to them to answer the question related to gender in the 2021 census indicating a non-binary sex identity where they qualified (either by surgery or taking medication). The overwhelming negative response from the TGD community was twofold, firstly that their gender was not a non-binary sex and secondly that the anonymity, security and confidentiality of the census data could not be assured. This was in spite of TGV specifically addressing these issues in its communication on the census.

The ABS has addressed appropriate questions to best address collection of data on the numbers of TGD Australians in its 2020 guidance on the collection of data related to this topic¹⁰. It notes that this represents best current practice and does not address all the issues related to data collection in relation to gender identity and used these questions in its 2024 release of estimates of the TGD population in Australia. These estimates are compromised however because the surveys were conducted by telephone or face to face interviews whereas best practice would be to conduct the surveys anonymously.

More precise figures will depend on further surveys in Australia – optimally by including questions on gender identity in the 2026 census accompanied with a campaign to reassure TGD people of the confidentiality and security of census data. What is known today is that there are significant and growing numbers of people who are willing to publicly identify as TGD. The numbers underline that the issues raised in this inquiry are important for a substantial proportion of the Australian population and require attention to systemic issues from all 3 levels of government and because of the burden of mental ill-health and suicidality that they bear they need to be included as a separate priority population in a national strategy and agreement covering mental ill-health and suicide prevention.

TGD Australians suffer significant discrimination and marginalisation and disproportionately adverse outcomes

While TGD Australians are significant in number and diversity, there are big differences in various parameters when you compare TGD Australians with the broad Australian population. TGD people are amongst the most marginalised groups in Australia today. A high proportion of TGD people experience or see other TGD people subjected to ridicule, abuse, harassment, hate, vilification,

¹⁰ 2020 ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables released 14/01/2021 accessed 29 July 2025 <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>



discrimination and violence, some on a frequent almost daily basis¹¹. The cumulative effect of these negative experiences on a TGD person over their life span both before and after gender affirmation leads to some poor psychosocial outcomes

including appalling rates of mental illness and suicidality as detailed in the 2021 survey Private Lives 3.¹²

It should be noted that while nearly all TGD people will struggle with mental health at least at some stage in their lives and many manage to live productive lives, a significant minority will continue to struggle and experience low income, poor educational achievement, high rates of un- or under-employment and poor housing outcomes for a significant part or all of their lives as evidenced by TGD over-representation in these areas of the Private Lives 3 national survey.

Private Lives 3 was a national survey of LGBTIQ+ people in Australia; however, a separate report was produced for LGBTIQ+ people living in Australia. There were 506 TGD people surveyed in Australia TGD and they experienced

- High rates of suicidal ideation, suicide attempts, depression and anxiety, up to 80% of them experienced one or more of these.
- Over 40% had attempted suicide once compared with 4.9% of the general Australian population¹³
- High rates of harassment and abuse based on sexual orientation and/or gender identity
- High levels of homelessness
- Common experiences of finding it difficult to manage alcohol or other drug use, or where such use negatively impacts everyday life
- High levels of intimate partner and family violence and low levels of reporting or satisfaction with support from services

They experienced these adverse outcomes in great excess of the general community and well in excess of their cis gender LGB peers.

The report recommended the following in relation to the broad LGBTIQ+ Australian community but is particularly applicable to the TGD Australian community

- “Inclusion of sexual orientation, gender identity and intersex variation/s in all government health and wellbeing policy frameworks as key priority populations, including trans and gender diverse populations “

¹¹ Fuelling Hate Abuse, Harassment, Vilification and Violence Against Trans People In Australia 2023 Transjustice project and Australian Pride Lobby <https://transjustice.org.au/fuelling-hate-report-blog/>

¹² 2020-2021 Private Lives 3 Adam O. Hill, [Adam Bourne](#), Ruth McNair, Marina Carman, [Anthony Lyons](#) Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Australia 3086 Australia <https://www.latrobe.edu.au/arcschs/work/private-lives-3>. 2020 A national survey of the health and wellbeing of LGBTIQ people in Australia Adam O. Hill, Adam Bourne, Ruth McNair, Marina Carman and Anthony Lyons **Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Australia 3086 Australia**

¹³ AIHW Suicide & self-harm monitoring accessed 31 July 2025 <https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/thoughts-behaviours>

- Broader campaigns, in partnership with LGBTIQ community-controlled organisations, that tackle stigma directed towards LGBTIQ communities
- Ongoing funding of surveys to track LGBTIQ health and wellbeing over time, and review of national and state-based health and coronial data reporting to ensure inclusion of questions that adequately capture sexual orientation, gender identity and intersex variation/s
- Campaigns within LGBTIQ communities and in the broader community to further embrace diversity and to ensure full inclusivity of all groups, particularly LGBTIQ people with disabilities, LGBTIQ people from multifaith and culturally and linguistically diverse backgrounds and LGBTIQ people from Aboriginal or Torres Strait Islander backgrounds”

Causes of Suicide & its potential for increasing incidence

The Coroner’s Court of Victoria notes in their December 2020 report on suicides in Australia that

“Through investigations ...(we) observe that social isolation, mental health issues, substance abuse, familial conflict and financial pressures are common stressors in cases of suicide.”¹⁴

TGV notes that a significant proportion of the TGD community including people in the age range of the individuals which are the subjects of this inquest suffer from these stressors as noted in many surveys of the TGD community including the recent Private Lives 3 report quoted above. There is further evidence presented below that the incidence of these stressors may be likely to increase with the backlash against TGD people affirming their gender identity. This is against a background of increases of TGD people publicly affirming their identity.

Given the challenges cited by the Coroner’s Court of Victoria in properly coding the gender identity of individuals who have suicided¹⁵, it is important when interpreting data such as that provided by the Productivity Commission on page 81 of its interim report on the inquiry into the national agreement to recognise that TGD people will be extremely reluctant to self-identify in surveys where anonymity is not possible and hence may be undercounted. Private Lives 3 indicates that transgender people suffer approximately 3 times the rate of mental ill-health and suicidality than that of bisexual people who in turn have a much higher rate than cisgender gay men and women.

TGD people require more than medical support to affirm their gender

The WHO International Classification of Diseases and related health problems (ICD) edition 11 ¹⁶ represents the basis for classification for health-related conditions in Australia¹⁷. In the current edition the WHO clearly points out that being trans and gender diverse is not a disease and is defined now as a condition of sexual health with the category of “gender incongruence of

¹⁴ 2022 “Coroner’s Court report shows concerning increase in suicides in 2022” December 2022 monthly report from the Coroner’s court website accessed 12 September 2023

¹⁵ 2022 Coroners Court of Victoria - Suicide among LGBTIQ+ people 14 October 2022, accessed 29 July 2025 <https://www.coronerscourt.vic.gov.au/coroners-court-victoria-suicide-among-lgbtqi-people>

¹⁶ 2020 Gender incongruence and transgender health in the ICD WHO International Classification of Diseases and related health problems edition 11 website accessed 13 September 2023 <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd>

¹⁷ 2021 International Classification of Diseases revision AIHW website accessed 13 September 2023 <https://www.aihw.gov.au/about-us/international-collaboration/australian-collaborating-centre-for-who/icd-11>

adolescence and adulthood” and “gender incongruence of childhood”¹⁸, “for adults and adolescents and children respectively”. Furthermore, the WHO points out that

“Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual’s gender identity.”

The Diagnostic Statistical Manual (DSM-5) published by the American Psychiatric Association also supports this view and states that people who are trans or gender diverse “may pursue multiple domains of gender affirmation”, including social, legal and medical affirmation”

A national agreement and strategy need to recognise that the mental health and well being of TGD people and reduction of their suicidality extends beyond traditional mental and physical health approaches into social and legal support and especially requires acknowledgement and provision for their needs

- for medical affirmation of their gender
- for social and legal affirmation of their gender
- for professional and peer social support to address the psycho-social challenges experienced in their daily life in areas such as housing, education, employment, accessing general physical and mental health service

TGV requests that the Productivity Commission in their consideration of TGD people as a priority population in this inquiry recognises these needs and TGV supports the co-development of a strategy framework to address these needs.



The importance of gender affirmation (legal, familial, societal, within education and workplaces, community and sporting organisations and in organisations providing services including medical settings) for the well-being of TGD people has been well researched and the primacy of gender affirmation in improving the mental health and well-being and reducing suicidality of TGD people is emphasised both by the World Professional Association for Transgender Health¹⁹ and the

Australian Professional Association for Transgender Health (AUSPATH)²⁰

While there have been improvements in gender affirmation for TGD people in Australia in recent years, the situation still lags behind what is ideal for the health and well-being of TGD people. More details follow below.

Moreover, a survey of TGD Australians’ access to health care²¹ revealed that there was limited access to gender affirmation including gender affirming health care and that there were significant barriers to accessing general physical and mental health care for TGD people.

¹⁸ 2020 Gender incongruence and transgender health in the ICD WHO International Classification of Diseases and related health problems edition 11 website accessed 13 September 2023 <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd>

¹⁹ 2022 E. Coleman, et al Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI:10.1080/26895269.2022.2100644

²⁰ 2022 AusPATH Statement: Gender Affirmative Approaches <https://auspath.org.au/2022/08/24/auspath-statement-gender-affirmative-approaches/> accessed 31 July 2025

²¹ 2019. TRANScending Discrimination in Health & Cancer Care: A Study of

This survey showed poor health and significant barriers to accessing health care compared to the general population:

- Only 3.4% of participants rated their health as excellent.
- Kessler 6 scores indicated that over half of participants had significant levels of distress.
- Almost half of participants reported a time in the last year they needed healthcare but did not receive it.
- Most participants were either very uncomfortable or uncomfortable (81.3%) discussing their needs as a TGD person with a healthcare provider that they did not know.
- Approximately a quarter of participants indicated that in the past year they did not have a health professional that had a good understanding of their healthcare needs and preferences.
- Of those who needed emergency care at some point, 41.3% did not attend the emergency department because they were TGD.
- The most common barriers that sometimes or often stopped participants going to the doctor were
 - too many other things to worry about (70.7%),
 - inability to find a doctor they are comfortable with (68.9%),
 - Being too busy (59.6%)
 - fear of mistreatment (58.8%).
- Almost a third had to educate their healthcare provider on TGD issues in the last year.
- Almost a quarter have been refused gender affirming care.
- One in five have been refused general healthcare.
- Within a healthcare setting, 14.2% have been verbally harassed, 5.7% have experienced unwanted sexual contact and 2.3% have been physically attacked.
- One in eight participants said that they never disclose their gender to healthcare workers.

In a situation where AUSPATH reports access to gender affirming health care as being essential for the mental health and reduction of suicide risk for TGD people the health system has

- Significant barriers for access by TGD people including severe discrimination by many providers
- Stigma associated with the provision of physical and mental health care to TGD people
- Lack of available services especially specialist gender affirming health services
- Poor or non-existent funding for general and specialist services as detailed below
- Low or non-existent Medicare funding for gender affirming surgeries
- Constraints on access to gender affirming hormones
- Lack of appropriate national strategies to deal with TGD health.

It is in the light of this background overview that we have identified prevention opportunities for the Productivity Commission to consider for inclusion in a mental health and suicide prevention agreement and supporting strategies. TGV provides a list of health and other needs for gender affirmation are described below.

Gender Affirmation is essential for the health and well-being of TGD people

There is overwhelming evidence recognised in the Standard of Care published by the World Professional Association for Transgender Health²² and public statements²³ and Standards of Care published by the Australian Association for Transgender Health that gender affirmation by any or all of the means outlined in below contribute to the well-being of TGD people including improving their mental health and reducing suicidality.

Gender affirmation may comprise some simple social signifiers including use of preferred name, correct pronouns and mode of dress signifying the preferred gender. For some TGD people these gender identity signifiers and their broad acceptance by family, friends, workplaces, educational institutions, unions and professional associations, service providers and society in general may be sufficient for TGD people to lead happy well-adjusted lives. Most will require the support of change of legal and other documentation to reflect their gender.



Other TGD people may require the support of other medical or allied health interventions such as

- voice therapy
- management of facial or body hair
- hair transplants for male pattern baldness
- hormonal treatment including
 - treatment with hormone blockers or
 - gender affirming hormones
- surgeries including
 - facial feminisation surgery, tracheal shaves
 - facial masculinisation surgery
 - gender affirming voice surgery,
 - breast enhancement or reduction, chest reconstruction
 - genital surgeries such as
 - orchidectomy, penectomy
 - labiaplasty or vaginoplasty,
 - hysterectomy
 - metoidioplasty or phalloplasty.

Many TGD persons will undertake one or more medical procedures to ensure that their bodily features of their gender match their gender identity. Most of these procedures are not covered by Medicare with some partially covered.

Many TGD people will require mental health support from professional counsellors, psychologists and psychiatrists at various points during their gender affirmation journey. Many will require it early

²² 2023 Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among trans and gender diverse people in Australia [Adam O. Hill PhD](#), [Teddy Cook Cert IV\(Community services\)](#), [Ruth McNair PhD](#), [Natalie Amos PhD](#), [Marina Carman BA\(Hons\) MA\(research\)](#), [Ellis Hartland BA\(Psych\)](#), [PostGradDip\(Psych\)](#), [Anthony Lyons PhD](#), [Adam Bourne PhD](#) *Suicide Life Threat Behav.* 2023;53:320–333 <https://doi.org/10.1111/sltb.12946>

²³ 2021 AusPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth accessed from the AUSPATH website 12 Sept 2023 <https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/>

in this journey. Some may need it on a continuous or intermittent ongoing basis, in the same way that a number of people in the broader community require support from mental health professionals. Some TGD people will find that support from their families, social networks, sporting or other community organisations or faith and religious communities is sufficient for them to lead happy and well-adjusted lives.

As a general principle, TGV adopts the position that are given in Transgender Europe's (2019) Guidelines to Human Rights-based Trans-Specific Healthcare²⁴ which shares the human rights principles of gender affirming healthcare, which include:

- The principle of non-discrimination
- The principles of bodily integrity, bodily autonomy and informed consent
- The principle of freedom from torture and degrading and inhuman treatment
- The principle of free self-determination of gender
- The principles of quality, specialised and decentralised care
- The principles of the right to decide on number and spacing of own children
- The principle of the best interest of the child

These human rights principles align with the Yogyakarta Principles (2007) and Yogyakarta Principles+10 (2017) and should be applied by all 3 levels of government across Australia to promote the best health and well-being outcomes for TGD Australians. In particular

- Funding for medical affirmation where needed
- Funding for mental health support to a greater extent than the general population to meet the needs of this vulnerable community
- Funding for gender affirming support by carers, family members and organisations

Models for gender affirming care to support mental health of TGD people and reduce suicidality.

Substantial change in the treatment of TGD people by all levels of government is required for them to have mental health and suicidality which is not dramatically worse than the general community. A whole of government approach is needed to identify barriers TGD people face beyond that of the general community to access to

- Physical and mental health care
- Gender affirming health care
- Change of legal name and gender on identity documents
- Housing
- Education
- Employment
- Sport and recreation
- Psycho-social support

²⁴ 2019 Guidelines to Human Rights-based Trans-specific Healthcare , Transgender Europe
<https://tgeu.org/guidelines-to-human-rights-based-trans-specific-healthcare/>

- Aged care

In addition, the consistent vilification, discrimination and psychological and physical harms experienced by the TGD community needs to be addressed by legislative and educative campaigns.

In delivering psycho-social support to the TGD community, there are many different approaches that may be adopted but TGV wants to draw attention to two models that TGD run organisations have adopted. These two models should be considered in any agreement or strategy to improve the mental health and reduce suicidality in the Australian TGD community.

Transgender Victoria's Peer Support Program



TGV has been working with the TGD community in Victoria for 25 years advocating to improve the lives of transgender people and achieving better legal and societal recognition for the TGD community in Victoria. TGV has focussed in the last decade on provision of peer support and services to the TGD community²⁵. Peer support can be thought of as involving the giving and receiving of support in a way that is grounded in shared experience and based on principles of respect and reciprocity. At a fundamental level it is about understanding each other's situation and being able to build on a point of connection in a constructive way

with TGD peers.

TGV provides peer support one on one, in small groups or through hosted sessions run by a facilitating individual or organisation. TGV works to participating in discussion, and sharing social or training activities. It is not the mode through which peer support is provided that is important, but the context and relationship building that it allows.



The value of peer support can be seen in the ability to enable individuals



to build trusting relationships with others, build confidence and learn from and through discussion and shared experiences, gain access to networks, knowledge, skills and resources, build a sense of shared identify and solidarity, and, support individual and collective agency resulting in TGD communities.

Thus, the peer support program, while not directly addressing mental health and suicidality by directly providing psychological or counselling services, provides a sense of community and the validity of TGD identities thus reducing the sense of otherness produced by the vilification, marginalisation, discrimination, psychological and physical abuse experience in the broader community. In that sense it complements the much-needed mental health support that TGD people access through psychiatrists, psychologists and counsellors. TGV runs wide ranging peer support programs including through

- its affirmation station shopfront in the inner north of Melbourne
- online programs

²⁵ 2025 Transgender Victoria "Supporting your gender journey" accessed 30 July 2025 <https://www.tgv.org.au/>

- targeted visits to regional areas
- regular events, recreational sessions, social gatherings
- training for TGD people such areas as readiness for work
- training for organisations in how to best support TGD people
- its community development fund providing targeted funding to TGD led groups
- support for TGD artists and craftspeople
- peer navigation program to support TGD people to access health, social, educational and employment services

The Gender Centre

The Gender Centre was established in Sydney in 1984 to support transgender community. The Gender Centre is now the peak NSW-wide multidisciplinary centre of excellence providing a broad range of specialised services that enables the exploration of gender identity and assistance with the alleviation of gender dysphoria. It supports trans and gender expressive people at every stage of their journey as they explore and live their authentic sense of self.

The Gender Centre uses both TGD and cisgender professionals to provide

- A homelessness service through supported refuge and transitional housing to transgender and gender diverse clients who are homeless or are at risk of becoming homeless.
- Tenancy support services
- Counselling and mental health services
- A range of allied health including diagnostic testing for HIV and Hepatitis C and needle exchange
- HR services – advice on employment to TGD clients and employers
- Outreach clinics for regional and rural NSW
- Outreach services to our clients who might not otherwise have access to our services or who are confined to hospital or their homes, as well as correctional facilities within N.S.W
- Support for access to aged care services
- Support to schools in best practice for the student during transition and right through the course of their schooling.
- Domestic and family violence counselling.
- Support groups including for youth, adult transgender men, transgender women and non-binary people, partners, parents
 - providing support and access to resources and community

While the two models differ in the level of access to professional support and peer support both provide a viable approach to improving the gender affirmation process for TGD people and allowing a sense of belonging to community so important for mental health and suicide prevention in TGD people. Any mental health and suicide prevention agreement or strategy for TGD people needs to provide for access to this type of peer and professional support.

Victorian Department of Health and Human Services Architecture for Gender Affirmation

The Victorian Department of Health and Human Services, appointed AHA to develop a new statewide service model for the delivery of health and support services for trans and gender diverse

people in Victoria. The final report of the Trans and Gender Diverse Service System Development Project gives an architecture for the delivery of medical and social gender affirmation in Victoria²⁶.

In surveys of the TGD community, families and support networks the following were the top 10 areas of concern where TGD people required support

1. Access to psychological services
2. Support to assist with dealing with stigma
3. Medical transition such as puberty blockers, hormone therapy or surgery
4. Related support services for trans and gender diverse people such as housing support, seeking employment, participating in sports, legal documents, dealing with government agencies or attending school/work
5. Services for families
6. Access to psychiatric services
7. Support to assist with exploring gender identity
8. Support to assist with social transition e.g. to change name, physical appearance through make-up, clothing, or hairstyles
9. Support to assist with coming out
10. Speech pathology for voice training and vocal health

Since then, the Victorian Government has provided some support for the TGD community in most or all of these areas. However, the recent inquest into the suicides of 5 young transgender women and the report and recommendations of the Victorian Coroner²⁷ show that this support has only partially met the needs of TGD people. Three recommendations of the coroner are pertinent in this regard

- That the Victorian Department of Health, as lead, in conjunction with the Department of Families, Fairness and Housing and any other relevant Victorian Government departments, consider urgently increasing resourcing to meet the growing demand for publicly funded health services delivering gender-affirming care to TGD patients, in order to reduce the current waitlists and to support and expand the existing health workforce delivering such

²⁶ <https://www.health.vic.gov.au/publications/development-of-trans-and-gender-diverse-services-in-victoria-final-report>

²⁷ 2024 Coroner's Court of Victoria recommendations from the inquest into the suicides of

Bridget Flack (COR 2020 006727) https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202020%20006727%20Form%2037-Finding%20into%20Death%20Following%20Inquest_Amended.pdf,

Matt Byrne (COR 2021 001636) https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202021%20001636%20Form%2037-Finding%20into%20Death%20Following%20Inquest_Amended.pdf

'AS' (COR 2021 002415) https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202021%20002415%20Form%2037-Finding%20into%20Death%20Following%20Inquest_Amended_0.pdf

Heather Pierard (COR 2021 002457)

https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202021%20002457%20Form%2037-Finding%20into%20Death%20Following%20Inquest_Amended_0.pdf

and Natalie Wilson (COR 2020 004857)

https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202020%20004857%20Form%2037-Finding%20into%20Death%20Following%20Inquest_Amended.pdf

care. The Department may consider whether this should involve revision of the existing framework for delivery of gender-affirming healthcare and supports to TGD Victorians.

- That the Victorian Department of Health, under the guidance of experts from TGD communities, consider devising and implementing a statewide framework for the provision of culturally-appropriate care to TGD people in public hospitals and health services, including in rural and regional Victoria, with additional training to support staff in delivering culturally-appropriate care to TGD patients.
- That the Victorian Department of Health, as lead, in conjunction with the Department of Families, Fairness and Housing and any other relevant Victorian Government departments, consider ongoing funding options available to ensure that TGD people and their families have appropriate access to culturally appropriate: (i) social and emotional wellbeing supports; and (ii) suicide prevention, postvention and bereavement supports, as a means by which to address the high levels of suicidality, social exclusion and mental ill health in the TGD community.

The lack of these services and their cultural appropriateness for TGD people were held to be important factors in all these suicides. Clearly either the architecture recommended in the report commissioned by the Department of Health and Human Services was insufficient to prevent the poor mental health experienced by the young transgender women or the implementation of the architecture was not complete or both. TGV is of the view that more needs to be done to implement support for the TGD community in Victoria to ameliorate its poor mental health and decrease its suicidality. Anecdotally TGV believes that similar situation exists right across Australia with incomplete services available to support TGD people.