

POLICY FUTURES

A Reform Agenda



The Critical Role of Family Support in Accessing Gender Affirming Health Care.

Transgender youth disproportionately suffer mental health issues such as depression and anxiety, with more than half having attempted suicide. Lack of family acceptance is a risk factor that leads to poor long-term health outcomes for transgender youth.

Australian families with transgender young people need timely access to support from specialist trans family organisations and equitable access to medical services that could help save young lives. Trans family support organisations, in turn, need to be appropriately funded to meet the growing demand of families across Australia requesting support and assistance.

Transgender young people also require gender affirming health care without discriminatory medical consent procedures. Australian law must treat all young people equally regarding their bodily autonomy and right to consent to medical treatment.

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Key Policy Recommendations

1

State and territory governments to appropriately fund multi-disciplinary gender services for young people in each state and territory.

Ensuring timely access to gender affirming health care requires adequate funding and appropriately trained staff. Trans young people deserve access to quality and timely gender affirming health care close to where they live including in regional and rural areas.

2

The Australian Department of Health and Aged Care to ensure that trans young people and their families are meaningfully included as a priority group in health and wellbeing strategies, and to host a national roundtable meeting of trans and family led organisations to identify the key issues impacting communities.

A round table meeting with researchers, medical experts, community organisations and families would identify priority issues, gaps, and barriers across various aspects of transgender health care impacting transgender Australian's living in metropolitan, regional and rural areas.

3

Change medical consent law to stop discrimination of trans young people.

At a minimum, this means reversion to a model of assessing whether a young person is *Gillick competent* - meaning they are deemed capable to consent to treatment without parental consent. The standard model of care should respect the bodily autonomy and medical decision-making rights of the young person and prioritise decision making between them and their medical provider, to ensure outcomes are in the best interest of the young person and to avoid interference from unsupportive parents or guardians.

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The social & economic costs of inaction

2-3% of Australian young people identify as trans or gender diverse (trans).

Trans young people aged between 14-25 years are **15 times more likely to attempt suicide** compared to the general population.

This disparity is not because of an inherent predisposition to poor mental health related to their gender identity – it is caused by a complex and unique set of drivers and risk factor associated with marginalisation, lack of family acceptance, barriers to accessing timely gender affirming healthcare and experiences of violence and harassment.

37.9% of transgender and gender diverse people aged 14 to 21 years reported that they had attempted suicide in their lifetime.

This is compared to just **3.2%** of the general population aged 16 and over who reported that they had attempted suicide in their lifetime.

It is estimated that the economic cost of suicide in Australia for youth aged 15-24 years per suicide is approximately **\$3 million**

Policy recommendations could reduce the risk factors and unique drivers contributing to the prevalence of suicide among trans young people in Australia by ensuring that trans young people have access to timely gender affirming healthcare and family support. Moreover, recommendations to fund research and improve data collection across the health system are needed to quantify the costs of mental health issues and to monitor health outcomes.



Supporting the National Children's Mental Health and Wellbeing Strategy

Policy recommendations support the following focus areas of the National Children's Mental Health and Wellbeing Strategy:

Focus area 1:

Family and Community talks about promoting mental health and wellbeing as part of parenting and how services can connect with families and communities better.

Focus area 2:

The Service System talks about the gaps in our mental health services, and how we can make it easier for children and their families to get help, especially when they have multiple complex issues or there are things preventing them from getting help.