Rainbow communities, mental health and addictions

a submission to the Government Inquiry into Mental Health and Addiction – Oranga Tāngata, Oranga Whānau

This submission shares the collective view of diverse organisations, groups, researchers and individuals who work to support the wellbeing and mental health of rainbow people and communities in New Zealand.

We share a commitment to work together towards an Aotearoa where rainbow people have a sense of belonging and inclusion, experience wellbeing and positive mental health at the same rates as the whole population, and can access safe and appropriate support when they experience mental distress or addiction. Our names and organisations are listed at the end of this document.

Summary

Rainbow (sex characteristic, sexuality and gender diverse) communities and people **have the same inherent potential to flourish and thrive** as other New Zealanders, but currently **experience higher rates** of poor mental health and addiction issues including suicidal behaviour, depression and anxiety, eating disorders, substance misuse and isolation **due to experiences of social exclusion and discrimination**.

As well as experiencing higher rates of mental health problems and addictions, rainbow people have **mixed experiences of support** in mental health and addictions services, as well as in other settings and institutions that influence their mental health, especially wider health services including primary care, social services, education and justice settings. These settings **may offer unhelpful or unsafe service** due to inadequate staff training, inappropriate policy settings, exclusionary environments or lack of availability of appropriate referral pathways.

To address the risk factors specific to rainbow populations, **national approaches are needed** to increase **social acceptance and belonging**, resource **rainbow community supports** and leadership, and enable other mental health and addiction supports to be **safe, effective and culturally appropriate**.

The rainbow population should be a **named priority** in all national and regional mental health and addictions policies. Currently, rainbow issues are absent, invisible or inadequately addressed in mental health and addictions policy, and in other national policy areas that contribute to mental health.

Change will require **well-resourced community leadership**, recognition and inclusion of rainbow issues at **all levels of policy**, specific **support responses** to address rainbow-specific drivers of distress, **training and ongoing professional development** for providers of mental health and addictions support, and an ongoing commitment to **research and learning**.

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The rainbow population: definitions and demographics

Rainbow

We are using *rainbow* as an umbrella term to describe people whose sexual orientation, gender identity, gender expression or sex characteristics differ from majority, binary norms. The rainbow population is large, and its rich diversity is not adequately reflected in terms that define people based on who they are not. However, for the purpose of this submission, the term *rainbow* describes people who either do not identify as heterosexual, have a gender identity that does not match the sex they were assigned at birth, do not fit typical gender norms, and/or were born with bodies that do not match common biological definitions of male or female. This includes a range of identities and experiences, and encompasses:

- Diverse *sexual orientations* (identities, behaviours or attractions) other than heterosexual (for example gay, lesbian, bisexual, takatāpui[1], queer, pansexual, asexual)

- Diverse *gender identities or expressions* (for example trans, transgender, transsexual, takatāpui, whakawahine, tangata ira tane, ia, fa'afafine, fa'afatama, genderqueer, fakaleiti, leiti, akava'ine, fakafifine, vakasalewa, FtM, MtF, non-binary)

- Diversity of *sex characteristics* (people born with intersex variations that mean, for example, that their including genitals, gonads or chromosome patterns do not fit typical binary notions of male or female bodies)

Some of these identity terms can encompass diversity of gender, sex characteristics and sexuality in a holistic way that describes more than one aspect of a person's sense of self (for example takatāpui and queer).

The rainbow population also includes people who do not use a specific identity label, people whose identity changes over time, people who are in the process of understanding their own identity, and may not have 'come out' to themselves or others, and people who choose not to disclose details about their identity or body.

Other umbrella terms that are used to describe this population include LGBTI+[2] (and related terms including MVPFAFF[3]), sex, sexuality and gender minorities, sexuality and gender diverse, and SOGIESC (diversity of sexual orientation, gender identity and expression, and sex characteristics). Where this submission cites specific studies, it uses the terms referred to in the research.

In describing this diverse population as a distinct group, the term *rainbow* is often used in New Zealand in preference to other terminology because it allows for "acknowledging difference and diversity"[4], is "predicated on inclusion"[5] and can include traditional and culturally-based identity terms which are not directly equivalent to Western views of sexuality and gender identity[6].

The size of the rainbow population

Rainbow people are a significant part of New Zealand's population. There is little population data that exactly quantifies the number of rainbow people in New Zealand, however indications are that they comprise **between 6 and 15% of the population**.

- The Census does not include direct questions about sexual orientation, gender identity or intersex status[7]. The only statistic available from the Census is that in 2006[8] and 2013[9], around 1% of cohabiting couples were in same-sex relationships. This number is sometimes

misused in policy documents to estimate rainbow population size – it is important to note it is not a representative indicator of rainbow or sexual minority populations[10].

- In a nationally-representative sample of New Zealand adults, 5.8% self-identified with a non-heterosexual orientation[11]. Researchers identified this number as an underestimate of those who are attracted to the same gender or engage in same-gender sexual behaviour but do not use a non-heterosexual identity label.
- For comparison, in Australia, 9% of adult men and 15% of women report same-sex attraction or having had sexual contact with someone of the same sex, although only approximately 2% identify as lesbian, gay or bisexual.[12]
- In a 2012 study of secondary school students across New Zealand, 4% of students reported that they were attracted to the same sex or both sexes and an additional 4% indicated they were unsure/attracted to neither. 1.2% of students reported that they were transgender, and 2.5% that they were not sure of their gender [13]
- Estimates of the numbers of intersex people vary from 1 in every 300 people to 1 in 2000.[14] Reviewing the range of estimates, Intersex Human Rights Australia has concluded that a reasonable population estimate is 1.7%[15].

Rainbow people are part of every other demographic group in New Zealand: every ethnicity, socio-economic status, disability group and religion. The disparities in mental health and addiction outcomes experienced by the rainbow population affect not only these individuals, but their friends, family, whānau and communities.

The rainbow population is at higher risk of distress, suicide and addiction than other New Zealanders

Rainbow people have the same potential to thrive and flourish as other New Zealanders. In population-based surveys, the majority of rainbow young people report having some positive family and school relationships[16,17]. Rainbow identities can themselves become a source of wellbeing and pride, especially in later life[18].

Research indicates that having supportive connections with rainbow communities, positive friendships and romantic relationships, a positive sense of identity and family acceptance can all contribute to wellbeing and help protect against distress and suicidality[19].

However, an overwhelming body of evidence shows that the rainbow population has significantly poorer mental health and is at much higher risk of distress, addiction and suicide than other people living in New Zealand due to experiences of social exclusion and discrimination.

For example:
- A local needs assessment report found that gay, lesbian, bisexual, transgender and intersex people have higher lifetime risk for mental health problems including depression, anxiety, suicide and self-harm, substance misuse and eating disorders[20].
- The Suicide Mortality Review Committee's 2016 review of rangatahi Māori suicide deaths found that issues surrounding sexuality were significant in 7.2% of all deaths by suicide of rangatahi Māori (aged 15–24 years) between 2007 and 2011[21],[22].
- In Youth'12, a study of New Zealand secondary school students, rainbow students had by far the highest rates of depression and suicidality of any identified demographic population. The study found that 20% of same/both-sex attracted secondary school students had attempted

suicide in the past year, compared with 4% of their opposite-sex attracted peers[23]. The same study found that one in five transgender students had attempted suicide and nearly half had self-harmed in the previous year[24]. Among both sexuality and gender minority students, around 40% were currently experiencing significant depressive symptoms. Sexual minority students were significantly more likely than their peers to use alcohol and other drugs; this data was not fully analysed for transgender students.

- A 2015 review of New Zealand's support sector for rainbow young people across New Zealand found that 76% of rainbow support groups were working with young people who were suicidal, 65% with young people who had lost friends to suicide, and nearly half had worked with a young person who had later died by suicide[25].

- The Christchurch Health and Development Study found in 2005 that predominantly-homosexual men had over five times the rate of mental health problems compared with exclusively heterosexual men, including suicide attempts and suicidal ideation. 28.6% of gay men reported attempting suicide compared with 1.6% of straight men. 76.4% reported suicidal ideation compared with 10.9% of straight men[26].

- The First Australian National Trans Mental Health Study[27] found 20.9% of participants reported suicidal ideation or thoughts of self-harm on at least half of the days in the last 2 weeks. This compared with a 12-month prevalence of suicidal ideation in the general Australian population of 2.3%. 43.7% of respondents were currently experiencing depressive symptoms, and more than half had been diagnosed with depression during their lives – a rate four times higher than the general population. Rates of depression were higher among people who wanted to, but had been unable to access gender-affirming healthcare (e.g. hormones or surgery). The forthcoming Aotearoa New Zealand Trans and Non-Binary Health Survey, *Counting Ourselves*, will provide equivalent New Zealand data for trans and non-binary New Zealanders[28].

- A larger US study in 2011 found that 41% of transgender adults reported that they had attempted suicide, compared with 1.6% of the general population[29]. A 2012 Scottish study of transgender health, the largest of its kind in Europe, found that 84% of participants had considered suicide - 27% of these within the past week. Lifetime prevalence of suicide attempt was 48%. Suicidality reduced significantly after transition[30.]

- An Australian study of intersex people found 60% of the participants had considered suicide, and 19% had attempted, "on the basis of issues related their intersex status"[31].

- A major international literature review published in 2011 concluded that research strongly indicates elevated risk of suicidal behaviour in LGBT people internationally[32] (the paper did not review evidence on intersex people). Another systematic review of sexual minority mental health found higher rates of depression, anxiety, suicidality and substance use problems across a wide range of studies[33].

The rainbow population is diverse, and some groups are at higher risk of distress, addiction and suicidal behaviour than others. For example, many studies have found bisexual people are at higher risk of distress and suicidality than gay or lesbian people[34], and that gender minorities are generally at higher risk than sexual minorities[35]. Rainbow people who live in socio-economic deprivation face stressors associated with their identity as well as their economic situation.

Elevated risk of distress, suicide and addiction is caused by discrimination, prejudice and social exclusion

Sexual orientation, gender identity or expression and intersex status are not the cause of the elevated risk of mental health problems, addiction and suicidality among the rainbow population. Rather, the increased risk is due to stigma, discrimination, prejudice and exclusion[36]. The cumulative effects of discrimination, prejudice and exclusion are often described in research as "minority stress"[37]. Stevens argues that minority stress "should be viewed in the same light as other social determinants of health"[38] like poverty, unemployment and food insecurity.

Stigma, discrimination, prejudice and exclusion are wide-ranging, and can include internal, interpersonal and structural phenomena[39] such as:
- shame, internalised stigma and a sense of failure to meet social norms[40]
- lack of positive self-concept due to growing up in an environment that does not accept or validate an individual's identity
- physical violence, verbal abuse and bullying[41] including school-based victimisation and harassment[42,43]
- sexual assault and coercion[44],
- judgement, alienation and social rejection
- isolation from families[45], whānau[46] or communities
- explicit discrimination - homophobia, biphobia or transphobia or discrimination against intersex people - in families, whānau, communities, religious, education and work settings
- heterosexist, gender-normative or bodily-normative discrimination – built-in assumptions in society and in law that favour heteronormative people and marginalise diversity
- secrecy and shame associated with intersex status, body diversity, and the medical procedures that have been, and often still are, used to force conformity on people born with intersex variations[47,48]
- invisibility through normative assumptions that everyone is heterosexual, cisgender and not intersex, including within education, community and faith-based settings, or in services like primary health or mental health
- delayed or inadequate access to safe, effective healthcare[49],[50] and mental health support[51]
- lack of access to gender-affirming health and social services including the support needed to navigate limited existing services[52,53], due to policies, funding and limited practitioner understanding[54,55]

Parts of the rainbow population experience intersecting and multi-layered minority stress related to other aspects of their identity[56]. For example, Takatāpui may experience minority stress related to being Māori, as well as related to their sexuality, sex or gender[57]; additionally they may experience exclusion from rainbow communities due to racism, and exclusion from whānau and te ao Māori because of rainbow-negative discrimination. Similarly, disabled rainbow people may experience discrimination related to their disability as well as their rainbow identity.

Stigma, discrimination, prejudice and exclusion have direct negative effects on health outcomes. For example, the Youth'12 study found that the health and wellbeing of many same or both-sex-attracted and transgender students was negatively affected by their social environment:
- more than half were afraid someone at school would hurt or bother them, and around 20% [58],[59] reported being bullied at school on a weekly or more frequent basis. 46.1% of those

same and both-sex attracted students who were bullied reported that they were targeted because they were gay or because people thought that they were gay.

- rainbow young people were less likely to report having at least one parent who cared about them a lot[60], [61], and only 14.4% of same or both-sex attracted young people could easily talk to their family about their sexuality.
- twice as many same or both sex-attracted as opposite-sex-attracted students had run away from home overnight[62].

Commenting on suicide deaths of Takatāpui young people between 2007 and 2011, the Suicide Mortality Review Committee noted that "the stigma associated with homosexuality appeared to be particularly significant for the males in this population [i.e. rangatahi Māori], who were bullied about their sexual orientation."[63].

A study on bullying of lesbian, gay and bisexual New Zealanders found that the effects of bullying can be lifelong, and can include lower educational attainment, income and levels of satisfaction with LGB identity[64].

Access to mental health and addictions support is limited

For people in distress or experiencing addiction, New Zealand's health and mental health care system is a key point of support. Rainbow people, like other New Zealanders, need timely access to appropriate care and support. Currently, rainbow New Zealanders have mixed experiences of support in health services (including mental health and addictions), as well as in other institutions that influence their mental health including social services, education and justice settings. These settings may offer unhelpful or unsafe service due to inadequate staff training, inappropriate policy settings, exclusionary environments or lack of availability of appropriate referral pathways.

Rainbow-led mental health and addictions support services are limited and poorly resourced, due to an almost-complete absence of recognition in national or local health policies of rainbow mental health needs, lack of sustainable funding sources to enable rainbow-specific service provision or collaboration with "mainstream" organisations, and consequent heavy reliance on volunteers and temporary employment arrangements. This lack of resourcing is in contrast to the community- and peer-led services and approaches that have emerged over the last three decades in Māori and Pasifika mental health, sexual health and other areas of health. These community-led sectors have achieved sustainability through consistent policy recognition and funding from central government and District Health Boards.

Targeted approaches are needed to reduce distress, addiction and suicide risk for the rainbow population

To address the risk factors specific to rainbow populations, national approaches are needed to increase social acceptance and belonging, resource rainbow community supports and leadership, and enable other mental health and addiction supports to be safe and effective.

Examples of specific approaches include:
- interventions for the general public to increase social acceptance, such as public awareness and visibility campaigns designed to counter prejudice and discrimination against sexuality, sex and gender minorities and reduce inequalities

- mental health promotion focused on the rainbow population, and rainbow visibility within whole-population mental health promotion programmes
- reducing legal barriers to wellbeing, for example providing clear legal anti-discrimination provisions for gender diverse New Zealanders
- whole-school approaches to create safe and supportive school environments, including diversity education for students and teachers
- education and support for health, mental health and social services practitioners to ensure they provide inclusive environments and can work with rainbow clients in safe and appropriate ways
- access to gender affirming healthcare and social supports, and simpler processes for amending name and gender markers on official documents and health records
- ceasing unnecessary medical and surgical practices on intersex children and young people
- peer-led rainbow-specific support services that can help an individual through specific life stages including 'coming out', changing gender expression, accessing gender-affirming health services or developing an understanding of personal identity
- rainbow-led community development to build capacity and capability for rainbow communities to promote wellbeing and prevent suicide, including building and resourcing community leadership
- specific research for and with rainbow communities to understand risk and protective factors and effective points of intervention

More detail about each of these approaches is provided below.

Mental health promotion, increasing social acceptance, reducing stigma and discrimination, and reducing legal barriers to wellbeing

A broad public health approach to promoting positive mental health is needed that addresses policies, works with communities and service settings, reduces systemic barriers to wellbeing, addresses exclusion, discrimination and minority stress, and supports individuals.

This includes addressing exclusion, discrimination and minority stress as social determinants of health. Discrimination is many-faceted, as described earlier in this submission. Some specific ideas linked to reducing risk of suicidal behaviour include:

- recognising and addressing bias-motivated crimes such as homophobic, biphobic or transphobic violence.
- public awareness campaigns designed to counter discrimination against sexuality, sex and gender minorities and increase acceptance and inclusion. Three examples of public awareness campaigns are the Day of Silence which "calls attention to the silencing effect of homophobic, biphobic and transphobic bullying, name-calling and harassment in schools"[65], RainbowYOUTH's "If it's not gay, it's not gay" ad campaign which challenges the use of casual homophobic language[66], and 100% OK/TINO PAI which encouraged Auckland-based "people, businesses and associations to simply say I am 100% OK with the Rainbow community"[67].
- amending section 21 of the Human Rights Act 1993 to include "gender identity, gender expression and sex characteristics" as explicit grounds of non-discrimination. This would explicitly clarify that discriminating against transgender, gender-diverse or intersex people in employment, education and other settings is illegal. The lack of legal clarity in this area is an

ongoing cause of significant community concern[68,69]. To support this, comprehensive resources and training should be provided to employers, educational institutions, government agencies and other service providers outlining how transgender, non-binary and intersex people are fully protected from discrimination.

- working with employers to develop safe and accepting work places, for example through workplace safety and wellbeing training, diversity and inclusion initiatives (for example, the Rainbow Tick programme[70]), and rainbow employee networks (for example, the New Zealand Council of Trade Unions, Te Kauae Kaimahi's Out@Work network[71]). Research undertaken by Westpac and Nielsen in 2015 indicated that rainbow community members were twice as likely to have felt bias at work due to their identity. Nearly one in three have been made to feel uncomfortable at work (compared with 11% of their peers) and 27% have experienced discrimination because of their identity (compared with 7% of their peers)[72].
- equipping families and whānau with resources and supports to be accepting and inclusive of diversity, so that they can safely and adequately support members and avoid contributing to distress, addiction or suicidality.

Safe and supportive schools

Inclusion and belonging are key protective factors against mental health problems, addiction and suicide for all young people[73], but particularly for rainbow young people who are more likely than their peers to report poor relationships with their parents, high levels of isolation and victimisation, and having no caring adults in their lives[74,75]. Depending on their climate and culture, schools can provide a sense of support and belonging for young people who feel excluded, or can contribute to their exclusion and distress[76]. Local and international research supports the link between school climate and mental health for rainbow young people.

Schools can contribute to prevention and wellbeing through recognising, monitoring, and specifically addressing sexuality and gender-based bullying[77,78,79], meeting obligations for inclusive schooling policies and professional development (as outlined in the Ministry of Education's Sexuality Education Guidelines[80] and their LGBTIQA+ Inclusive Education guide[81], as well as the PPTA's Guidelines[82]), supporting diversity groups or queer-straight alliances[83], delivering high quality youth health services, resourcing and delivering health education and comprehensive sexuality education at all year levels, and providing diversity education[84] for all students and staff across primary and secondary. School education can be supported by community organisations including RainbowYOUTH, InsideOUT and other community organisations, and through RainbowYOUTH's digital teaching resource Inside Out[85].

Direct support from the Ministry of Education for schools to implement the Positive Behaviour 4 Learning framework[86] is one way in which relationship skills, community values and wellbeing can be prioritised and promoted in the school environment. Targeted monitoring by the Education Review Office (building on their current review of sexuality education provision[87]) could support schools to develop safe and inclusive environments for rainbow young people. Further to this, making sexuality education (inclusive of diverse sex, sexuality and gender identities) compulsory in schools would strengthen protective factors and develop more supportive school environments for rainbow young people.

Appropriate mental health and addiction services

Local research indicates that rainbow young people[88, 89] and mental health service users[90] experience barriers in accessing appropriate healthcare, including mental health and addiction

support, when they need it. For example, "many service users have had homonegative or transnegative experiences, and/ or experienced services as being heteronormative in their approach. Many had been discriminated against or experienced prejudice by service providers. Service users commonly reported fearing the response of the clinician if they came out; they often concealed their sexual orientation or gender identity, and/or felt ashamed or embarrassed" [91].

Rainbow people accessing mental health services often face dual stigma: stigma related to rainbow identity, and stigma related to mental health problems, interact and multiply in health settings. This manifests in three ways:

1. Stigma about identity creates barriers to accessing mental health care. Though rainbow people are disproportionately likely to experience mental distress, **lack of professional understanding about their identity** creates barriers to receiving appropriate mental health care. Research consistently identifies significant barriers and obstacles to effective services due to sex characteristic diversity, sexual orientation and gender identity issues not being identified and discussed, specifically discriminatory (homonegative or transnegative) practices and experiences within services, and lack of clinical/professional skills in working with rainbow clients[92].

In the same study, trans people reported specific difficulties initially accessing mental health services relating directly to their identity. These included a lack of clinicians or counsellors who are experienced in working with trans people on issues relating to gender identity or gender affirmation: "it seems if you go to public services, you get a freak out person" (trans male); "usually I end up having to educate them [the counsellor]" (trans male).

Lack of understanding about sex characteristic diversity, sexual orientation and gender identity in health and mental health settings, or a less than affirming and accepting approach to rainbow clients, creates significant barriers to an effective therapeutic relationship.

Best practice models and guidelines designed to support medical professionals to develop competence in working with rainbow individuals exist internationally, but are not in widespread use in New Zealand.

2. Identity is misunderstood as a mental health problem, and attracts mental health stigma. Sexual orientation and gender identity are sometimes seen by health and mental health professionals as not healthy, potentially pathological, or at the root of any presenting mental health problems. For example, in a large-scale study of transgender people in Scotland, 29% of respondents felt that their gender identity was not validated as genuine by mental health professionals, instead being perceived as a symptom of mental ill-health[93]. Local clinical and community experience echoes this international research finding.

The assumption that sex characteristic diversity, sexual orientation or gender identity are the cause of mental distress has consequences to individuals in their treatment plans, and means that core issues or factors relating to mental health or distress may be missed or misunderstood.

Within health and mental health services, there is a history of pathologising intersex status, sexuality and gender identity that still has influence in some services and professional attitudes. While homosexuality is not now officially understood as a mental health problem, and was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973, transgender or gender diverse identity is still officially pathologised. It is classified as a mental disorder in the DSM (gender identity disorder in DSM-IV and gender dysphoria in DSM-V). Intersex experiences are referred to in many medical contexts as Disorders of Sex Development.

Classifying gender identity as a mental disorder means that across New Zealand, many DHB policies require that transgender people access mental health services in order to access physical health services such as hormone therapy. This process means that individuals' core identities are understood as "disorders" or mental health problems, and that any discriminatory attitudes that a professional may hold towards people experiencing mental illness are unconsciously applied to transgender and gender diverse people.

3. Stigma about mental health problems creates barriers to accessing gender-related healthcare. Stigma about mental health problems within health settings creates barriers in particular for transgender people. In most parts of New Zealand, transgender people can not access gender affirming healthcare, for example hormone treatment, if they present with a mental health problem. For example, a transgender person seeking access to gender-affirming hormone therapy can not begin treatment if they have a current diagnosis of depression or anxiety.

This situation is perverse. Research and clinical experience clearly indicates that gender-affirming healthcare significantly reduces rates of depression and anxiety[94], and yet transgender people are not able to access it unless they can demonstrate that they have recovered from depression and anxiety.

Stigma related to mental illness means that transgender people seeking treatment are not taken seriously: a person who is mentally distressed is understood to have an unstable and unreliable sense of self that is not capable of being self-determining.

In this way, stigma associated with mental illness presents barriers to individuals being able to affirm and celebrate their identity.

Sex characteristic diversity, sexuality and gender identity are a positive resource for mental health and recovery. Rather than being symptoms, pathologies or mental health problems, diverse sex characteristics, sexuality and gender identity are core to an individual's experience and sense of self. A strong sense of identity can contribute to wellbeing, life satisfaction and resilience[95], and is a strength in recovery from mental distress and in building positive social connections. In all counselling treatment paradigms, the sense of self is core and fundamental.

Within mental health and addiction services, greater focus is needed on developing clinical cultural competence for working with diverse rainbow people[96], and ensuring safe, inclusive practice. For example, counsellors, emergency department workers and mental health crisis services need to be aware of sexuality, sex and gender diversity to avoid traumatising or alienating people when they are especially vulnerable. For many trans and non-binary people this includes being aware of the importance of a person's chosen name and gender marker, and ensuring privacy around how these details are noted in health records. GPs and counsellors need to build competence so they can support rainbow people with mental health and substance use concerns before they escalate to distress, addiction or suicidality.

Currently, no national standards, guidelines or requirements exist to support healthcare services to provide safe and effective care for rainbow communities. The Ministry of Health could work with health professionals and rainbow communities to develop standards, and require District Health Boards and contracted health providers to demonstrate steps taken to improve access to, and the standard of, health services' delivery for rainbow people. The Ministry could commission a review of all major health strategies, policies and workforce development programmes to identify and remove

support for discriminatory or unsafe practices, and ensure they explicitly support protective practices that enable equity of health outcomes for rainbow people.

Initial training and ongoing professional development on sex characteristic diversity, sexuality and gender identity should be provided for all primary, secondary and tertiary health providers and staff including general practitioners, hauora Māori services, nurses, emergency medicine, mental health practitioners, endocrinologists, counsellors, paediatric practitioners and midwives.

Successful examples of education and training exist, and can be built on. For example, optional papers available within tertiary courses such as the University of Auckland's Medical School could be made compulsory or more widely available. Another positive example is the DHB-funded community mental health service training for Auckland DHB undertaken by Kāhui Tū Kaha[97] which has created a network of rainbow champions within mental health services across Auckland DHB. To Be Yourself[98] is a series of workshops about diversity and mental health for youth health, mental health, allied professionals and Youth One Stop Shops, developed by the Intersex Trust of Aotearoa New Zealand which was supported as a time-limited project through the Like Minds, Like Mine campaign.

Appropriate health and social services

Similarly within broader health and social services, work is needed to build cultural competence in rainbow issues, and ensuring safe, inclusive practice. For high school students, the Youth 2012 study[99], [100] found that 35.2% of same or both sex attracted students and 39.2% of transgender students reported wanting to see a health professional but being unable to in the past 12 months, compared with 17.6% of their peers. A small number of same or both-sex attracted students did not go to their doctor either because they were worried that their doctor would disclose their sexuality to others (6.3%) or because of concerns about the doctor's views on 'gay people' (6.3%).

All settings that provided health and social support need to be welcoming, safe and respectful for diverse rainbow people to ensure that the services they provide are effective, rights-based, and do not cause alienation, distress or trauma.

For example:
- in the justice setting, Police and prison policies, guidance and training related to transgender and intersex people need to be regularly reviewed and updated to reflect international best practice about placement, care, management and access to healthcare, education and rehabilitation services for trans and intersex prisoners. Diversity education should be provided to Police and to all court, probation and prison staff.
- social services addressing homelessness and "youth not in education, employment or training" need to be aware of issues related to family rejection for rainbow young people. For example, "it is difficult [for rainbow young people living outside of their families] to access 'independent youth' benefits as families often misrepresent the issues as behavioural and a matter of choice for the young person"[101]. In Auckland, RainbowYOUTH[102] is currently leading a community project exploring ways to address these issues and a researcher is exploring experiences of trans and gender diverse youth[103].
- in aged care settings, staff training is needed to ensure older rainbow people experience safe and inclusive care. One example of a successful initiative in this area is the Silver Rainbow resource kit and training programme[104,105].
- other social services which interface with rainbow populations include parenting services, youth services such as Youth One Stop Shops, faith-based settings, family violence and sexual abuse support services, Whānau Ora, Māori and Pacific social services, refugee

resettlement services, employment supports, Oranga Tamariki and child welfare services. Policies and practices in all of these settings require review, and training needs to be provided for staff to ensure welcoming, safe and respectful practice.

All professions that deal with people (including medical, education and social work) need components in their professional degree or diploma programmes and ongoing professional development that address gender identity, sexuality and sex characteristic diversity.

Access to gender-affirming health and social supports

To address the burden of poor mental health and addictions faced by people who are unable to access support to affirm their gender identity when they need it, the Ministry of Health should provide adequate and appropriate access to gender-affirming healthcare, including a nationally consistent pathway of care to access hormones, counselling and other therapies, and adequate funding to provide access to surgeries and other treatments in a timely way. This should include non-medical support with legal and social processes, including support for asylum seekers and refugees from countries where it is not possible to amend the name or gender marker on an identity card or other official documents such as a birth certificate or passport.

Research shows that access to timely and appropriate gender affirming healthcare and social support is associated with a significant reduction in suicidality and depression. For example in the Scottish Trans Mental Health Study 2012, 63% of participants thought about or attempted suicide more before they transitioned, and only 3% thought about or attempted more post-transition. 7% experienced increased suicidality during transition, pointing to the need for support provided to those undergoing transition processes[106]. The first Australian National Trans Mental Health Study of 946 trans and gender diverse people aged 18 or over found that those who were on hormones or had undergone some form of gender-affirming surgery had markedly lower levels of depressive symptoms than those seeking but unable to access these health interventions. This study called for improved access to healthcare, including gender-affirming health services, based on an informed consent model[107].

The 2013 SOGII Coalition's submission to the UN Human Rights Council highlighted the lack of progress in improving trans people's access to gender affirming health services including, for example, counselling, hormone treatment, chest reconstruction and other surgeries.[108] The Northern Region DHBs (Counties Manukau, Auckland, Waitemata and Northland) have established a transgender health services project to develop consistent care pathways based on an informed consent model.[109] While this initiative is positive, systemic national responses including allocated funding in all DHBs are needed to ensure access to gender affirming health services.

A 2014 nationwide survey[110] of DHB specialists confirmed significant gaps in public health services for transgender people in many regions and disciplines, including psychological services, access to hormone therapy and surgeries. Nine DHBs reported providing no services to trans people. Publically funded genital reconstruction surgeries are effectively unavailable - current waiting lists to access surgery through Special High Cost Treatment Pool funding are estimated at 50 to 70 years[111].

Ceasing unnecessary medical and surgical practices on intersex children

For years, concerns have been raised by intersex advocates[112], academics, the Human Rights Commission and international human rights and health experts about medical and surgical practices on intersex children when they are too young to provide informed consent.[113] On ethical, medical, mental health and human rights grounds, many have called for the end to unnecessary medical or

surgical treatment during childhood, including the repeal of laws enabling intrusive, irreversible so-called 'genital normalising' practices.[114] Such practices impact intersex people's autonomy and self-determination, and often have life-long effects on mental health, wellbeing and connection with whānau.

The health care system has a role to play in supporting parents at the time an intersex child is born to understand relevant issues. Providing whānau support can help prevent trauma and shame that can be associated with intersex status, and can have lifelong impact.

The Ministry of Health should:
- immediately action the recommendations made to New Zealand by the UN Committee on the Rights of the Child under New Zealand's review in 2016[115] regarding intersex people and healthcare.
- facilitate dialogue between intersex people, relevant government agencies and health professionals , to address the practice of genital normalisation on intersex children in New Zealand, following the recommendations of the Intersex Roundtable 2016[116] and 2017[117].

Rainbow-specific support services

Rainbow community support groups and organisations should be resourced to provide structures for peer support and create opportunities for positive connection with other rainbow people. Current structures and services include:

- RainbowYOUTH's I'm Local project[118], which builds capacity in rural and isolated communities by providing free resources about gender and sexuality to high schools, medical centres, hospitals, libraries, marae and community centres in more rural or isolated area of Aotearoa),
- Tīwhanawhana Trust[119], which provides community support, leadership development and cultural space for Takatāpui, and supports wider rainbow community organisations to be inclusive and uphold tikanga Māori,
- Hui Takatāpui[120] which brings together national Takatāpui communities each year to share and learn from each other,
- F'INE[121], which provides Whānau Ora navigational services to Pasifika LGBTQI peoples their families in the Auckland region, providing pathways and access to financial, education, employment, health, culture, community, leadership and advocacy related services.
- ITANZ's Intersex Youth Aotearoa[122], which provides information and peer connection,s for intersex young people, and
- InsideOUT's national Shift hui[123], which brings together young people of minority sexes, sexualities and gender to make connections and learn. From the evaluation of the 2017 Shift hui, 85% of attendees identified that they felt like they would be more likely to overcome difficulties in their life as a result of attending, and 100% felt like Shift gave them a sense of belonging to a community[124].

Community development and leadership

Within the range of actions needed to support mental health and wellbeing, there are a number of roles where community leadership is key including advocacy, education, leading mental health promotion, supporting community connectedness and working to depathologise minority identities and challenge discrimination[125]. In New Zealand, roles that the community currently takes, or could be supported to take, include providing peer support and positive community connection, educating

communities and specialists about diversity, developing supportive workplaces and schools, supporting peers to navigate access to public health services, and setting the research agenda.

Reviews of rainbow community needs in New Zealand[126] consistently point to the need to support leadership and develop sustainable resourcing for the rainbow support sector. Significant work to support wellbeing and prevent rainbow suicide is being done through community education and face-to-face support by minimally-funded community organisations, volunteer-run groups, and motivated individuals within mainstream services.

Discussion among rainbow community leaders has consistently identified the need for an approach that is supported by national strategy and community-led[127],[128]. Community leaders are actively engaged in supporting people across the country. Community-led events such as 2012's *LGBTTI Wellbeing and Suicide: What do we need to change?* symposium indicated a significant level of interest and showed that rainbow communities are aware of the need for action[129]. Engagement with the recent draft New Zealand Suicide Prevention Strategy consultation[130] and a community-led report on wellbeing, suicide and other rainbow issues for International Day Against Homophobia, Biphobia and Transphobia 2017[131] were both significant. Community advocates and activists regularly publish online and in community media and speak publically about the need for action on rainbow mental health and suicide prevention.

New Zealand's response to mental health and addictions should include resourcing community-led responses and support services. This should include adequate resourcing to enable collaboration with "mainstream" services and effective referral pathways. This will require different approaches compared with sectors and communities where there are significant paid workforces and established health or wellbeing strategies in place.

As part of this, indigenous community leadership should be upheld, such as through the *Turamarama Declaration*[132] on indigenous suicide prevention and *Turamarama ki te Ora: National Māori Strategy for Addressing Suicide[133]*, through Takatāpui community structures including Tīwhanawhana Trust*[134]* and Hui Takatāpui[135] and through Pasifika rainbow-led organisations including Love Life Fono and F'INE.

Research for and with rainbow communities

While a significant amount of research exists about rainbow populations, mental health, addictions and suicide, more is needed. In particular, evidence is lacking about older rainbow people, intersex, trans and gender-diverse people, Takatāpui and Pacific rainbow populations, the experiences of people from recent immigrant cultures, the impacts of religious and cultural values on rainbow mental health, and the impact of marginalisation within rainbow community spaces for rainbow Māori, Pacific, disabled and other minority groups.

Specific recommendations include:
- continue resourcing the Youth2000 research series to carry out regular monitoring surveys, and ensure their resourcing includes capacity to produce a comprehensive analysis of results for sexuality and gender diverse young people
- resource research to explore the experiences and needs of young people older than school age (e.g. 18-24 years) who are often missing from the research picture, often at the time where many rainbow people are only beginning to explore their sexual orientation or gender identity, or to discuss or understand their intersex variation

- include community-informed demographic questions about sexuality, sex and gender diversity in all national health and wellbeing surveys (e.g. NZ General Social Survey, NZ Health Survey, HPA's Health & Lifestyle Survey and Mental Health Survey) and in all funded mental health, addiction and suicide prevention research
- enable medical records to safely, accurately and respectfully record information about individuals' sexuality, gender identity and intersex variation where these details are relevant, ensuring required levels of information privacy
- re-establish rainbow policy expertise within government, similar to the former Rainbow Desk team within the Ministry of Social Development. Ensure it is linked to diverse rainbow communities through robust engagement mechanisms. Further, ensure that it has a cross-government mandate, cross-agency relationships and a shared policy mechanism such as a strategy or action plan to guide work across government. The role of this expertise would be to ensure issues for sex, sexuality and gender diverse people in New Zealand are adequately addressed in law, policy and funding
- ensure that all government agencies and political decision makers at central and local levels engage with rainbow communities through mechanisms such as the Human Rights Commission-facilitated conversations between the Cross-Party Rainbow Network and SOGISC communities[136], and Auckland Council's Rainbow Communities Advisory Panel[137].

Rainbow mental health needs greater policy recognition

The rainbow population should be a named priority in all national and regional mental health and addictions policies, given its high rates of distress, addiction and suicidality, and specific risk factors that require targeted responses. Currently, rainbow issues are absent, invisible or inadequately addressed in mental health and addictions policy, and in other national policy areas that contribute to mental health.

Significant local research that has already been undertaken to understand the rainbow populations' support needs, but this has not resulted in policy recognition or national action. Two specific activities supported by the last Suicide Prevention Strategy were a Needs Assessment Report[138] and an exploration of how the Suicide Prevention Outcome Framework[139] might be applied to rainbow populations. Both of these pieces of work reviewed the evidence for the Ministry of Health and noted that the rainbow population has a higher risk of suicide and mental health problems than other people in New Zealand. In 2013, a group of rainbow community organisations and individuals presented a review of local and international research[140] to the Ministry of Health and had direct discussions about ways to address these issues.

The need to consider suicide prevention issues specific to the rainbow population was noted in both the New Zealand Suicide Prevention Strategy 2006-2016[141] and the previous Action Plan 2008-2012[142]. Mental health problems among rainbow young people have been acknowledged at political level, including in policies ahead of the last General Election. The Suicide Prevention Outcome Framework, developed under the Action Plan 2013-2016, noted the Rainbow population as a target population with a "significantly higher rate of suicide than the general New Zealand population"[143]. The Ministry of Youth Development's Supporting LGBTI Young People in New Zealand response noted that "the wider LGBTI community has already been identified as a potential focus for the new [Suicide Prevention] Strategy"[144]. Despite recognition of these issues, no specific initiatives have been developed that address rainbow mental health, addictions or suicidality.

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- **Tīwhanawhana Trust**
- **Love Life Fono**
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- **Silver Rainbow**

- **Aotearoa Crisis Care Movement**
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[2] These initialisms refer to specific identity labels such as lesbian, gay, bisexual, transgender and intersex. The plus sign acknowledges those sex, sexuality and gender minorities who do not use these specific identity terms. In New Zealand, a second T often refers to takatāpui (e.g. Stevens, M. W. (2013) *Rainbow Health: The public health needs of LGBTTI Communities in Aotearoa New Zealand with policy recommendations.* Auckland: Affinity Services.).

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> (25)(b) Develop and implement a child rights-based health-care protocol for intersex children, setting the procedures and steps to be followed by health teams, ensuring that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guaranteeing the rights of children to bodily integrity, autonomy and self-determination and provide families with intersex children with adequate counselling and support;
> (25)(c) Promptly investigate incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions to provide redress to victims of such treatment, including adequate compensation;
> (25)(d) Educate and train medical and psychological professionals on the range of biological and physical sexual diversity and on the consequences of unnecessary surgical and other medical interventions on intersex children;
> (25)(e) Extend free access to surgical interventions and medical treatment related to their intersex condition to intersex children between the age of 16 and 18.

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