

HEALTH NEEDS ASSESSMENT 2025-2028

LGBTQ+ people

The LGBTQ+ is one of the acronyms used when referring to the many and diverse peoples and communities who identify as lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality (including asexual), gender and bodily diverse". (AIHW, 2024) The diversity, non-homogeneous nature and diverse needs of LGBTQ+ communities was highlighted by participants in subject matter expert and service provider consultations conducted by Healthy North Coast as part of the needs assessment.

The barriers faced by LGBTQ+ individuals in accessing healthcare are often compounded when these individuals belong to other marginalized groups. LGBTQ+ people who also identify as culturally and linguistically diverse, are experiencing homelessness, are exiting prison, have disabilities, or are facing domestic and family violence often encounter multiple layers of discrimination, stigma, and neglect in healthcare settings. These intersectional factors create unique and complex health disparities that must be addressed with tailored, culturally competent care.

Ongoing consultation

The LGBTQ+ peoples on the North Coast region face **significant health disparities, particularly in relation to mental health, substance use and access to inclusive healthcare**. Barriers such as a lack of culturally competent care, discrimination and limited service availability in regional and rural areas further compounds these challenges. The ageing LGBTQ+ population and the high prevalence of domestic violence underscore the need for tailored services that address the unique needs of this diverse community. By improving access to healthcare services, enhancing provider competence through training and actively engaging with this community, we can ensure that LGBTQ+ peoples receive the care and support they need to thrive.

Collecting comprehensive data on health needs of LGBTQ+ peoples is challenging, given the diversity of these communities and small sample size in regional areas. However, ongoing consultation with LGBTQ+ individuals and organisations is critical to understanding their specific needs. This collaboration will ensure that healthcare services, policies and resources are better tailored to support the wellbeing of LGBTQ+ people across the North Coast.

Healthy North Coast is committed to enhancing equity for LGBTQ+ people and the implementation of the National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035 (Department of Health and Aged Care, 2024) and the NSW Health LGTBIQ+ Strategy 2022-2027 (NSW Ministry of Health, 2022) in collaboration with regional partners. This includes training primary care providers in gender affirming care, collaboration with local health districts (LHDs) and ongoing collaboration with ACON, the leading provider of community health services for LGBTQ+ people in NSW.

Health concerns of LGBTQ+ people

On the North Coast, LGBTQ+ survey¹ respondents reported mental health and alcohol and other drug concerns as more serious issues compared to the general population:

A large percentage (61%) of the 297 LGBTQ+ participants identified mental health as a primary concern, compared to 39% in the general population. This was supported by the Private Lives 3 survey, which revealed high rates of psychological distress (57%), depression (61%) and anxiety (47%) among LGBTQ+ peoples.

A total of 47% of LGBTQ+ participants raised concerns about alcohol and drug use through the survey, more than the 31% of the general population. The Private Lives 3 survey confirmed that 17% of LGBTQ+ respondents struggled with alcohol management, while 44% used drugs for non-medical purposes.

These figures highlight the urgent **need for accessible, tailored mental health and alcohol and other drug (AOD) services that can support LGBTQ+ individuals** in addressing these challenges. (Hill, Bourne, McNair, Carman, & Lyons, 2020)

Gay, bisexual and other men who reported male-to-male sexual contact are disproportionately affected by the human immunodeficiency virus (HIV) (CDC, 2024). People living with HIV are at an increased risk of developing dementia, a condition known as HIV-associated dementia. HIV can impact the brain, leading to cognitive decline, memory loss and other neurological impairments. While antiretroviral treatments have considerably improved the life expectancy of people with HIV, long-term HIV infection can still cause neurological damage, even in individuals with undetectable viral loads. Studies suggest that HIV-associated dementia is more common among those who have had the virus for many years, especially if they have not consistently received treatment or if treatment started later in life. (Dementia Australia, 2024)

The risk of developing dementia in LGBTQ+ communities is also heightened by other factors, such as coexisting conditions like substance use, depression and social isolation – issues that are prevalent in LGBTQ+ populations, particularly among transgender and gender-diverse individuals. When these challenges are combined with the stigma and discrimination often experienced by LGBTQ+ people, the risk for dementia, including HIV-associated dementia, becomes even more critical. (AIHW, 2024) LGBTQ+ people with dementia may experience unique challenges to living with memory problems directly related to their sexual orientation and/or gender identity. This can include forgetting who knows about their sexual orientation and gender identity and being unsure about who to trust with this disclosure (AIHW, 2024).



Comprehensive and tailored healthcare services that address both the neurological and social aspects of health are essential. These services should aim to reduce risks associated with substance use, depression and isolation and improve overall quality of life for people living within the LGBTQ+ community.

Barriers to healthcare access

Accessing appropriate healthcare remains a significant barrier for LGBTQ+ people, especially in regional areas. Consultation participants reported negative experiences with healthcare providers due to a lack of understanding of LGBTQ+ health needs, as well as discrimination and marginalisation. This has resulted in reluctance to seek care, even when needed.



The ageing LGBTQ+ community

The ageing LGBTQ+ population faces additional challenges, especially in regional areas. Many older LGBTQ+ people lived through periods of significant social stigma and discrimination, leading to isolation and compounded mental health struggles. Older LGBTQ+ people may face unique challenges in accessing services that are inclusive of their needs, further exacerbating their vulnerability. Participants in subject matter expert and service provider consultations echoed these concerns for LGBTQ+ communities.

“The Queer community in Healthy North Coast is an ageing population. Phobias are more prevalent in the older population.”

Subject matter expert consultation participant



Domestic and family violence in LGBTQ+ communities

People from LGBTQ+ communities experience domestic and family violence (DFV) more than the general population. The survey revealed that 27% of LGBTQ+ participants ranked DFV as a major concern, compared to 19% in the general population. The Private Lives 3 survey found that LGBTQ+ people experience higher rates of abuse within intimate relationships and families, including physical, emotional and psychological violence. (Hill, Bourne, McNair, Carman, & Lyons, 2020) This highlights the need for targeted support services that address domestic violence within LGBTQ+ communities, particularly in rural and remote areas where services may be scarce.

LGBTQ+ people who experience DFV may face added challenges in accessing care due to the fear of discrimination, misunderstanding, or mistreatment by healthcare providers. The reluctance to seek help is further exacerbated by a lack of safe, affirming spaces where LGBTQ+ survivors of violence can receive support without fear of judgment or rejection.

Additionally, over 60% of LGBTQ+ people will experience violence or abuse from an intimate partner or family member in their lifetime, yet 72% do not report that abuse to anyone (Private Lives 3, 2020; DVAf, 2023). This extremely low level of reporting means that victims and survivors often remain invisible and unsupported. Compounding this, many existing DFV systems and services are designed around a binary model of male perpetrator and female victim, which can exclude or misrepresent LGBTQ+ experiences. This systemic framing may discourage LGBTQ+ people from seeking help or result in services that fail to meet their specific needs. To effectively support LGBTQ+ individuals experiencing DFV, it is critical to acknowledge and address these structural barriers and ensure inclusive, identity-affirming responses across all levels of the support system.

References

AIHW. (2024). LGBTIQ+ communities. Retrieved October 2024, from Australian Institute of Health and Welfare: <https://www.aihw.gov.au/reports-data/population-groups/lgbtiq/overview>

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