Department of Health

Office of the Chief Psychiatrist

GPO Box 125
HOBART, TAS 7000

Tasmanian Government

Ms Kira White
Tasmania Law Reform Institute
Faculty of Law
University of Tasmania
Private Bag 89
HOBART TAS 7001

Dear Ms White

Thank you for the opportunity to provide input into the Tasmania Law Reform Institute Sexual Orientation and Gender Identity (SOGI) Conversion Practices (Issues Paper No 31). I am making an independent submission on this issue in my statutory role as the Chief Civil Psychiatrist and the Chief Forensic Psychiatrist.

The *Mental Health Act 2013* provides for the independent statutory offices of the Chief Civil Psychiatrist and Chief Forensic Psychiatrist under Sections 143 and 144.

I was appointed to the role of these roles respectively by the Governor in November 2017 for a five-year term.

I also have responsibility for providing high level specialist advice in relation to mental health policy and clinical practice with the Department of Health, to the Tasmanian Health Services and to other units in relation to mental health policy, clinical practice and legislation that regulates mental health care treatment and practice. I am also strongly committed to implementing initiatives under the Tasmanian Suicide Prevention Strategy.

General Comment

I am also a Fellow member of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), who together with the Australian Psychological Society (APS), the Royal Australian College of General Practitioners (RACP), and the Royal Australasian College of Physicians do not support SOGI practices. Unified public statements have been made stating that "*gay conversion therapy is unethical, harmful and not supported by medical evidence.*"

Furthermore, the APS has publicly declared their position that "*APS strongly opposes any approach to psychological practice or research that treats lesbians, gay men, and bisexual people as disordered. The APS also strongly opposes any approach to psychological practice or research that attempts to change an individual's sexual orientation*".

My views are consistent with the position of these medical and peak bodies, as they are well informed by evidenced-based data and literature, both nationally and world-wide.

I am not aware of any evidence that SOGI practices are still occurring in Tasmania in health settings, or through various settings in the community or religious groups, however if they were occurring then this is a major concern and I do not support this.

In the context of national and local mental health reform directions, there is shared commitment across governments on taking action to address and reduce stigma and discrimination for minority groups including people with LGBTQI+ status. Priority Area 6 of The Fifth National Mental Health and Suicide Plan outlines that *Governments will take action to reduce the stigma and discrimination experienced by people with mental illness that is poorly understood in the community.*

Likewise, Reform Direction 7 of the Rethink 2020- *A state plan for mental health in Tasmania 2020-2025* responds to the needs of population groups that are at higher risk of mental illness and suicide, including LGBTQI+ people. Reform Direction 7 outlines the known causes of poorer mental health outcomes for LGBTQI+ people who have been part of attempted interventions to change their sexual orientation or gender identity so that they can be heterosexual or cisgender. Research, together with disclosure of personal experiences, found that young LGBTQI+ people are five more times likely to attempt suicide, and transgender adults are 18 times more likely to experience suicidal ideation. However, suicide ideation is significantly reduced after transition or often referred to as 'coming out'.

Rethink 2020 commits, through this reform direction, that protective factors should be put in place for the LGBTQI+ community, including recognising, respecting and accepting the personal identity of LGBTQI+ people and the right to equality and non-discrimination under the law.

I would like to address the following questions from the Issues Paper:

Question 1-After considering the background and working definition (on page 13), in your opinion, what are and are not 'sexual orientation and gender identity conversion practices'?

I support the TLRI definition that Sexual orientation and gender identity (SOGI) conversion practices means:

A) *Acts or statements;*
B) *That are aimed at changing, suppressing, or eradicating the sexual orientation or gender identity of another person; and*
C) *Are based on a claim, assertion or notion that non-conforming sexual orientation or gender identity is a physical or psychological dysfunction that can be suppressed or changed.*

I also support the thinking around avoiding any language around these practices that suggests they are therapies or educational programs of any kind or based on any medical evidence, best practice or shared philosophy, there is simply no compelling evidence that this is the case. Furthermore, I would suggest expanding (a) to be more prescriptive of the acts, statements or types of SOGI conversion practices.

Question 2-Should people be allowed to consent to SOGI conversion practices? If so, at what age and under what conditions?

SOGI conversion practices should not be supported at any age regardless of whether the person has decision making capacity or not, as these practices are unethical, not based on medical evidence, and can cause significant long-term harm.

Question 4- Do you think that Tasmanian law should be changed to address SOGI conversion practices? If so, should this be through comprehensive reform, amendment or both (a hybrid?)

I support the amendment approach that Queensland has taken to prevent any SOGI practices occurring in registered or unregistered healthcare settings, community settings, or religious groups. In the Tasmanian context, this, as outlined in (section 4.2.9) of the Issues Paper could use existing legislative frameworks such as the *Public Health Act 1997* (Tas) or the *Anti-Discrimination Act 1998* (Tas) to include definitions of SOGI practices within these Acts, and to also insert a new criminal offence into the *Criminal Code Act 1924*. This option, as you have suggested within your Issues Paper, would be simpler than creating a new stand-alone statutory instrument.

Finally, I believe that SOGI conversion practices are also in breach of The Universal Declaration of Human Rights, which proclaims that everyone is entitled to the same rights and freedoms regardless of their sex, and furthermore that no one should be subjected to cruel, inhuman or degrading treatment or punishment.

Conclusion

There is, in my opinion, clear evidence to demonstrate that SOGI practices can lead to depression, anxiety, self-harm, suicidal ideation and social isolation. All healthcare should involve acceptance and compassion to all consumers and their families and friends regardless of their sexual orientation, preferences or gender identity.

Banning conversion practices is recommended from a health perspective, however, I appreciate that there is complexity in determining both the scope of the ban, but also the measures to enforce and reprimand practitioners, community members, or religious groups who are using SOGI practices and that any legislative changes or amendments will take time.

Thank you once again and please do not hesitate to contact me should you need to discuss anything that I have raised in this correspondence if required or require additional input on this issue.

Best wishes

Dr Aaron Groves
Chief Civil Psychiatrist
Office of the Chief Psychiatrist
Department of Health

28th January 2021